

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER CHICOPEE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 44 NEW LOMBARD ROAD CHICOPEE, MA 01020	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to adhere to transmission based precautions related to the use and proper disposal of Personal Protective Equipment (PPE), on one of two units, to prevent and/or contain COVID-19. Findings included: A review of the facility Infection Prevention and Control Policy Subject Novel Coronavirus, effective date 3/2020 and revised 4/30/20, indicated the facility will follow all DOH (Department of Health) and CDC (Centers for Disease Control and Prevention) updates and guidance regarding the novel Coronavirus (2019-nCoV). A review of the facility policy Isolation- Categories of Transmission Based Precautions, revised 10/2018, indicated: -Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after the gown is removed. A review of CDC guidance on PPE use, titled Use Personal Protective Equipment (PPE) When Caring for Patients With Confirmed or Suspected Covid-19, dated 6/03/2020, indicated that the preferred PPE included a face shield or goggles, N-95 or higher respirator or facemask as alternate, one pair of clean gloves and an isolation gown. Further review under the instructions for Doffing (remove) PPE, indicated the following: -Step #2 Remove gown .Dispose in trash receptacle -Step # 3 Health Care Provider (HCP) may now exit patient room [ROOM NUMBER]. On 8/18/20 at 9:29 A.M., during an observation on the North Unit, a male staff member was observed donning (put on) a disposable precaution gown over his washable isolation gown prior to entering the precaution room of a newly admitted resident on contact and droplet precautions. The staff member entered the resident's room and then was motioned out of the room by the Director of Rehabilitation Service. Once in the hallway, he removed the disposable gown leaving his washable gown on, rolled it into a ball and carried it up the hallway to the shower room where it was discarded into the trash. In interviews conducted on 08/18/20 at 9:23 A.M. and 10:25 A.M., the Director of Rehabilitation identified the staff member as a new speech therapist. She stated prior to meeting with residents, she met with the speech therapist, reviewed his caseload, issued him PPE, and reminded him that the resident on precautions was to be seen last. She indicated that staff needed to wear a washable gown, mask, goggles or face shield and gloves for direct care of residents in the facility, and that gowns/gloves needed to be changed between residents. For precaution residents who are on precautions, disposable gowns were to be worn and discarded in the designated receptacle prior to exiting the room. She stated the new staff member was not supposed to place the disposable gown over the reusable gown (double gown). She further stated that the disposable gown should have been doffed at the door prior to exiting the resident's room. In an interview at 10:46 A.M., the Director of Nurses (DON) stated that new staff are supposed to receive orientation on the unit prior to entering the room of a resident who is on precautions. The DON said that facility staff should doff PPE before leaving the room, and put on new PPE after leaving the room, as required.</p> <p>2. On the North Unit on 8/18/20 at 9:47 A.M., the surveyor observed Housekeeper#1 enter Resident #1's room with a reusable gown, face mask and eye protection donned. Signage observed outside of Resident #1's room indicated he/she was on contact/droplet precautions. Housekeeper #1 was observed to sweep the resident's room and was observed to exit the room without doffing the gown nor did he conduct hand hygiene upon exit. Housekeeper #1 immediately entered the room directly across hallway (Resident #2 and Resident #3's room) and began to sweep the floor. Both Resident #2 and Resident #3 were present in the room at this time. Review of the facility census sheet, provided by the DON during the entrance, indicated Resident #2 and Resident #3 were negative for COVID-19. During an interview on 8/18/20 at 9:55 A.M., the Administrator said Housekeeper #1 should have doffed his gown prior to exiting the room of Resident #1 because he/she is on transmission based precautions. During an interview on 8/18/20 at 9:58 A.M., the DON said that prior to exiting a resident precaution room, the facility staffs need to doff their gown and conduct hand hygiene.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.