

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER CAPE HERITAGE REHABILITATION & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 37 ROUTE 6A SANDWICH, MA 02563	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure staff implement proper use of personnel protective equipment to prevent the potential transmission from respiratory droplets containing [MEDICAL CONDITION] that causes COVID-19 on three of three units, and adhere to Centers for Disease Control (CDC) recommendations and infection control practices when staff interact with residents identified as negative status on the unit or during care in their rooms. Findings include: The Centers for Disease Control (CDC) Infection Prevention and Control recommendations dated 6/3/2020 and Department Public Health guidance for healthcare professionals and comprehensive personal protective equipment, dated July 6, 2020, advises health care workers to utilize personal protective equipment (facemask and eye protection) when interacting with residents whose COVID-19 status is negative (never positive) to prevent transmission and spread of the [MEDICAL CONDITION] agent. Respiratory droplets are generated when an infected person coughs, sneezes, talks or during medical treatments that may induce droplets with mode of transmission of infection by inhalation through nose, mouth or eyes. Droplets transmission may also occur by contact with contaminated surfaces including personnel protective equipment. Health care providers should adhere to CDC guidance and the updates and changes that evolve for approaches to care of residents and personal protective equipment. During interview with the Director of Nurses and Infection Control Preventionist on 7/15/20 at 9:10 A.M., they said that the facility has not had any residents with confirmed positive COVID test result. All residents tested in house were negative. Currently four residents admitted to the facility are identified as person under investigation (PUI) and on 14 day quarantine to monitor for signs and symptoms of COVID. For those residents, all staff use full personal protective equipment (face mask, goggles, gown and gloves). Facility observations on 7/15/20 included the following: At 9:45 A.M., on unit 2 during interview with nurse #1, she said that PPE is available but currently the unit does not have eye goggles or faceshields accessible, if needed staff would ask the infection control nurse for one. The surveyor observed on unit 3 that the activity staff wore a facemask but no eye protection. The activity assistant interacted with several residents, within close proximity to encourage participation and offer redirection and reapplication of a resident's facemask. On unit 1, at 11:00 AM, two rehabilitation staff instructed a resident to perform leg exercises in their room. Rehabilitation staff wore a facemask and one wore facemask and gloves, no other personal protective equipment eye protection. At 11:45 AM a resident identified as a readmit and on 14 day quarantine (PUI) was in a wheelchair in the opposite corridor of his/her room. The resident was redirected and returned to room for the noon meal. During interview on 7/15/20 at 12:00 P.M., the regional clinical nurse said that because the facility has had no cases, her past conversation with the epidemiologist included that only the use of facemask coverings was required for the negative residents. Further review of documentation from the epidemiologist recommendation dated 7/8/20, summarized that for a facility that has never had a case of COVID, only mask and eye protection are required for care of negative (never positive) residents. The eye protection recommendation was based on recent CDC updated guidance. The regional consultant was advised at that time for the facility staff to use facemask and eye protection based on CDC latest guidance to care for residents with negative status to prevent transmission to them or from. The facility failed to ensure staff awareness and use of recommended personal protective equipment in the facility for negative status residents to prevent transmission of [MEDICAL CONDITION].</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.