

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225395</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LANESSA EXTENDED CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>751 SCHOOL STREET WEBSTER, MA 01570</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> - Some	<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 and interview, the facility failed to maintain an infection prevention and control program relative to the use of personal protective equipment (PPE) and proper hand hygiene, designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases, infections and/or COVID-19. Findings include: Review of the Centers for Disease Control and Prevention (CDC) website for Hand Hygiene in Healthcare Settings, undated, indicate the following: Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: -Immediately before touching a patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. -Immediately after glove removal. Review of the facility's Hand Hygiene Policy, last review date 7/2019, indicated the following situations when hand hygiene is indicated: -Before and after direct patient/resident contact. -After completing tasks at one patient/resident area before moving to another station. -After contact with items/surfaces at patient/resident areas. -After handling any contaminated items. During an interview on 7/28/20 at 11:50 A.M., the Director of Nurses (DON) said there were no COVID-19 residents in the building and their recent employee testing indicated one COVID-19 positive staff. She said the facility is doing weekly employee testing for COVID-19. She said the census was 83 which included 9 residents under 14 days of quarantine. During a tour of the Elmwood Unit on 7/28/20 at 12:20 P.M., the following concerns were observed; -Nurse #1 was observed feeding a resident who was seated in the hallway near the nurse's desk. The nurse's facemask was only covering her mouth. -Certified Nursing Assistant (CNA) #1 was observed with her facemask only covering her mouth. -CNA #1 was observed assisting a resident with his/her meal. Nurse #1 said this resident was a readmission to the facility recently and was under quarantine for 14 days. She said the resident had not completed his/her 14 day quarantine period yet. -CNA #1 was observed moving from the resident under quarantine to a second resident who was COVID-19 negative, to assist him/her with feeding. -CNA #1 was observed moving from the second resident onto a third resident who was also COVID-19 negative, to assist him/her with feeding. The CNA continued to move between the 2 COVID-19 negative residents to assist with feeding. During this time she was also observed adjusting her facemask with her gloved hands. She never doffed her gloves, cleaned her hands and donned new gloves between assisting the 2 COVID-19 negative residents with feeding and after adjusting her facemask. She also never donned and doffed her disposable gown and gloves between residents. She never doffed and donned new PPE after assisting the first resident that was under quarantined. She remained in the same PPE throughout assisting all 3 residents. During a tour of the Windsor Unit on 7/28/20 at 12:50 P.M., the following concerns were observed; -Nurse #2 was standing at the medication cart and her facemask was only covering her mouth. When the surveyor approached her, she used her gloved hand to move the facemask up to cover her nose. She did not doff the gloves and mask, clean her hands and donned new gloves and a mask. -CNA #2 was observed coming out of room [ROOM NUMBER], her facemask was only covering her mouth. She was observed using her gloved hand to move her mask up to cover her nose. She did not doff the gloves and mask, clean her hands and donned new gloves and a mask During an interview on 7/28/20 at 2:25 P.M., the Director of Nurses and Administrator said the staff were not following proper infection control practices and staff would need to be re-educated.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.