

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225569</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF NASHOBA VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>191 FOSTER STREET LITTLETON, MA 01460</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<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, interviews and policy reviews the facility failed to prevent the possible spread of COVID-19 on the Memory Care Unit as evidenced by the failure of one Certified Nurse's Aide to wear eye protection and to properly remove her gloves and perform hand hygiene after caring for a resident. Findings include: On 7/30/20, at 8:10 A.M., on the Memory Care Unit (a unit where recovered residents as well as negative residents reside) the surveyor observed Certified Nurse's Aide #1 in a resident's room performing A.M. care with gloved hands. The surveyor then observed Certified Nurse's Aide#1, without changing her gloves, exit the room holding a bag full of dirty linen with her gloved hands. The surveyor further observed Certified Nurse's Aide #1 walk down the hall and open the shower room door with her gloved hand, resulting in contamination of the door handle. During an interview on 7/30/20, at 8:11 A.M., Certified Nurse's Aide #1 told the surveyor that she had just provided care to a resident, and she should have taken off her gloves and performed hand hygiene before leaving the resident's room with the bagged linen. She further acknowledged that her gloves were not clean when she touched the handle to the shower room door. On 7/30/20, at 8:50 A.M., the surveyor observed Certified Nurse's Aide #1 on the Memory Care Unit in a Resident's room providing positioning assistance without eye protection. The surveyor observed that the room Certified Nurse's Aide#1 was in room B6. The room had a pink sign outside the door indicating that the residents in the room were on droplet precautions. During an interview on 7/30/20, at 8:52 A.M., Certified Nurse's Aide#1 said that when she was trained on the use of eye protection, she was told to use eye protection if she was providing patient care to a resident with a pink sign on droplet precautions. She further said if she was just delivering a tray and positioning a resident she would not wear eye protection, but if she was toileting or bathing a resident she would wear eye protection. During an interview on 7/30/20, at 11:15 A.M., the Director of Nursing said that the staff was trained to wear the eye protection when providing care to negative residents or new admissions. She acknowledged that it was not the policy for a staff member to provide care to a resident, exit the resident's room with gloves on, holding bagged linen and then touch the door handle with their gloved hands. She further said the handle would need to be sanitized. Review of the facility policy titled Transmission-based precautions and isolation procedures ,with a revision date of 5/7/20 , indicated the following: -Appropriate use of personal protective equipment- Standard precautions. *Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non intact skin. *Gloves are removed after contact with blood or body fluids, mucous membranes or non-intact skin. Review of the facility policy titled Hand Hygiene ,with a revision date of 5/7/20, indicated the following: -Purpose-to decrease the risk of transmission of infection by appropriate hand hygiene. When to perform hand hygiene with alcohol based hand rub and with soap and water: *Before and after all resident contact. *Before applying gloves and after removing gloves. *After all contact with potentially infectious material. *After contact with blood, body fluids, or visibly contaminated surfaces. Review of the facility document titled: Coronavirus guide to infection prevention and control ,with a revision date of 7/20/20, indicated the following: -Healthcare personnel working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or presymptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection they should: *Wear eye protection in addition to their facemask to ensure the eyes, nose and mouth are all protected from splashes and sprays of infectious material from others. Review of the Centers For Disease Control and Prevention document titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated the following: -Gloves *Put on clean, non-sterile gloves upon entry into the patient room or care area. *Change gloves if they become torn or heavily contaminated. *Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene. -Implement Universal Use of Personal Protective Equipment. *Health Care Personnel working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), Health Care Personnel should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). *They should also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.</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.