

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRESCOTT HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>140 PRESCOTT STREET NORTH ANDOVER, MA 01845</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, record review and interview the facility failed to ensure the prevention of the potential spread of COVID-19 infection on 2 of 3 nursing care units (C wing and A wing). 1. The nurse failed to disinfect multiuse medical equipment after direct contact with residents, 2. Housekeeping staff failed to change gloves and perform hand hygiene between resident rooms and 3. Housekeeping staff failed to perform hand hygiene and properly don and doff personal protection equipment (PPE). Findings include: 1. Review of the facility's policy titled, Infection Control, Covid-19, dated effective 3/27/2020 with a revision date of 7/2/2020, indicated under practice standards, point 12. Clean and disinfect patient care items and environment, especially high touch surfaces using EPA (environmental protection agency) approved, hospital grade disinfectant. Review of the policy titled, cleaning and disinfecting, dated 9/1/04 with a revision date of 7/24/2018 indicated under purpose; to ensure reusable medical equipment is cleaned and disinfected appropriately. Under practice standards 5.2 multi-patient equipment must also be cleaned and disinfected after patient use. On 7/8/2020 at 10:25 A.M., Nurse #1, was observed on C wing, taking the multiuse vital sign machine into room [ROOM NUMBER] W. Nurse #1 proceeded to use the blood pressure cuff, pulse oximeter (a medical device that measures the proportion of [MEDICATION NAME] blood) and thermometer, with a disposable cover, with the resident. Nurse #1 exited the room, returned to the medication cart, prepared medications and without disinfecting the multiuse vital sign machine entered room [ROOM NUMBER] D and used the pulse oximeter and thermometer, with a disposable cover, with the resident. Upon moving the vital sign machine in the room, the thermometer probe fell off and made contact with the floor. Nurse #1 then exited the room went back to the medication cart and then proceeded to enter room [ROOM NUMBER], a private room, with the vital sign machine, and without disinfecting the multiuse vital machine proceeded to use the thermometer and pulse oximeter with the resident. The multiuse medical equipment was in and out of 3 resident rooms and in contact with 3 residents who have been negative for Covid-19, increasing the risk of the spread of infections. During an interview on 7/8/2020 at 11:05 A.M., Nurse #1 said the multiuse vital sign machine should have been disinfected after using it on a resident. 2. Review of the facility's policy titled Infection Control standard precautions, dated 9/1/04 with a revision date of 11/15/19 indicated under the heading of Purpose; to reduce the risk of transmission of epidemiological important microorganisms by direct or indirect contact. Under the heading Process 1. perform hand hygiene, 3. Change gloves between tasks and procedures on the same individual and after contact with material that may contain a high concentration of microorganisms, 3.2 after contact with patient and/or surrounding environment. On 7/8/2020 at 10:15 A.M., housekeeper #1 was observed on the AC wing, wearing gloves pushing the housekeeping cart in the hallway. Housekeeper #1 then proceeded to enter room [ROOM NUMBER] and mop the floor wearing the same gloves and without performing hand hygiene. Housekeeper #1 then exited room [ROOM NUMBER] and removed wet floor caution signs from the doorways of rooms [ROOM NUMBERS], He then proceeded to enter room [ROOM NUMBER] wearing the same gloves and without performing hand hygiene and changed the trash bag. Housekeeper #1 then went and washed his hands and changed gloves after being in multiple rooms and the hallway. Housekeeper #1 then returned to room [ROOM NUMBER], swept the floor and placed a new bag in the trash receptacle. He then proceeded to exit room [ROOM NUMBER] wearing the same gloves and entered room [ROOM NUMBER] and wiped down the side table and chest of drawers wearing the same gloves and without performing hand hygiene. Housekeeper #1 stepped in to the doorway to the housekeeping cart and with the same gloves took the toilet brush and entered the room again, used the brush in the bathroom and then exited wearing the same gloves and returned the toilet brush to the cart and without changing gloves entered the same room and started sweeping, he then mopped the floor and left the room into the hall wearing the same gloves and moved to cart to room [ROOM NUMBER] and using the same gloved hands pulled up the back of his pants. On 7/8/2020 at 11:20 A.M. Housekeeper #1 said he changed gloves and washed his hands. Housekeeper #1 used contaminated gloves in the hallway and in multiple rooms, increasing the risk of the spread of infection. Review of the floor census and status related to Covid-19, provided by the facility, indicated that rooms 31, 24, 30 were occupied by residents who were negative for Covid-19. 3. Review of the Centers for Disease Control document titled how to safely remove personal protection equipment (PPE) example 1, not dated, indicated, Step 5. Wash hands or use alcohol hand sanitizer immediately after removing PPE. During the entrance conference on 7/8/2020 the facility's Director of Nursing said the A wing was the admission quarantine unit, requiring staff to wear full PPE. On 7/7/2020 at approximately 1:30 P.M., Housekeeper #2 exited room [ROOM NUMBER] on the A wing, removed (doffed) his PPE in the hallway and proceeded to don (put on) PPE without performing hand hygiene and entered room [ROOM NUMBER]. Upon exiting room [ROOM NUMBER], Housekeeper #2 doffed his PPE in the hallway. He proceeded to wheel the housekeeping cart to the tub/shower room, exited the room and with ungloved hands which are contaminated after pushing the housekeeping cart to outside of room [ROOM NUMBER]. Housekeeper #2 donned PPE without performing hand hygiene and entered room [ROOM NUMBER].</p> <p>During an interview on 7/8/2020 at 2:10 P.M., Housekeeper #2 said he washed his hands in the Bath/shower area and then went to the room to put on the PPE.</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.