

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225767</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CONTINUING CARE AT BROOKSBY VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>400 BROOKSBY VILLAGE DRIVE PEABODY, MA 01960</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> - Few	<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 observation and interview, the facility failed to follow infection control procedures while cleaning rooms to prevent the possible spread of communicable diseases on one of 3 units. Findings include: Review of the Facility's Isolation Discharge Room Cleaning Policy, dated 11/1/14 indicated the following: *The purpose for an isolation or isolation discharge room cleaning is to prevent the spread of infection disease to residents, staff and visitors while maintaining rooms in a clean and sanitary manner. *Prior to entering the room, check with the unit nurse to determine the appropriate Personal Protective Equipment (PPE). *Adorn protective clothing following current Centers for Disease Control guidelines. *Discard protective clothing in the wastebasket in the residents room just prior to exiting. On 7/27/20 at 7:00 A.M., the surveyor made observations on the 2nd floor nursing unit. The surveyor observed Housekeeper #1, wearing a cloth gown, enter room [ROOM NUMBER]. There was a sign outside of the door indicating that the resident in the room was on quarantine. Housekeeper #1 then cleaned room [ROOM NUMBER]. At 7:15 A.M., the surveyor observed Housekeeper #1 exit room [ROOM NUMBER] without removing her cloth gown and began walking to room [ROOM NUMBER]. Outside of room [ROOM NUMBER] Housekeeper#1 put on new gloves without performing hand hygiene, entered room [ROOM NUMBER] and began cleaning it. At 7:35 A.M., the surveyor observed Housekeeper #1 leave room [ROOM NUMBER] and walk to room [ROOM NUMBER] wearing the same gown she had worn in room [ROOM NUMBER] (a precautions room) and room [ROOM NUMBER]. Outside of room [ROOM NUMBER] Housekeeper #1 began putting on new gloves without performing hand hygiene. During an interview with Housekeeper #1 on 7/27/20 at 7:37 A.M., she said that she changes gowns after she cleans a room where a resident in on precautions. Housekeeper #1 said she had not cleaned a precautions room this morning, despite the surveyor's observations of her cleaning room [ROOM NUMBER] at 7:00 A.M. Housekeeper #1 then entered room [ROOM NUMBER] and began cleaning the room wearing the same gown she had worn to clean rooms [ROOM NUMBERS].</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.