

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225640	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER BERKELEY RETIREMENT HOME, THE		STREET ADDRESS, CITY, STATE, ZIP 150 BERKELEY STREET LAWRENCE, MA 01841	
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 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview the facility failed to ensure the Infection Preventionist had completed specialized training in infection prevention and control. Findings include: During an interview on 10/13/20, at 10:45 A.M., the Director of Nursing said that she was the Infection Preventionist for the facility and that she did not complete any Infection Preventionist training. She further said that she attempted to take the course online, however she was unable to log in to take the course.		

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.