

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER OXFORD REHABILITATION & HEALTH CARE CENTER, THE		STREET ADDRESS, CITY, STATE, ZIP 689 MAIN STREET HAVERHILL, MA 01830	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to follow proper infection control practices in response to COVID-19. Findings include: On 7/20/20, the following observations were made on the second floor unit, which contained COVID-19 negative and COVID-19 recovered residents: * At 7:50 A.M., a certified nursing aide (CNA) had her mask pulled below the mouth when providing direct care to a resident in his/her bedroom, potentially infecting the resident and staff member. * At 8:00 A.M., a CNA touched her facemask with ungloved hands and potentially contaminating her hands. The CNA then grabbed a resident food tray without sanitizing her hands in between, potentially contaminating the tray. * At 8:05 A.M., a staff member was wearing a medical gown over her scrubs and proceeded to put a second, isolation gown on top of the medical gown before entering a resident room, potentially contaminating the new gown * At 8:25 A.M. and 8:35 A.M., three staff members were observed leaving a resident room with used gloves on in the hallway, placing staff and residents in the hallway at risk for contamination. On 7/20/20, the following observations were made on the first floor unit, containing quarantined and COVID-19 negative residents: * At 8:30 A.M., a staff member was observed leaving a quarantined resident room, wearing used PPE. The staff member walked down the hallway to the COVID-19 negative side of the unit with the gown still on, potentially contaminating residents and staff. On 7/20/20, the following observations were made on the first floor unit, containing persons under investigation (PUI) for COVID-19: * At 8:40 A.M., the door to the PUI unit was propped open with a food cart, potentially infecting the food cart * At 9:05 A.M., a staff member exited the PUI unit, wearing personal protective equipment, and walked down a set of stairs at the end of the hall. At 9:08 A.M., the same staff member was observed entering the negative unit wearing the same PPE, potentially infecting the negative residents. The staff member proceeded to open the medication cart on the negative unit, potentially contaminating the cart. At 9:09 A.M., the staff member closed the medication cart and exited the negative unit back onto the person under investigation unit. During an interview at 10:00 A.M., the Infection Preventionist said that the person under investigation unit and the quarantined unit should be treated as if these units are COVID-19 positive units. The Infection Preventionist said that staff members should not leave either units wearing used personal protective equipment and that it should be doffed before exiting the units.		

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.