

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 305081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER COLONIAL HILL CENTER		STREET ADDRESS, CITY, STATE, ZIP 62 ROCHESTER HILL ROAD ROCHESTER, NH 03867	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on Interview, Observation, and Record Review the facility failed to ensure a comfortable and homelike environment by failing to provide clean bath linens that are in good condition. This deficient practice could affect all residents being bathed in the facility. Findings Include: Interview on 6/1/2020 at around 11am during the facility tour with Resident 1 revealed that he/she was upset because the staff did not have wash cloths or towels to wash or dry him/her during his/her recent shower on Friday May 29, 2020. Resident 1 further stated that the nurses aides were cutting up bed sheets and bath sheets to wash and dry the resident because they do not have adequate supplies. When asked if this was the first time this practice occurred the Resident stated that this has been occurring on and off for a few months. Interview on 6/1/2020 at around 11am during the facility tour with Licensed Nurses Aide (LNA) A revealed that he/she routinely provides care to Resident 1 including bathing him/her and that on Friday May 29, 2020 the LNA did not have clean useable face cloths or towels to wash or dry the resident and that the LNA had to cut up a bath sheet to dry the resident after his/her shower. LNA A further stated that the facility has not had an adequate supply of face cloths for a few months and that this was reported to Housekeeping multiple times. Observation of the Linen Cart on the unit where Resident 1 resides on 6/1/2020 at around 11am during the facility tour revealed that there were no wash cloths on the cart, and there were only 4 towels for about 10 two person rooms. Interview on 6/1/2020 at around 11:30am with the Director of Housekeeping revealed that he/she was aware that there was a shortage of wash cloths and that a double order had been placed recently. The Director of Housekeeping also stated that he/she was aware that the LNAs sometimes cut up bath and/or bed sheets to use when bathing and/or drying residents and that they should not be doing that. Record Review on 6/1/2020 at around Noon of the Healthcare Services Group documents entitled Monthly Linen Inventory for the Colonial Hill facility and a handwritten document showing expected levels of linens revealed that the facility should have 80 bath towels, 300 washcloths, and 300 Green washcloths. The Monthly Linen Inventory sheet dated January 2020 shows that the facility had 61 bath towels, 96 face cloths and 97 green face cloths and that 210 and 300 additional cloths were ordered, however, the February 2020 shows that the facility had, 49 bath towels, 64 face cloths and 75 green face cloths however 0 were ordered. The March 2020 sheet shows that the facility had 26 bath towels, 228 face cloths and 151 green face cloths however 0 were ordered. The April 2020 sheet shows that the facility had 34 bath towels, 226 face cloths and 145 green face cloths however 0 were ordered. During an Interview, when asked why the Director of Housekeeping did not order more wash cloths when he/she was made aware that there was a shortage the Director of Housekeeping replied that they had to order other supplies and that they did not want to exceed their budget. Additionally, when asked if the Director of Housekeeping attempted to source wash cloths from another facility he/she stated that they did not because they were unaware of being able to do that due to budget implications related to sharing inventory between facilities. Interview with the Administrator on 6/1/2020 during the exit conference revealed that the Administrator was not aware of the shortage of linens until recently and that if they would have known they would have authorized an additional order of linens.</p>		
F 0880 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on Interview, Observation, and Record Review the facility failed to complete infection prevention training for all providers in the building and failed to implement a respiratory protection program based on the Occupational Safety and Health Administration (OSHA) standards. This deficient practice could affect all staff providing care to residents on precautions. Findings Include: Observation on 6/1/2020 during the facility tour revealed that a staff member later revealed to be a contracted psychologist exited a room that was designated as being on Enhanced Droplet Transmission Based Precautions with his/her isolation gown still on. The Psychologist then doffed their gown in the hallway touching the front of the gown with his/her bare hands and then walked through the hallway with the gown without washing and/or sanitizing his/her hands. The Psychologist then asked another staff member where to dispose of the gown and the gown was disposed of in the Soiled Utility Room. Interview on 6/1/2020 with the Psychologist revealed that the Psychologist did not see a disposal bin in the room he/she was in and did not know where to dispose of the