

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225476	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER MAPLES REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 90 TAUNTON STREET WRENTHAM, MA 02093	
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	Provide and implement an infection prevention and control program. Based on observations and staff interviews, the facility failed to ensure staff followed the facility's policy to maintain reusable personal protective equipment (PPE) gowns after and between uses to prevent the spread of COVID-19 in the facility. Specifically, the facility staff stored gowns between uses, hanging them on boxes of clean gloves and sharps containers mounted on the walls, bathroom door jams and on hooks on the bathroom door with gowns in contact with each other on the Eastport Unit. The Eastport Unit housed five residents, four of the residents (rooms # E2, E3, E4 and E6) were new admissions on 14 day quarantine, which included transmission based droplet precautions. Findings include: Center for Disease Control (CDC) Strategies for Optimizing the Supply of Isolation Gowns updated March 17, 2020 indicated the following: -Extended use of isolation gowns. In a situation where the gown is being used as part of standard precautions to protect the healthcare professional (HCP) from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. A review of the facility's policy for Infection Prevention and Control Recommendations for Nursing Staff caring for Residents with Suspected or Confirmed Coronavirus Disease 2019 (Covid-19) updated September 3, 2020 included but was not limited to the following: 2. Adhere to standard and transmission-based precautions-Personal Protective Equipment (PPE) Nursing staff have received training on and demonstrate an understanding of: -When to use PPE; what PPE is necessary; how to properly don, use, and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; the limitations of PPE -Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. The facility has provided training to nursing staff about the procedures to safely sequence donning and doffing PPE. 3. Resident placement: -All new admissions should be treated as a suspected COVID-19 resident and quarantine for 14 days. On September 23, 2020 at 8:30 A.M., the Coordinator of Education was interviewed and said the Eastport Unit is the facility short term rehab unit and the new admissions are placed on 14 day quarantine including transmission based droplet precautions to monitor for COVID-19. On September 23, 2020 at 11:15 A.M., the surveyor observed the following on the Eastport Unit: rooms #E2, E3, E4 and E6: -Room E2- Two PPE gowns hanging on the bathroom door and one gown hanging on the sharps container mounted on the wall. -Room E3 - Three PPE gowns hanging on the bathroom door overlapping each other. -Room E4- Two gowns hanging on the bathroom door overlapping each other and one gown hanging on the box of clean gloves. -Room E6- One gown hanging on the bathroom door jam, one gown hanging on the sharps container mounted on the wall and one gown hanging over a box of clean gloves. On September 23, 2020 at 11:25 A.M., Certified Nursing Assistant (CNA) #1 was interviewed and said each residents' room has a gown hanging inside the door for the nurse and the CNA. CNA #1 said the gowns are used for the shift when providing care for the residents' who are on precautions. CNA #1 said they are supposed to take off the gowns before leaving the rooms and hang the gowns on the bathroom door hooks. On September 23, 2020 at 11:28 A.M., Nurse #1 was interviewed and said the staff should not be hanging the gowns on the boxes of clean gloves, sharps containers or the door jams. Nurse #1 said the PPE gowns are being re-used by the staff for their shift and there should only be two gowns hanging on the bathroom door, one for the nurse and one for the CNA.		
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.