

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225573	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER SANCTA MARIA NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP 799 CONCORD AVENUE CAMBRIDGE, MA 02138	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interviews, the facility failed to ensure staff donned and doffed appropriate Personal Protective Equipment (PPE) when caring for a resident with infection, caring for residents that are newly admitted from the hospital setting and by wearing homemade masks. Findings include: Review of the Centers for Disease Control (CDC) Guidance: How to Safely Remove PPE, indicated that staff must remove all PPE before exiting the patient room except a respirator, if worn. On 7/7/20 at 9:30 A.M., observation on the 4th floor unit revealed Certified Nursing Assistant (CNA) #1 as she was in a resident's room and transferring the resident from the chair to the bed. The resident's body leaned up against CNA #1's body and the resident's body was touching CNA #1's isolation gown. The resident was on contact precautions for a [MEDICATION NAME] Resistant [MEDICATION NAME] organism. CNA #1 removed her gloves and performed hand hygiene. CNA #1 left the resident's room, and without removing and discarding her contaminated gown, she continued to walk the hallway. On 7/7/20 at 9:45 A.M., during interview, CNA #1 said that she knew she should have taken the gown off in the room and discarded it in the trash. Review of the Massachusetts Department of Public Health (DPH), Comprehensive Personal Protective Equipment (PPE) Guidance, dated 7/6/20, indicated that homemade and cloth facemasks are not considered PPE. Their capability to protect Health Care Personnel (HCP) has not been demonstrated and they have not been shown to be effective in preventing transmission of illness. On 7/7/20 at 9:50 A.M., observation on the 4th floor unit revealed Housekeeper #1 coming out of a resident room and then storing her housekeeping cart into a closet. She was wearing a homemade mask. On 7/7/20 at 9:50 A.M., during interview, Housekeeper #1 said that the mask she was wearing is her usual mask. She said she did not have a surgical mask, but could go downstairs to get one. She said she didn't know she was not supposed to wear that type of mask (homemade). Review of the CDC guidance: Considerations for new admissions or readmissions to the facility, last updated 4/30/20, indicated that a single negative test upon admission does not mean that a resident was not exposed or will not become infected in the future. Newly admitted residents or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. On 7/7/20 at 10:00 A.M., observation on the 4th floor unit revealed no precaution cart set up or droplet precaution signage outside the rooms for 4 of 5 residents that were new admissions and had been in the facility less than 14 days. On 7/7/20 at 10:10 A.M., during an interview, the Director of Nursing (DON) said that she and the Social Worker know who the new admissions are that require a 14 day quarantine. The DON said that all the other residents on this unit are negative for COVID-19 and staff do not don or doff new PPE while caring for the new admission residents that are on quarantine. She also said that she doesn't put droplet precaution signage up because the staff treat all the residents on this unit the same in regard to PPE use and did not know that the new admissions needed separate PPE.</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.