

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER HEBERT NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 180 LOG ROAD SMITHFIELD, RI 02917	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to properly prevent and contain the potential spread and transmission of COVID-19 and Carbapenem-resistant [MEDICATION NAME] (CRE) relative to personal protective equipment (PPE). Additionally, the facility failed to implement a system for the surveillance and tracking of fever, respiratory illness and other signs/symptoms of COVID-19. Findings are as follows: [MEDICATION NAME] (CRE) are a large family of different types of bacteria that commonly cause infections in the healthcare setting. CRE is commonly seen in feces. 1. The Center for Disease Control and Prevention's guidance, updated on 7/15/2020, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic, indicates the following: Implement Universal Source Control Measures: Source control refers to use of cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measure are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Patients may remove their cloth face covering when in their rooms but should put it back on when around others . or leaving their rooms. HCP (person serving in healthcare settings who have the potential for direct or indirect exposure to patients) should wear a facemask at all times while they are in the facility, including in break room or other space where they might encounter co-workers cloth face covering should NOT be worn instead of a respirator or facemask if more than source control is needed. Cloth face covering .are not personal protective equipment. Facemask's are PPE and are often referred to as surgical masks or procedure masks. For HCP, the potential for exposure . is not limited to direct patient care interactions. Transmission can also occur through unprotected exposure to asymptomatic or pre-symptomatic co-workers in break rooms or co-workers . in other common areas .Implement Universal Use of Protective Equipments . For HCP working in areas with minimal to no community transmission. HCP should continue to adhere to standard and transmission-Based precaution, including use of eye protection and/or N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed [DIAGNOSES REDACTED].#4) on the North A unit who tested positive for COVID-19 on 8/21/2020. Surveyor tour of the facility with the Day Nurse Supervisor (Staff B) on 8/26/2020 between 9:00 AM and 2:00 PM revealed Staff B wearing a surgical mask instead of N95 mask. The tour of the facility revealed the following: Pavilion unit: -A nursing assistant (Staff A) was observed wearing a cloth face mask in Resident's ID #9's room. During an interview with Staff A immediately following this observation, she acknowledged that she was and has been wearing a cloth facemask. -Resident ID #10 was observed without a face mask while walking in the hall with a physical therapist (Staff F). During an interview at the time of the observation, with Resident ID #10, Staff B and F, they stated residents are only required to wear face masks when leaving the building for appointments or visiting with their family outside of the building. -Resident ID #11 was observed leaving his/her room and without a face mask. During an interview with Resident ID #11, s/he stated, I wear mask when I go out to my doctor. S/he also indicated that staff does not encourage her/him to wear a mask when leaving his/her room. North B unit: -Resident ID #'s 12, 13 and 14 were observed in the unit TV room, sitting approximate 1-2 feet apart from each other and were not wearing masks. -Resident ID #15 was observed in a chair outside of his/her room without wearing a mask. -Resident ID #16 was observed sitting in the unit dining room without wearing a mask. During an interview at the time of the observation, the resident was asked when they usually wear a mask and their reply was, If I go to the other building I do. An interview was conducted with the North B Unit Nurse, Staff C, following the observations, in which he indicated that residents do not wear a mask when they leave their rooms, they wear masks when they go outside to visit with their family or to a doctor's appointments. Lobby: -Resident ID's #9 and 18 were observed sitting in the lobby without a masks on. During an interview with Staff B at the time of the observation, they revealed that They don't wear their masks if they sit in the lobby . North A Unit/ COVID positive unit: The surveyor noted that Staff B, who has been wearing a surgical mask during the above observation, applied a surgical mask under her N95 upon entering the North A unit. -A housekeeper (Staff D) was observed cleaning a resident's room on the North A unit. She was wearing 2 surgical masks. During an interview with Staff D, following this observation, she revealed she does not wear an N95 mask. Staff B then interjected, We will get you one. -Resident ID #19 and Resident ID #20 were observed not to be wearing masks while self-propelling in their wheelchairs up and down the hall of the unit. -Resident ID #21 was observed in his/her wheelchair in the coffee area, located outside of the North A unit, not wearing a mask and taking a snack from the snack shelf. -Resident ID #22 was observed not wearing a mask while speaking to staff at the reception desk and then was observed to sit in the lobby. During an interview Resident ID #22 stated, they told us to wear a mask only when we go out to appointments or visit with families outside. Resident ID #22 further revealed s/he leaves the unit without wearing a mask. S/he walks the lobby or goes outside to the front of the building several times a day. During an observation made later in the day, Resident ID #22 was noted to be in the front of the building smoking in the company of another resident. Neither resident had a mask on, nor were they 6 feet apart each other. During an interview with the Infection Control Nurse on 8/26/2020 at an approximately 11:00 AM, he stated an education regarding: the new COVID-19 positive case has been provided to staff. He stated that residents do not wear a mask when they leave their rooms and remain in the building. Residents are required to wear masks when they leave the building for appointments, or when visiting with family, which has now been suspended. Review of the facility's education sheet dated 8/23/2020 revealed .All staff to use N95 mask throughout the building especially on North A unit . Review of the email sent from the facility to the Infection Control Nurse at the Department of Health on 8/23/2020 at 10:30 AM revealed . staff to start using N-95 mask . 2) Additionally, record review failed to reveal evidence of a system for surveillance or tracking fever, respiratory illness and other signs/symptoms of COVID-19 for the month of August, 2020. During a surveyor interview with the Infection Control Nurse on 8/26/2020 at approximately 11:00 AM, he could not provide evidence of a system for surveillance of tracking fever, respiratory illness and other signs/symptoms of COVID-19 or a line list for each resident that may be exhibiting any signs/symptoms of COVID-19 for the month of August, 2020. During a phone interview with the Administrator on 8/31/2020 at 10:05 AM, she acknowledged that staff had failed to properly prevent and contain the potential spread and transmission of COVID-19 relative to PPE. The Administrator also acknowledged that residents do not wear masks when they leave their rooms. Additionally, the Administrator failed to provide evidence that the facility has implemented a system for surveillance of tracking fever, respiratory illness and other signs/symptoms of COVID-19 for August, 2020. 3. Record review of Resident #25 and #26's medical record reveals that they have tested positive for CRE and are currently on droplet precautions. Their rooms were designated with a sign requiring full PPE (gown, N95 mask, eye protection and gloves) at all times when entering the room. A nursing assistant (Staff G) was observed on 8/26/2020 at approximately 11:38 AM entering the room of Resident #26 wearing only an N95 mask and gloves. Staff G was then observed on 8/26/2020 at</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>approximately 1:32 PM entering the room of Resident #25 wearing only an N95 mask and gloves. Both observations revealed that Staff G exited the rooms and did not change her gloves and/or wash her hands prior to providing care to other residents. During a surveyor interview with Staff G on 8/26/2020 at approximately 1:43 PM, she acknowledged that she had not worn the proper PPE, changed her gloves or washed her hands prior to providing care to other residents.</p>		