

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER CAPE HERITAGE REHABILITATION & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 37 ROUTE 6A SANDWICH, MA 02563	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations and interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility fail to adhere to standard and droplet precautions while entering a quarantine room designated to a resident who was under investigation related to a recent admission from the hospital. Findings include: In accordance with the Centers for Disease Control and Prevention, the bulletin titled Coronavirus Disease 2019 (COVID-19), Infection Control Guidance, dated May 18, 2020 indicated the following: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. - HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. In accordance with the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention, a bulletin titled, Update to Caring for Long-Term Care Residents during the COVID-19 Emergency, dated April 29, 2020 the following was indicated: - Full PPE, including facemask, eye protection, gloves and gown, should be worn per DPH and CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If any residents have confirmed COVID-19 transmission which occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. If the test result is negative, the resident must remain in a quarantined space, if available for a fourteen day period after admission to the long-term care facility. If the test result is positive the resident should be moved to dedicated COVID-19 space. During a tour of the Nye Unit on 6/18/20 at 1:20 P.M., which included quarantined residents, the following observations were made: 1 - Housekeeper #1 was observed inside a quarantine room wearing only a surgical mask and was touching a chair with her bare left hand while speaking to a resident in his/her bed. A transmission-based (precautions implemented, in addition to standard precautions, that are based upon the means of transmission such as airborne, contact, and droplet in order to prevent or control infections) precaution contact/droplet sign was posted outside of the door. During an interview on 6/18/20 at 1:22 P.M., the surveyor asked Housekeeper #1 about personal protective equipment (PPE) required to enter a suspected Covid-19 room. Housekeeper #1 said a gown, gloves, mask, and goggles should have been worn, full PPE. Housekeeper #1 said he/she was just talking to the resident and, therefore, did not wear full PPE. 2 - The surveyor observed Nurse #1 entering a quarantine room. The identified quarantine room was observed to have two residents sitting in chairs, divided by a pulled curtain. The nurse donned PPE and entered the room. Nurse #1 was then observed providing oral medication to Resident A. Following the care of Resident A, the nurse was observed providing care and assisting Resident B. At no point was Nurse #1 observed to change her personal protective equipment or perform hand hygiene between the two residents. During an interview on 6/18/20 at 1:24 P.M., Nurse #1 said she did not switch her personal protective equipment between each resident because they were in the same room. On 6/18/20 at 2:40 P.M. the findings were brought to the Director of Nurses during the exit conference and she said the staff should be changing personal protective equipment and performing hand hygiene between each quarantine resident as well as the use of full PPE.</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.