

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER KATZMAN FAMILY CENTER FOR LIVING		STREET ADDRESS, CITY, STATE, ZIP 17 LAFAYETTE AVENUE CHELSEA, MA 02150	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, the facility failed to follow proper infection control practices for COVID-19 transmission based precautions and appropriate use of personal protective equipment (PPE). On 7/13/20, the following observations were made on the first floor unit: * At 7:20 A.M., two staff members entered a resident room without eye protection or isolation gowns. The resident was on full personal protective equipment (PPE) precautions. * At 7:30 A.M., an observation was made of the soiled utility room being propped open with a bag full of soiled linen. * At 7:35 A.M., two kitchen staff members were in the unit kitchen speaking to each other with their masks pulled below their chin. On 7/13/20, the following observations were made on the second floor unit: * At 7:40 A.M., a kitchen staff member was preparing shakes with mask pulled below his/her nose. At 7:50 A.M., the same kitchen staff member's mask was completely pulled off while he/she was working in the unit kitchen. * At 7:45 A.M., two certified nursing aides (CNA) were in a Covid 19 negative resident room without eye protection. The resident was on full personal protective equipment (PPE) precautions. * At 7:55 A.M., a certified nursing aide exited a resident room with used gloves carrying a bag of soiled linen down the hall. * At 8:00 A.M., a housekeeping staff member exited a resident room while wearing a used gown in the hallway. * At 8:05 A.M., a housekeeping staff member was in a resident room without wearing eye protection. The resident was on full personal protective equipment (PPE) precautions. On 7/13/20, the following observations were made on the third floor unit: * At 8:15 A.M., a certified nursing aide walked from one resident room to another with used gloves on. The certified nursing aide walked through the hallway wearing the used gloves.		

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.