

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225539</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHICOPEE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>44 NEW LOMBARD ROAD CHICOPEE, MA 01020</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and observations, the facility failed to adhere to Transmission Based Precautions (TBP) relative to COVID-19 care/services for residents under observation (quarantine after potential exposure), COVID-19 positive residents, and residents who are COVID-19 negative on 2 of 2 units. The facility failed to ensure that infection control practices were followed relative to cleaning/disinfecting and/or donning/doffing of Personal Protective Equipment (PPE) on 2 of 2 units. The facility also failed to ensure that appropriate re-screening of employees was completed upon re-entry into the facility. Findings include: Review of the facility policy entitled COVID-19, dated March 2020, indicated the following: -For COVID-19 suspected or active infection: provide the right supplies to ensure easy and correct use of PPE, post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. Review of the Centers for Disease Control and Prevention guidance, dated 3/27/20, indicated the following: -Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly. Review of the Centers for Disease Control and Prevention guidance, updated 6/25/20, indicated the following: -Limit and monitor points of entry into the facility. -Consider establishing screening stations outside the facility to screen individuals before they enter -Screen everyone (patients, Health Care Personnel (HCP), visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with COVID-19 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with COVID-19 infection. -Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated. -All recommended PPE should be used by healthcare personnel when coming in contact with the resident. -Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents. -Ensure Environmental Protection Agency (EPA)-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. On 7/30/20 at 9:30 A.M., the Social Worker permitted the surveyor access to enter into the facility, and was then observed to leave the building without conducting the screening process. The surveyor observed signage posted by the employee time clock that indicated that COVID-19 screening would be conducted upon entrance into the facility and included temperature check and completion of a COVID-19 questionnaire by facility personnel. At 9:46 A.M., the surveyor was undergoing the required screening process when the Social Worker was observed to re-enter the facility and walk onto the nursing unit without completing the required screening. During an interview with the Medical Record Personnel, on 7/30/20 at 9:46 A.M., she said that the Social Worker should have been re-screened upon reentering the facility. During the facility entrance on 7/30/20 at 10:05 A.M., the administrator said that the facility was notified of a positive COVID-19 result in staff on 7/8/20 and obtained their first positive COVID-19 resident case on 7/28/20. The administrator said that there were currently two positive COVID-19 residents and several residents on quarantine (status [REDACTED]). During a tour of the West Wing on 7/30/20, the following was observed: -At 10:20 A.M., in the West Wing dining area, the surveyor observed two residents seated in separate areas of the room. Nurse #1, who was seated in the dining area, had a gown, hair covering, and mask donned. There was no eye protection donned. Activity Staff #1 was also present in the dining area and had a gown, eye protection, and face mask donned. During an interview on 7/30/20 at 10:25 A.M., Activity Staff #1 said that she was instructed by her manager to don full PPE (gown, gloves, facemask and eye protection) when in an area with residents. During an interview on 7/30/20 at 10:25 A.M., Nurse #2, who entered the dining area at this time, said that the two residents in the dining area were COVID-19 negative. She further said that staff would have to don eye protection, gloves, gown and facemask with direct care. The surveyor observed that Nurse #2 did not have eye protection in place. -On 7/30/20 at 10:47 A.M., the surveyor observed an eye protection cleaning station on an over-bed table in the hallway. There was a bin housing paper towels and a sign that indicated the following: -must clean face shield after leaving each isolation room, use Sani wipes to clean face shield The surveyor observed that there were no Sani wipes to disinfect the face shields. During an interview with Certified Nurse Aide (CNA) #1 at this time, she said that she is not sure where the Sani wipes are located. She further said that she used the hand sanitizer with paper towels to wipe off her shield. During an interview at 11:00 A.M., the Regional Clinical Nurse said eye protection cleaning station should have an EPA approved disinfectant that contained &gt;65% germicide. During a tour of the North Wing on 7/30/20, the following was observed: -At 11:03 A.M., Resident #1 was seated in his/her room in a wheel chair. Resident #1 did not have a facemask donned, and the surveyor observed CNA #2 enter the room to assist with Resident #1's requests. CNA #2 had a gown and facemask donned, but did not have eye protection donned. During an interview at 11:05 A.M., CNA #2 said that full PPE (gown, gloves, facemask and eye protection) need to be worn when near residents in the hallway or in while in the residents room. -At 11:30 A.M., Unit Manager #1 was observed to enter the North hallway multiple times and walk past residents who were seated in the hallway. UM #1 had a gown and facemask donned, but did not have eye protection donned. During an interview on this time with the Regional Clinical Nurse, she said anytime staff are in the hallways or places where residents are located, they should be donning eye protection along with the facemask. -At 11:40 A.M., Dietary Staff #1 was observed to enter the North hallway with a facemask and gown donned. There was no eye protection in place. Dietary Staff #1 was observed to exit the North hallway and stop to converse with Resident #2 who was seated in a wheel chair with another facility staff member. During an interview at 11:45 A.M., Dietary Staff #1 said that a facemask and gown need to be donned prior to entering the units, even if there are residents in the hallway. -At 11:46 A.M., the surveyor observed Resident #2 seated in a wheelchair in the hallway with Rehabilitation Staff #1. Resident #2 had a facemask donned, and Rehabilitation Staff #1 had a gown and facemask donned (no eye protection was donned). The surveyor observed Rehabilitation Staff #1 provide verbal cues to encourage Resident #2 onto the North hallway and into his/her room. Rehabilitation Staff #1 was observed to continue to provide rehab with Resident #2 while in his/her room