

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER RESERVOIR CENTER FOR HEALTH & REHABILITATION, THE		STREET ADDRESS, CITY, STATE, ZIP 400 BOLTON STREET MARLBOROUGH, MA 01752	
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, interview, and record review, the facility failed to implement the proper use of Personal Protective Equipment (PPE) recommended by the Centers for Disease Control and Prevention (CDC), and thus failed to ensure all infection prevention and control practice measures were implemented in order to prevent transmission of COVID-19 on a cohorted unit of 10 quarantined residents (8 new admissions and 2 persons under investigation-PUI). Findings include: 1. The facility failed to ensure a nurse wore the proper facemask while he cared for a newly admitted quarantined resident who had an open [MEDICAL CONDITION] (breathing tube), [MEDICAL CONDITION] (trach) mask with humidification (provides moisture via mist), and spontaneous sputum/secretion production. CDC guidance: Nursing Homes and Long-Term Care Facilities: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown, dated June 25, 2020, indicated HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. On 7/23/20 at 11:30 A.M., the surveyor walked down the hallway of the quarantine unit and heard a [MEDICAL CONDITION] humidifier and secretion/sputum production from an open [MEDICAL CONDITION] (breathing tube) coming from a quarantined resident's room. Review of a respiratory therapy note, dated 7/22/20, indicated the resident was on 21% (room air) oxygen (O2) [MEDICAL CONDITION] mask and was suctioned (procedure to remove secretions) for moderate thick yellow secretions. Review of a physician's admission note, dated 7/22/20, indicated the resident had a humidified oxygen [MEDICAL CONDITION] mask in place. On 7/23/20 at 12:15 P.M., the surveyor observed a nurse in the quarantined resident's room, bent forward and close to resident's face, as he communicated with the resident. The humidification was on. He did not have an N95/KN95 respirator mask on; he wore a surgical mask. During an interview on 12:20 P.M., Nurse #1 said the resident had an [MEDICAL CONDITION] and humidification [MEDICAL CONDITION]. He further said the resident produced sputum/secretions spontaneously. When asked about proper PPE needed for the care the resident, Nurse #1 said he could get an N95 mask if he asked, but had not needed one. 2. The facility failed to ensure a Certified Nurse Aide (CNA) implemented procedures for the proper use (donning, doffing, wearing) of PPE recommended by the CDC to prevent the transmission of COVID-19. CDC Guidance: Using Personal Protective Equipment (PPE), dated July 14, 2020 indicated, Gloves should cover the cuff (wrist) of gown. CDC guidance titled Facemask Dos and Don'ts, dated June 2, 2020, indicated: -Don't touch or adjust your facemask without cleaning your hands before and after. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated July 15, 2020 indicated: -HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. On 7/23/20 from 11:30 A.M. to 12:10 P.M. the surveyor observed Certified Nurse Aide (CNA) #1 several times with his precaution gown sleeves pushed up to his elbows, which left his forearms exposed. CNA #1 did not sanitize his forearms after he removed contaminated PPE or before he put on clean PPE. On 7/23/20 from 11:30 A.M. to 12:10 P.M. the surveyor observed CNA #1 touch his facemask and face shield several times. He did not sanitize his hands after he touched his mask or face shield. On 7/23/20 at 12 P.M., the surveyor observed CNA#1 remove his contaminated gloves as he exited a quarantined resident's room; he did not perform hand hygiene. He carried the dirty gloves down the hall and threw them in the trash receptacle on the side of the medication cart. He did not perform hand hygiene before he put on a new pair of gloves and delivered another quarantined resident's lunch tray. During an interview on 7/23/20 at 12:25 P.M., CNA #1 said he knew the correct way to utilize PPE, but sometimes he forgot.</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.