

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225672	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER COMMONS RESIDENCE AT ORCHARD COVE		STREET ADDRESS, CITY, STATE, ZIP 1 DEL POND DRIVE CANTON, MA 02021	
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 F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Based on medical record review and staff interviews, the facility staff failed to follow the Centers for Medicare and Medicaid Services (CMS) guidance to test all negative residents when a COVID-19 outbreak has been determined in the facility to prevent the spread of COVID-19 in the facility. The facility staff only tested COVID-19 negative residents on 1 of 3 units after a staff member tested positive for COVID-19 on October 7, 2020. Findings include: A review of the Facility policy COVID-19, revised on October 2, 2020 indicated the following: -The policy has been created in response to the Noval Coronavirus know as COVID-19. As the infection control guidelines are continually changing we will consider guidelines provided by the CDC, Massachusetts Department of Public Health, Centers for Medicare and Medicaid Services and the World Health Organization in the continuing development of policies and procedures. A review of the Centers for Medicare and Medicaid Services (CMS) Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool dated August 28, 2020 indicated the following: -To enhance efforts to keep COVID-19 from entering and spreading through nursing homes, facilities are required to test residents and staff based on parameters and a frequency set forth by the HHS Secretary. -Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. A review of the medical records for COVID-19 negative residents's, Resident #1, Resident #2 and Resident #3 indicated, a COVID-19 test was not performed after October 7, 2020, when a staff member tested positive for COVID-19. During an interview on October 16, 2020 at 3:00 P.M., the Administrator said the facility only tested negative residents for COVID-19 on Unit #1 where the staff member tested positive positive for COVID-19 on October 7, 2020. The Administrator said they did not test the negative residents on the other two units because they felt they were not exposed to the staff member through contact tracing.		

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.