

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER ELIZABETH SETON		STREET ADDRESS, CITY, STATE, ZIP 125 OAKLAND STREET WELLESLEY, MA 02481	
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 observations and staff interviews, the facility failed to monitor and screen visitors and staff before entering the building and failed to designate a staff member to monitor the entrance that staff enter the facility. Findings Include: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: -Limit and monitor points of entry to the facility. -Consider establishing screening stations outside the facility to screen individuals before they enter -Screen everyone (patients, healthcare providers (HCP), visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. On June 26, at 8:00 A.M., the surveyor entered the front door and rang the bell. The door was remotely unlocked and the surveyor entered the reception area. There was no staff member or station set up for screening. The surveyor walked down the hallway to the right, returned to the reception area and then walked to left into a resident unit. The surveyor asked a staff member if they could direct the surveyor to the Administrator or the Director of Nursing (DON). The staff member said the DON's office is on the second floor. The Surveyor took the elevator to the second floor and found the DON's office. The surveyor met with the DON in a conference room and informed the DON the surveyor still has not been screened for COVID-19 symptoms or had their temperature taken. On June 26 at 8:30 A.M., the DON was interviewed and said they used to have a screening station set up at the side entrance where the regular staff enter, but it was discontinued. The DON said now all staff come in on the first floor side entrance and come up to the second floor office and are screened for COVID-19 symptoms and have their temperature taken before they start their shift. On June 26, 2020 at 10:30 A.M., Hospice worker #1 was interviewed and said she always enters the facility at the front door. Hospice Worker #1 said she rings the bell and the door is unlocked and she then takes the elevator to the second floor to get screened. On June 26, 2020 at 10:30 A.M., Rehab Staff # 1 said she enters the facility from the side entrance and goes into the rehab room and takes her own temperature and records it in the book. On June 26, 2020 at 12:15 the Rehabilitation Director (Rehab Director) was interviewed and said all the rehab staff take their temperature and log it into the book here in the rehab room. The Rehab Director said they are only asked symptom based questions if they have a fever. On June 26, 2020 at 12:30 P.M. the front desk Receptionist was interviewed and said she is not here when staff enter the building in the morning. She said her primary responsibility is to screen medical personal who come through the front door like the nurse practitioner, doctor or transport personnel. The Receptionist said the staff members go to the second floor to get screened and they usually come in the door down the hallway, pointing to a set of double doors.</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.