

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225250</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRVIEW COMMONS NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>CHRISTIAN HILL ROAD GREAT BARRINGTON, MA 01230</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to ensure infection control practices for five of five newly admitted residents, who were identified as being on special droplet precautions for one of three resident units (Unit 3). Findings include: Review of the Special Droplet/Contact Precautions signage indicated the following: - Wear mask, eye protection, gown and gloves at door. - Keep Door Closed. 1. On 7/8/2020 at 9:40 A.M. of Unit 3, the surveyor observed Housekeeper #1 standing outside Resident #1's open door. There was a Special Droplet/Contact Precautions sign posted on the outside of the resident's door. The surveyor observed as Housekeeper #1 donned a protective gown, face mask and gloves outside the resident's room. Housekeeper #1 did not don eye protection, prior to entering the resident's room. Housekeeper #1 exited the resident's room, changed gloves, performed hand hygiene, donned clean gloves, and re-entered the resident's room, once again. At 9:43 A.M., the surveyor observed as Housekeeper #1 exited the room, and stood near the Housekeeper's wagon. During interview at this time, the surveyor asked Housekeeper #1 if she should have worn eye protection, and she said yes, I should have and forgot. 2. During the surveyor's observations made on 7/8/2020 from 9:44 A.M. - 10:00 A.M. of Unit 3 (Short Term Rehabilitation Unit), Resident Rooms 310, 317, 319, 334 and 337 had Special Droplet/Contact Precautions signage posted on the outside of the door for residents who occupied these rooms. The surveyor observed the doors to the 5 rooms were open, and not kept closed as the precaution sign identified. There was no care being provided to those residents at the time the observations had been made. On 7/8/20 at 10:02 A.M., the surveyor interviewed the Acting Unit Manager for Unit 3. This Unit Manager said that the doors to those droplet precaution rooms should be closed, and she would ensure they were closed now, and alert staff of the same. On 7/8/20 at 11:00 A.M., the surveyor interviewed the Infection Control Nurse. She told the surveyor that the residents who occupied Rooms 310, 317, 319, 334 and 337 were new admissions, had no symptoms of COVID-19, and that she herself had posted the Special Droplet/Contact Precautions signage on those doors. She said that she had educated all staff regarding those precaution signs, which included keeping the doors closed, except to enter and exit those rooms.		

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.