with a gown and facemask donned (there was no eye protection donned). During an interview at 11:55 A.M., the Administrator said Rehabilitation Staff #1 should have donned eye protection and gloves in addition to the gown and facemask when working with Resident #2. -At 12:10 P.M. through 12:19 P.M., the surveyor observed Nurse #3 within a separate section of the North unit (designated by closed fire doors and signage outside of the closed doors). Precaution signage and precaution bins were observed outside of the three occupied rooms. The surveyor</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>observed Nurse #3 exit a resident room, and proceeded to sanitize the thermometer and oxygen saturation machine at the sanitizing station near the exited room. Nurse #3 had a facemask, eye protection (face shield) and Tyvek suit (a one piece suit that covers the entire lower body and is used as PPE) and an outer disposable gown in place. Upon exiting this section of the North hallway, Nurse #3 was observed to doff the outer gown. The surveyor observed that Nurse #3 did not clean her eye protection prior to exiting the closed off section of North hallway, nor did she doff the Tyvek suit. During an interview at 12:15 P.M., when asked about the COVID-19 status of the residents in this closed section of the North hallway, Nurse #3 said she was not sure what their COVID-19 status was, but thought they were COVID negative. When the surveyor inquired about the PPE required for the residents located on the closed off section of the North hallway, Nurse #3 said that she dons an isolation gown over her Tyvek suit, wears a facemask, eye protection and gloves prior to resident care, and will doff the outer gown and gloves upon exiting the residents rooms. During an interview at 12:45 A.M., the Administrator said that status of the residents on the closed section of the North hallway include 1 negative resident, 1 resident on 14 day quarantine due to new admission status, and 1 resident who had recently tested positive for COVID-19. -At 12:35 P.M., the surveyor observed CNA #3 enter a COVID positive room in the closed section of the North hallway to deliver a lunch meal. CNA #3 had a surgical mask in place (not a N95 mask), a reusable gown which she then placed a disposable gown over, eye protection (glasses) and gloves in place. CNA #3 exited the resident room, doffed the disposable gown (the reusable gown remained in place), doffed the gloves, conducted hand hygiene, disinfected the eye protection (glasses) and doffed surgical mask and donned a new surgical mask. During an interview at 12:40 A.M., CNA #3 said the resident in the room she exited was positive for COVID-19 and was on precautions. She said that prior to entering that room, she donned a disposable gown over her reusable gown, donned gloves and had eye protection and a surgical mask in place. She said upon exiting the room, she doffed the outer gown, the gloves, and the surgical mask and cleaned her eye protection. When the surveyor inquired about the type of facemask that is utilized when entering this resident's room, CNA #3 said a surgical mask was appropriate to wear upon entering the room. When the surveyor asked if other types of masks were available to staff when providing care/services for a COVID-19 positive resident, CNA #3 said staff are supposed to don an N95 mask when providing personal care. She further said that there were no N95 masks in the PPE bin outside of this resident's room, but she had her own personal N95 mask in a plastic bag in her lunch box if she needed it. CNA #3 said the facility does have N95 masks but she was not sure where they are kept. -On 12:55 P.M., the surveyor observed CNA #4 ambulating with Resident #3 near his/her bed inside of the resident's room. The resident was heard to continuously cough while the CNA was ambulating him/her towards the bathroom located within the room. CNA #4 had a disposable gown, gloves, eye protection (face shield) and a surgical mask in place. Resident #3 did not have a facemask in place. A precaution bin was observed outside of the resident's room and precaution signage was observed on the outside of the resident's room indicating the PPE that was to be donned (gown, gloves, facemask and eye protection). During this observation, the Regional Clinical Nurse told the surveyor that Resident #3 was found to be recently COVID-19 positive. The Regional Clinical Nurse closed the door to the resident's room at this time. The surveyor could hear Resident #3 coughing through the closed door. After several minutes, CNA #4 opened the door to Resident #3's room, doffed the disposable gown and gloves, but kept on the reusable gown which was under the disposable gown, the surgical mask and eye protection (face shield). CNA #4 exited the room carrying a clear bag while stating to the surveyor that she was changing the resident's bed sheets. CNA #4 walked past several residents who were situated in the hallway to dispose of the clear bag in a room off of the hallway. Upon re-entering the hallway, CNA #4 was observed not to have a gown in place, was observed to conduct hand hygiene and don another reusable gown. Prior to re-entering Resident #3's room, the surveyor asked CNA #4 what Resident #3's COVID status was. CNA #4 said she was not sure what the resident's COVID-19 status was. When the surveyor asked what PPE should be donned prior to entering this resident's room, CNA #4 said that she dons a disposable gown over her reusable gown, and dons gloves. She further said that she has a face shield and surgical mask in place. When the surveyor asked CNA #4 what was required for a resident who was COVID-19 positive, she said she would sanitize the face shield upon exiting the resident's room and wear a N95 mask in place of the surgical mask, and would continue to don the disposable gown over the reusable gown and wear gloves. The surveyor asked if an N95 mask was available in the PPE bin located outside this resident's room. CNA #4 was observed to check the drawers of the PPE and told the surveyor there were no N95 masks available. During an interview at 1:00 P.M., the Regional Clinical Nurse said Resident #3 had recently tested positive for COVID-19 and was moved into this room. She said anytime staff enters this resident's room, they would have to don an N95 mask, a disposable gown only, not a disposable over the reusable gown, gloves and face shield. Upon exiting the room, the disposable gown, gloves would be doffed and the face shield would be disinfected. When the surveyor asked if N95 masks were available in the PPE bin located outside of this resident's room, the Regional Clinical Nurse was observed to check the drawers of the PPE bin and told the surveyor there were no N95 masks in the PPE bin. She further said that the facility had a supply of N95 masks and that she would bring them to the COVID-19 positive PPE bins for staff to utilize.</p>		