gown. Additional inquiry revealed that the Psychologist had not received training from the facility on donning/doffing Personal Protective Equipment (PPE). Interview on 6/1/2020 with the Facility Infection Preventionist revealed that he/she had not provided training to the Psychologist on donning/doffing PPE and that staff including contractors should be trained on donning and doffing PPE prior to using it in the facility. Record Review of the United States Centers for Disease Control and Prevention's (CDC) document entitled Preparing for COVID-19 in Nursing Homes updated on May 19, 2020 states that facilities should Educate Residents, Healthcare Personnel, and Visitors about COVID-19, Current Precautions Being Taken in the Facility, and Actions They Should Take to Protect Themselves. Additionally, this document states facilities should Educate and train Health Care Professionals (HCP), including facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers who provide care or services in the facility. Including consultants is important, since they commonly provide care in multiple facilities where they can be exposed to and serve as a source of COVID-19. The document also states Reinforce adherence to standard Infection Prevention and Control (IPC) measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities. Finally, the document states facilities should Make necessary PPE available in areas where resident care is provided. Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff. (and) Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. Observation on 06/01/2020 during the facility tour revealed that staff members are wearing N95 respirator masks when entering resident rooms who are on Enhanced Droplet Precautions. Record Review on 6/01/2020 of facility fit-test documentation revealed that at least 5 staff members were not fit-tested to wear N95 masks using an OSHA approved method (qualitative or quantitative testing) and that staff were only checked to see if the N95 passed a seal test (a test to evaluate if the mask has a good seal when applied to the face). Further record review of the facility policy entitled N95 Respirators with no date states General Instructions for Conducting a user seal check (Self-Test): these checks are also used as TEMPORARY fit test methods until fit testing kits and supplies are available. Interview with the Facility Infection Preventionist on 06/01/2020 confirmed that the facility is not using a qualitative or quantitative fit test prior to using N95 masks because the facility did not have a fit testing kit and also confirmed that staff members are wearing N95 masks when entering resident rooms on Enhanced Droplet Precautions without being fit tested using an OSHA approved method. Record Review on 06/02/2020 of the United States Centers for Disease Control and Prevention's (CDC)</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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F 0880 Level of harm - Potential for minimal harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>document entitled Preparing for COVID-19 in Nursing Homes updated on May 19, 2020 states that facilities should Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing. Additionally, United States Centers for Disease Control and Prevention's (CDC) document entitled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings updated May 18, 2020 states Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134). HCP should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a National Institute for Occupational Safety and Health (NIOSH)-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use. According to (29 CFR 1910.134) Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.) Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent. Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator. Finally, Record Review of Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak states that OSHA recommends HCP employers follow existing CDC guidelines, including taking measures to conserve supplies of these respirators while safeguarding HCP. One such measure is that healthcare employers may provide HCP with another respirator of equal or higher protection, such as N99 or N100 filtering facepieces, reusable [MEDICATION NAME] respirators with appropriate filters or cartridges, or powered air purifying respirators (PAPR). Another measure is that healthcare employers may change the method of fit testing from a destructive method (i.e., quantitative) to a non-destructive method (i.e., qualitative). For filtering facepiece respirators, qualitative and quantitative fit-testing methods are both effective at determining whether the respirator fits properly. See 29 CFR 1910.134, Appendix A, Fit Testing Procedures. The fitted respirator can then be safely used for work tasks that require respiratory protection. The guidance also states Where the use of respiratory protection is required and an employer fails to comply with any other requirements, such as initial fit testing, maintenance, care, and training in the Respiratory Protection standard, cite the applicable section(s) of 29 CFR 1910.134.</p>		