

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225512</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WAREHAM HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>50 INDIAN NECK ROAD WAREHAM, MA 02571</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview with staff, the facility failed to implement preventive Infection Control practices for transmission-based precautions on 1 of 3 units for 2 residents (#3 and #4), and adhere to Centers for Medicare &amp; Medicaid Services (CMS) guidance for placement of 2 admissions (resident #1 and #2) entering the facility to prevent the potential transmission of COVID 19 infection from individuals that may or may not exhibit symptoms (asymptomatic or presymptomatic) . Findings include: Centers for Disease Control and Prevention (CDC) Infection Prevention guidelines, dated 3/10/20, indicates health care workers adhere to transmission based precautions and to use a respirator or face mask, gown, gloves, and eye protection when in close or direct contact with individuals whose COVID-19 status is unknown or that may have been exposed to the respiratory virus that causes COVID-19 to prevent transmission. On April 2, 2020 the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) released new recommendations to state and local governments to help mitigate spread of the Novel Coronavirus (Covid-19). On April 6, 2020 the Department of Public Health (DPH) issued guidance related to posting of signage ( including a copy of the appropriate sign) in response to CMS and CDC guidance. The signage instructs staff and visitors, including visitors, doctors, and staff to: *clean hands when entering and leaving the room *Wear mask *wear eye protection *keep the door closed * use dedicated or disposable equipment. If shared equipment is used clean and disinfect the shared equipment 1. For two residents (#3 and #4) on 1 of 3 units, the facility failed to provide visual alerts with signage to identify the type of precautions and personal protective equipment (PPE) needed to care for a resident with suspected COVID 19 and use the required PPE when providing services and perform hand hygiene to prevent the transmission and spread of COVID 19 infection. 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 can also occur by contact with contaminated surfaces. For residents placed on transmission based precautions the facility should implement the following: - Signage should be placed outside the resident's room identifying the CDC category (e.g. droplet, airborne, contact) of transmission based precautions and instructions for use of PPE (personal protective equipment). The Department of Public Health memorandum posted on 4/6/2020 shared a new sign for facilities to use with information about special droplet/contact precautions. The sign provides critical infection prevention information to ensure health care workers take the necessary precautions before entering the room. During interview with the Infection Control nurse, she said that the signs for precautions should have been posted for Residents #3 and #4. - Clearly identify the type of precautions, the necessary protective equipment required to enter the resident's room, procedure to apply (don) PPE, the procedure to remove (doff) and dispose of PPE when exiting the resident care area and steps for performing hand hygiene. - Make the necessary PPE and hand sanitizer available The Nurse Manager on Unit #4 identified Residents #3 and #4 as persons under investigation (PUI) and on 14 day quarantine in order to monitor them for signs and symptoms of COVID-19. Record review on 6/15/20 indicated Resident #4 was readmitted to the facility in June 2020. Physician orders [REDACTED]. Record review on 6/15/20 indicated Resident #3 was admitted to the facility in June 2020. Physician orders [REDACTED]. Observations on 6/15/20 at 2:30 P.M., of the entrance to the rooms of Residents #3 and #4 failed to include a posted notice to alert staff as required. CDC guidance for transmission based precautions, dated 3/10/20, for residents with unknown or suspected COVID-19, indicates full PPE be worn when providing care. Although a precaution cart was observed just outside these Resident rooms, neither cart contained eye protection equipment, alcohol based sanitizer for hand hygiene or sanitizing wipes for disinfection of equipment. On 6/15/20 at 2:30 P.M., a rehabilitation therapist was observed providing services to Resident #3 in their room. The rehabilitation therapist was observed wearing an isolation gown, mask and gloves while in the room with Resident #3. CDC guidance for personal protective equipment (PPE) during the care of residents suspected COVID-19 or under surveillance within 14 days (for example: admission, readmission, exposure), full PPE is recommended which includes gown, mask, face shield or eye goggles and gloves. The rehabilitation therapist failed to wear eye protection (goggles or face shield). As the rehabilitation therapist left the room to enter the corridor, there was no hand hygiene or application of (ABHS- alcohol based hand sanitizer) sanitizer after removal of gown and gloves and after providing services. The rehabilitation therapist opened one of the precaution cart drawers and removed a small tablet (ipad like device) and carried it down the corridor. During interview, the rehabilitation therapist was asked about hand hygiene and confirmed that she had not performed hand washing or used a sanitizing agent. The rehabilitation therapist acknowledged it was necessary and went to go to a handwash sink behind the nurses station. The rehabilitation therapist was asked about eye protection and available protective equipment and said she wore eyeglasses and did not have access to a face shield or eye goggles. During interview, Unit Nurse #1 said that they were told they did not need to use a face shield or goggles (full PPE) and did not have any available on the unit. 2. Observations on 6/15/20 of Unit 1 identified two Residents (#1 and #2) as recent admits. Record review indicated both residents were admitted in June 2020, from different hospitals within several days to the same room. Guidance from the Centers of Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) advise to isolate all admitted (including readmissions) residents to a single, if possible, room if COVID-19 status is unknown or until test result available, for 14 days. Resident #1 was admitted in June 2020 with [DIAGNOSES REDACTED]. Physician orders [REDACTED]. According to a 6/9/20 nursing progress note, Resident #1 is responsible for him/herself and walks about the unit, although reminded to remain in room for the 14 day quarantine. Resident #2 was admitted in June 2020 with multiple medical co-morbidities to the same room as resident #1, and had physician orders [REDACTED]. During interview, the nurse explained that the empty rooms on the unit were for residents with positive COVID-19 status and that Residents #1 and #2 were both admitted from hospitals. Placement of two residents, with unknown COVID-19 status in the same room when empty rooms are available, fails to adhere to the guidance for prevention and control recommendations to aggressively manage and to prevent spread of virus from individuals that may not exhibit symptoms.</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.