STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225591	A. BUILDING _____ B. WING _____	**06/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROYAL AT WAYLAND REHABILITATION AND NURSING CENTER	**188 COMMONWEALTH ROAD WAYLAND, MA 01778**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain infection control standards to prevent the further spread of COVID-19 in the facility. Findings include: During inspection of the facility on 6/26/20, at 8:45 A.M., the surveyor observed all staff on the unit without Personal Protective Equipment (PPE) including gloves and gowns. At 10:04 A.M., the surveyor observed the resident in room [ROOM NUMBER] attempting to leave his/her room in a wheelchair. The surveyor then observed Nurse #1 enter room [ROOM NUMBER] without a clothing protector and gloves on. Nurse #1 touched items in the resident's environment, including the resident's wheelchair, exited the room and then donned full PPE. She then reentered the resident's room while redirecting the resident, who was still trying to exit the room in a wheelchair. During an interview on 6/26/20, at 9:15 A.M., the Director of Nursing said that they had discontinued the wearing of full PPE because there were no longer COVID-19 positive residents in the facility. The Director of Nursing then said that the 2 residents in the facility that had never had COVID-19, had dementia and could not effectively be quarantined in their rooms. She also said that the state assigned epidemiologist had not been consulted regarding the discontinuation of full PPE prior to doing so. During an interview on 6/26/20, at 10:33 A.M., Epidemiologist #1 said that she consulted with another epidemiologist and they both agreed that because the residents, who were negative for COVID-19, had dementia and could not be quarantined effectively in their respective rooms, the guidance was for all staff to wear full PPE at all times. Epidemiologist #1 said that the concern was that although the other residents were all recovered, it was the staff that could bring [MEDICAL CONDITION] in from the community and infect the remaining COVID-19 negative residents. Review of the policy titled Personal Protective Equipment (PPE) and dated 4/29/20, failed to indicate what PPE staff are to wear when COVID-19 negative residents with dementia are not able to effectively quarantine in their rooms.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE