

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEDGEWOOD REHABILITATION &amp; SKILLED NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>87 HERRICK STREET BEVERLY, MA 01915</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 observation, interview and record review the facility failed to maintain infection control standards to prevent the further spread of COVID -19 in the facility. Findings include: During inspection of the(NAME)Farms unit (all residents have never contracted COVID-19) on 7/7/20, at 9:33 A.M., the surveyor observed Nurse #1 obtained a blood pressure (BP) and a blood oxygen level (SPO2) from a resident in room [ROOM NUMBER]. The surveyor then observed Nurse #1 obtain a BP and SPO2 for another resident using the same blood pressure cuff and SPO2 finger monitor without disinfecting either apparatus. During an interview on 7/7/20, at 9:47 A.M., Nurse #1 said that he was aware that he was supposed to disinfect both the BP cuff and the SPO2 finger monitor between residents. He then said that the disinfecting wipes were kept at the nurse's station at the other end of the hall and he forgot to go get them. During inspection of the(NAME)Farms unit on 7/7/20, at 9:52 A.M., the surveyor observed Nurse #2 touching the personal items a resident in room [ROOM NUMBER] bed A, contaminating her gloves. The surveyor then observed Nurse #2 obtain a BP and SPO2 on the resident in bed B without changing her contaminated gloves and without cleaning the BP cuff or the SPO2 finger monitor. The surveyor then observed Nurse #2 exit the room and at 9:59 A.M., enter room [ROOM NUMBER] bed A and obtain the resident's BP and SPO2 with the contaminated BP cuff and finger monitor. Review of the facility policy titled Infection Control COVID-19 Guidelines, dated as revised 5/29/20, indicated that if equipment is to be used for more than one resident, clean and disinfect such equipment before use on another resident. During inspection of the Prides Crossing unit (10 residents are under quarantine due to unknown COVID-19 status, newly admitted from the hospital) on 7/7/20, at 1:04 P.M., the surveyor observed Dietary Aide #1 sitting in front of a quarantined resident in room [ROOM NUMBER], touching items in the resident's environment, without wearing gloves and with eye protecting goggles on her head and not covering her eyes. During an interview on 7/7/20, at 2:30 P.M., the Director of Nursing said that all staff on the unit were required to wear protective eye wear at all times. She also said that the facility follows the Executive Office of Health and Human Services (EOHHS) guidelines for appropriate Personal Protective Equipment (PPE) use. Review of the document titled Appropriate PPE created by EOHHS, indicated that full PPE (gown, gloves, mask and protective eyewear) is the standard for infection control and is to be worn by all staff when in contact with a resident or resident's environment who is on quarantine.</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.