

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2020
NAME OF PROVIDER OF SUPPLIER MEDFORD REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 300 WINTHROP STREET MEDFORD, MA 02155	
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 observation, interview and policy review, the facility failed to ensure staff doffed contaminated labcoats, which the facility used as Personal Protective Equipment (PPE), on 1 of 3 units observed, when caring for residents that are newly admitted or readmitted from the hospital setting and on contact/droplet precautions. Findings include: Review of the facility policy, Caring for Long Term Care Residents during Covid-19 Emergency, last revised, 8/19/20, included the following: * The PPE laundry hampers and trash barrels are located inside the resident's rooms for Persons Under Investigation (PUI) and the Covid negative residents as close to the exit doors for staff to remove/doff the PPE prior to leaving the resident room. 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. Observation of the Mystic 1 Unit (the facility's quarantine unit) on 9/14/20, included the following: * 9:45 A.M., Licensed Nurse (LN) #1 came out of a quarantined resident's room with her contaminated lab coat still on. LN #1 removed the contaminated lab coat in the hallway, rolled it into a ball and proceeded to walk past the nurses' station, and down the hallway, at which time she placed the contaminated labcoat in a plastic barrel that was over filled with labcoats presumed to be contaminated. * 10:00 A.M., Certified Nurses Aide #1, came out of a quarantined resident's room, removed her contaminated lab coat and placed it in a plastic barrel approximately 3 feet outside the resident's room. * 12:30 P.M., LN #2 came out of a quarantined resident's room after performing a Covid-19 nasopharyngeal swab, and removed her contaminated labcoat outside the resident's room and discarded the labcoat into a plastic trash barrel. On 9/14/20 at 12:40 P.M., LN #2 said she should have removed her labcoat in the resident's room and not outside of the room.		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify resident representatives and families of new COVID-19 positive staff members by 5:00 P.M. the next calendar day. Findings include: Review of the facility's COVID surveillance log indicated that the facility was notified of 5 staff members diagnosed with [REDACTED]. These 5 staff members were quarantined outside of the facility. Review of a copy of an electronic notification and a letter signed by the Administrator, indicated that resident representatives and families were notified of the five staff members that were COVID-19 positive, on 8/11/20, not by 5:00 P.M. the next calendar day. During interview on 9/14/20 at 2:15 P.M., the Administrator said he was not aware of the new requirement to notify resident families and representatives by the next calendar day.		

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.