

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225577</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NOTRE DAME LONG TERM CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>559 PLANTATION STREET WORCESTER, MA 01605</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<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, record review and interview, the facility failed to maintain an infection prevention and control program relative to proper personal protective equipment (PPE) use and hand hygiene, designed to help prevent the development and transmission of communicable diseases, infections and/or the COVID-19 virus. Findings include: Review of the Centers for Disease Prevention and Control (CDC) website for Hand Hygiene in Healthcare Settings, undated, indicated the following; Healthcare personal (HCP) should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. Review of the CDC website Interim Infection Prevention and Control Recommendations for HCP During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 7/15/20, indicated the following relative to gown use and eye protection in suspected or confirmed COVID-19 patients; -Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. -Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for wasted or linen before leaving the patient room or care area. Disposable gowns should be discarded after each use. Cloth gowns would be laundered after each use. During an interview on 8/11/20 at 7:15 A.M., the Director of Nurses said there were no COVID-19 positive residents or staff at this time. She said there were several readmissions that were under surveillance and 14 day quarantine. She said they were on the South Unit, low side. She said the high side of the South Unit were all COVID-19 recovered residents. She said the West Unit had all COVID-19 negative residents. She said the Harmony Unit (dementia care unit) had one wing of the unit that was COVID-19 negative and one wing that was COVID-19 recovered. She said the current census was 81. During a tour of the facility on 8/11/20 between 8:20 A.M. and 9:50 A.M. the following were observed: Harmony Unit: -Certified Nursing Assistant (CNA) #1 was observed in room [ROOM NUMBER] (private room with a COVID-19 negative resident) assisting the resident. CNA #1 was wearing a reusable isolation gown, gloves, facemask and eye protection. She came out of the room carrying dirty linen and disposed of them. While wearing the same gloves, she opened a curtain to the clean linen area, retrieved clean linen, closed the curtain and returned back to the resident's room. She did not doff her dirty gloves, perform hand hygiene and don a clean pair of gloves when leaving the room. She said she was the private duty CNA assigned to care for the resident for the day. -CNA#2 was observed touching and adjusting her facemask with her bare hand. She did not doff the mask; perform hand hygiene and/or don a clean mask. South Unit (quarantine wing): -CNA #3 was observed repeatedly touching and adjusting her facemask with her bare hand, and was not wearing eye protection. She entered room [ROOM NUMBER] to assist Resident #1, wearing an isolation gown and the same facemask. -Record review indicated Resident #1 was readmitted to the facility on [DATE]. CNA #3 exited the room wearing the same isolation gown and mask. She did not doff her PPE and perform hand hygiene after assist Resident #1. -CNA #3 then moved on to room [ROOM NUMBER] to assist Resident #2, while wearing the same isolation gown and facemask. She also was not wearing eye protection. -Record review indicated Resident #2 was readmitted to the facility on [DATE]. She exited room [ROOM NUMBER] without doffing her dirty PPE and did not perform hand hygiene. She remained on the quarantine side of the unit walking around in the same gown and facemask. During an interview on 8/11/20 at 9:30 A.M., CNA #3 said she had received training on infection control and proper PPE use. She said she wore the isolation gown and facemask while on the unit. During an interview on 8/11/20 at 11:40 A.M., with the Administrator, the Director of Nurses (DON) and the Infection Control Nurse the above concerns were reviewed. The DON said staff should not be touching their facemasks but if they did then they should clean their hands and put a new one. She said staff should not leave a room without doffing their PPE and performing hand hygiene. She also said all staff have been educated on wearing goggles or face shield for patient care. They all said staff needed to be re-educated on proper PPE use and 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.