

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MATTAPAN HEALTH &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>405 RIVER STREET MATTAPAN, MA 02126</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 observations and staff interviews the facility failed to don and doff (put on and remove) PPE and perform hand hygiene when entering and exiting resident rooms to prevent the potential spread of infection in the facility. Findings include: The facility staff failed to remove their gloves and perform hand hygiene after exiting resident rooms, touching common area surfaces and the clean utility cart. The Center for Disease Control and Prevention Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic indicates: Hand Hygiene - Healthcare Provider (HCP) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing Personal protective equipment (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 June 18, 2020 at 9:05 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 wearing gloves arranging food on the resident's bedside table in room [ROOM NUMBER]. CNA #1 then left the room still wearing her gloves, walked to the nurses' station to get the key for the nourishment kitchen. She was observed opening the nourishment kitchen door, going in and then exiting with a glass of milk still wearing the gloves. CNA#1 returned the key to the nursing station and re-entered room [ROOM NUMBER] and put the glass of milk on the bedside table. CNA #1 then removed her gloves and performed hand hygiene exiting the room. CNA #1 was also observed wearing her face shield upside down, with the shield portion above her eyes. On June 18, 2020 at 9:15 A.M., CNA #1 said she realized her mistake keeping the gloves on when going into the nourishment kitchen. She said she puts the face shield up sometimes because it is hard to see and she is not doing direct patient care. On June 18, 2020 at 10:15 A.M., the surveyor observed CNA #2 exiting room [ROOM NUMBER] with gloves on, carrying a plastic bag with dirty linen down the hallway and turning right to the second hallway to the laundry chute. CNA #2 then went to the clean linen cart still wearing the disposable gloves, lifted the cloth door and handled the linen until she found two face cloths, thus contaminating all the laundry she touched. On June 18, 2020 at 10:15 A.M., CNA #2 was interviewed and said she knows she is supposed to take off her gloves and wash her hands after handling dirty linen. CNA #2 said she did not realize she went to the clean linen cart and got two face cloths until the surveyor pointed to the two clean face cloths resting on her forearm.</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.