

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER STERLING VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 18 DANA HILL ROAD STERLING, MA 01564	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to appropriately use Personal Protective Equipment (PPE) related to COVID-19 on 1 out of 3 units. Findings include: During an interview on July 29, 2020 at 7:44 A.M., the Director of Nurses said the staff was wearing full PPE (gown, gloves, eye protection and a mask) for high contact care for the COVID-19 negative residents. Review of a Department of Public Health Memorandum for the Comprehensive use of PPE, dated July 6, 2020 indicated that gowns should be prioritized for the following activities: . During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. During an observation and interview on the Aspen Unit on July 29, 2020 at 9:10 A.M., Nurse #1 went into a Resident #1's room that was listed on the Census sheet, given to the surveyor by the Director of Nursing, as being a COVID-19 negative resident. There was no PPE outside of the room or sign to indicate which PPE was required. Nurse #1 told the surveyor that the resident had never tested positive for COVID-19 and that he wore a mask, eye protection at all times and gloves if he were to come in close contact with the resident. He said he did not need to wear a gown. During an observation an interview on the Aspen Unit on July 29, 2020 at 9:48 A.M., Certified Nurse Aide (CNA) #1 went into a COVID-19 negative resident (Resident #2) room with a mask and eye protection on. CNA #1 went to Resident #2 and repositioned him/her in the bed. CNA #1 exited the room and performed hand hygiene. CNA#1 told the surveyor that Resident #2 is COVID-19 negative and he only needed to wear a mask and eye protection when caring for him/her.		

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.