

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>JML CARE CENTER INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>184 TER HEUN DRIVE FALMOUTH, MA 02540</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation and interviews with staff, the facility failed to implement preventive and control practices to prevent the transmission of COVID 19 on one of four units, and adhere to Centers for Disease Control (CDC) recommendations for healthcare workers use of personnel protective equipment when handling linens that may be contaminated from respiratory droplets containing [MEDICAL CONDITION] that causes COVID 19. Findings include: Prevention and control recommendations according to Centers for Disease Control (CDC) advises health care workers adhere to transmission based precautions and utilize personal protective equipment (respirator or face mask, gown, glove, and eye protection) to minimize exposure from environment and soiled linens that may be contaminated from respiratory droplets from individuals whose COVID 19 status is unknown or who are COVID 19 positive. Respiratory droplets are generated when an infected person coughs, sneezes, talks or during medical treatments that may induce droplets with mode of transmission of infection by inhalation through nose, mouth or eyes. Droplet transmission may also occur by contact with contaminated surfaces including linens. For 2 of 2 observations on the dedicated COVID unit, the facility failed to properly store and handle soiled linen bags to maintain safe environmental controls to prevent the spread of infection as staff placed soiled linens on the floor. On 6/25/20 at 10:40 A.M., the surveyor observed soiled lined bags were left on the floor of the COVID unit inside the closed door. Housekeeping personnel stood outside the COVID unit waiting to collect the soiled linen from staff working on the COVID unit. During interview, laundry staff said that they do not enter the COVID unit and only collect the soiled bags from facility staff assigned to work on the unit. Laundry staff place a call to alert the nursing unit that the pick up is ready and unit staff open the door and place the bags into the soiled linen cart which is then covered for transport to the laundry room. During observation of COVID unit at 2:10 P.M., soiled linen bags were observed on the floor inside the COVID unit door. Upon entering the COVID unit, a staff member leaving the unit had already removed personnel protective equipment (gown, gloves, face shield) and as they exited the COVID unit offered to assist the laundry staff waiting on the outside of the COVID unit for pick up of soiled linen. The staff member, without wearing protective equipment picked up the soiled linen bags from the floor and dropped them into the soiled linen cart for the laundry staff member. The Administrator was present at the time of this observation. Further review of the housekeeping/laundry procedures failed to include the prevention and transmission of infections specific to COVID 19 for that dedicated unit and for staff to follow to ensure proper storage of linens and required use of personnel protective equipment.</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.