

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER GARDNER REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 59 EASTWOOD CIRCLE GARDNER, MA 01440	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and policy review, the facility failed to ensure appropriate Personal Protective Equipment (PPE) was used related to the use of isolation gowns and protective eyewear, and failed to ensure appropriate practice of hand hygiene after touching contaminated PPE relative to preventing the spread of COVID 19. Findings include: Review of a facility in-service, dated 4/13/20, titled How to don/doff PPE per CDC guidelines indicated the facility was using an undated CDC labeled document on how to don and doff PPE. Relative to doffing, or removing, PPE which included gowns, the directions indicated to remove ALL PPE before exiting the patient room. Review of the CDC Webpage titled Preparing for Covid 19 in Nursing Homes, dated 6/25/20, indicated the following: -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) -Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition PPE), HCP should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. -For managing new admissions, depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. -Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. Review of the CDC Webpage titled [MEDICAL CONDITION] 2019, Strategies for Optimizing the Supply of Eye Protection, dated 7/15/20, indicated the following: Prioritize eye protection for selected activities such as: During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable. Review of the CDC Webpage titled [MEDICAL CONDITION] 2019, Using PPE, Face Mask Do's and Don'ts for Health Care Personnel (HCP), dated 6/28/20, indicated the following: -Don't wear your face mask below your nose or mouth -Don't adjust your face mask without cleaning your hands before and after The facility Infection Control Policy, undated but provided to the surveyor in a binder titled COVID 19, indicated the following relative to Droplet Precautions: Droplet Precautions are to be used with COVID 19 The nurse will place precaution bins with all appropriate PPE outside of the resident rooms with receptacles for discarding linen and PPE by the door before leaving the room. On 8/20/2020 at 8:30 A.M., the surveyor observed the screening process implemented by the facility for staff and visitors prior to entry. The receptionist was observed wearing her mask below her nose. Several times she directly touched the front of her mask to adjust it and did not perform hand hygiene afterwards. She was observed taking the temperature of three visitors and lowered her mask below her mouth to speak with them with no social distancing measures (6 feet or more). She again did not wash her hands when she adjusted her mask. On 8/20/2020 at 8:45 A.M. during an interview with the Nursing Supervisor, she said the receptionist was a fairly new employee and would receive further training. The Nursing Supervisor said the facility had no active cases of Covid 19 and no residents who had recovered from Covid 19. There was a dedicated unit for new admissions who were quarantined to monitor for symptoms, and staff were using full PPE, which included gown, gloves, mask, eye protection. On 8/20/2020 at 10:50 A.M. Certified Nurses' Aid #1 was observed leaving the nursing unit with an isolation gown still on. She said she had been in multiple resident rooms and had provided direct care. She said all residents were negative for Covid 19. She said she did not know she had to change her gown between residents. On 8/20/2020 at 11:50 A.M., Occupational Therapist (OT) #1 was observed ambulating a resident down the hallway and into his/her room. Staff had identified the entire unit as being negative for Covid 19. OT #1 stood close to the resident while the resident was performing exercises. OT #1 wore a face shield, mask and gown. Upon exiting the room, OT #1 washed her hands but did not remove the gown. She left the unit wearing the same gown. On 8/20/2020 at 11:55 A.M., CNA #2 was observed in a resident room with a gown and no eye protection. The resident was on a unit staff identified as negative for Covid 19. CNA #2 was in close contact with the resident and repositioning him/her in bed. CNA #2 left the room, washed her hands but did not remove her gown. She entered another resident's room and sat across from the resident to converse. CNA #2 had the same gown on used to care for a different resident, and had no eye protection on even though she was face to face and in close proximity to the resident. On 8/20/2020 at 1:30 P.M. the surveyor observed OT #1 in a resident room with a precaution cart outside of the room. OT #1 had on a yellow isolation gown with a blue isolation gown on top of it. Two other staff members were in the room with the same isolation gowns, blue on top of yellow. She had a mask, two gowns, a face shield and no gloves on. OT #1 was observed providing therapy to a resident. When OT #1 and the other two staff members exited the resident's room, they only removed one gown, and exited the room with the remaining gown on. OT #1 told the surveyor, at that time, that she was trained to wear two gowns into a resident room, but only remove one when exiting. She identified the resident as being on quarantine to monitor for Covid symptoms, but could not say why she wasn't wearing gloves during direct care. She thought it was OK on a quarantine unit. On 8/20/2020 at 2:05 P.M. Housekeeper #1 was observed entering a room designated as quarantined. She was wearing a yellow precaution gown under a blue precaution gown. Upon exiting the resident room, she only removed one gown. She said she was trained that way. On 8/20/2020 at 2:45 P.M. during an interview with the Nursing Supervisor, she said OT #1 should have worn gloves when caring for a resident in a quarantined room. She said she would begin education for staff regarding the use of gowns and eyewear right away.</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.