

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER SAUGUS REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 266 LINCOLN AVENUE SAUGUS, MA 01906	
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	<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, interview, and review of the facility's entrance screening log, the facility failed to follow infection control protocols to prevent the possible spread of COVID-19 by failing to implement an effective screening protocol at the entrance into the facility. The facility allowed 2 of 11 nursing staff members to proceed on to the resident floors without being screened for signs and symptoms of COVID-19 upon entrance to the building. Findings include: Review of the Centers for Disease Control and Prevention guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated July 15, 2020 indicated the following: - Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature <100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. Review of the facility policy titled, Resident Healthcare Testing, dated 3/2020, indicated the following: - For all Healthcare personnel, Temperature screening and surveillance questionnaire will be completed upon arrival to the facility and prior to entering work area. At 7:05 A.M., the surveyor approached the building. The surveyor rang the doorbell and waited to enter the building until 7:10 A.M., when a staff member leaving for the day opened the door and let the surveyor enter the building. The surveyor entered the building alongside Nurse #1. The surveyor and Nurse #1 entered a room that Nurse #1 said was used for screening. Nurse #1 took her own temperature and recorded the result in the facility screening book. Nurse #1 said that the facility staff screen themselves prior to starting their shift. She was unable to say who monitored or assessed the staff screening process to ensure it was being followed. Nurse #1 was also unable to explain how visitors would be screened if they entered the building, as the surveyor did this morning, without a staff member present to explain the screening process or complete the visitor screening. During an interview on 10/15/20 at 8:02 A.M., Certified Nursing Assistant (CNA) #1 said that all facility staff screen themselves when they enter the building for work. CNA #1 said that there used to be a staff member responsible for screening the staff but that hasn't happened for a while. During an interview on 10/15/20 at 8:15 A.M., Nurse #2 said that all facility staff screen themselves when they enter the building for work. Nurse #2 said that there used to be a staff member responsible for screening the staff but that she has been screening herself for the past couple of months. Nurse #2 said that once she starts her shift, no one asks her any questions about her self-screening/reporting. During an interview on 10/15/20 at 8:30 A.M., the Director of Nursing (DON) said that staff can screen themselves upon entry into the building and that the manager on duty will oversee the process and ensure all staff are screened. The DON said that the Infection Control Nurse typically checks the screening log to ensure all staff have screened themselves and that their temperatures are within normal range. The DON said that the Infection Control Nurse had not yet been into the facility today and had not yet looked at the screening logs to confirm they were complete. The Surveyor, DON and assistant DON reviewed the employee screening log for the morning of the infection control survey, 10/15/20. The review of the log indicated that 2 of 11 nursing staff members working on the resident floors had not been screened upon entrance to the building prior to starting their shifts.</p>		

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.