

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225651</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALLIANCE HEALTH AT ROSEWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>22 JOHNSON STREET PEABODY, MA 01961</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and Center for Disease Control review, the facility failed to ensure proper infection control practice was followed during the visitor screening process at 1 of 1 screening stations and during the donning of personal protective equipment (ppe) on 1 of 3 nursing units. The facility also failed to ensure ppe was changed between care of patients on 1 of 3 nursing units. Findings include: According to the Centers for Disease Control (CDC) one should wash or gel hands prior to putting on personal protective equipment. The CDC also says if extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile). On 7/14/20 at 10:10 A.M., the surveyor observed a visitor enter the building. As he/she was waiting for staff, he/she took an oral thermometer, applied a probe cover and placed the thermometer in his/her mouth. When done, he/she placed the used probe cover down on the sign in sheet contaminating the surface. During an interview with the Receptionist on 7/14/20 at 10:15 A.M., she said that she had screened the visitor but had not seen that he/she had placed a used thermometer cover on the sign in sheet. She said the area needed to now be disinfected. On 7/14/20 at 9:50 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 on the 3rd floor nursing unit enter and exit 3 resident rooms wearing the same ppe. During an interview with CNA #1 on 7/14/20 at 10:30 A.M., she said that all 3 resident rooms she entered were negative for COVID 19 so she did not need to change her ppe. She was not aware that ppe needed to be changed when caring for different residents. During an interview with Nurse #1 on 7/14/20 at 10:25 A.M., she said that all of the residents she was caring for on the 3rd floor were negative for COVID 19 so there was no need for staff to change ppe between residents when providing care. She was not aware that ppe needed to be changed when caring for different residents. On 7/14/20 at 10:50 A.M., the surveyor observed CNA #2, on the 2nd floor nursing unit, move linens from the top of the dirty linen cart to the top of the clean linen cart, therefore contaminating her hands. Without performing hand hygiene she put on a gown, contaminating the gown, and moved the linens from the top of the linen cart to inside the dirty linen cart. She then entered a resident room with the contaminated gown. During an interview with CNA #2, on 7/14/20 at 11:00 A.M., she said that she usually gels her hands before putting on ppe. She said she should have gelled her hands and put on a clean gown before going into the residents room.		
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.