

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER BLAIRE HOUSE OF MILFORD		STREET ADDRESS, CITY, STATE, ZIP 20 CLAFLIN STREET MILFORD, MA 01757	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff and resident family interviews, documentation review, and review of facility policies based on Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure that staff maintained source control measures for appropriately wearing a facemask and performing hand hygiene when indicated on one of three units. Findings Include:</p> <p>Review of the facility policy, Coronavirus COVID-19 Pandemic Event Policy, last updated 9/11/20, indicated that the facility monitors CMS, CDC and DPH websites for up-to-date information and resources in their work to adapt to the emerging risk to protect the health and safety of their residents and staff. Review of the CDC's Preparing for COVID-19 in Nursing Homes, updated on June 25, 2020 included: Implement Source Control Measures. - Healthcare personal (HCP) should wear a facemask at all times while they are in the facility. Review of the CDC's, Strategies for Optimizing the Supply of Facemasks, updated on June 28, 2020 included: -HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene. -HCP should leave the patient care area if they need to remove the facemask On the East Unit on September 15, 2020 during a focused infection control survey, the surveyor observed: -At 9:05 A.M., the surveyor observed Nurse #1 standing at a medication near the nursing station wearing a surgical mask that was not completely covering his mouth and was not covering his nose. - At 10:18 A.M., the surveyor observed Nurse #1 standing at the East Unit nurses station. Nurse #1's surgical mask was pulled down to his chin, and not covering his mouth or nose. Nurse #1 was then observed to pull the surgical mask with his hand up over his mouth, but not completely over his nose. Nurse #1 was not observed to perform hand hygiene after adjusting his mask. - At 10:21 A.M., the surveyor observed Nurse #1 walk down the hallway to the West Unit. The surveyor observed Nurse #1's surgical mask covering his mouth, but not his nose. Nurse #1 was observed to adjust the mask with his hand and return to the East Unit without performing hand hygiene. -At 1:45 P.M., the surveyor observed Nurse #1 sitting at the East Unit nurses station with the Unit Secretary #1. The surveyor observed Nurse #1's surgical mask pulled down and resting under his chin. Nurse #1 then adjusted the mask with his hand pulling it up over his mouth and nose. Nurse #1 continued to work at the nurses station and did not perform hand hygiene. During interview with the Director of Nurses (DON) at 2:00 P.M., she said that Nurse #1 should have worn the surgical mask over his mouth and nose at all times while in the building as a source control measure. She said that it is the facility's expectation that all staff wear a mask appropriately while in the building.</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.