

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ADVOCATE HEALTHCARE OF EAST BOSTON, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>111 ORIENT AVENUE EAST BOSTON, MA 02128</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and Centers for Disease Control Policy review, the facility failed to ensure that full personal protection equipment was worn during care to protect negative Covid-19 residents from infection on 1 of 3 nursing units. Findings include: According to the Centers for Disease Control, Health Care Personnel (HCP) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions and Transmission-Based Precautions (gloves, gown and facemask). They should also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others. During an entrance interview with the Administrator on 6/22/20 at 9:10 A.M., she said that the facility was caring for residents that were negative for Covid-19 and residents that were recovered from Covid-19. She said that based on a conversation with the epidemiologist on 6/17/20 they were still required to wear full personal protective equipment (PPE) when caring for residents that were negative for Covid-19. She said full PPE included gloves, gown, facemask and eye protection. During a tour of the Covid-19 negative unit, at 9:20 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 assisting a resident with dressing. CNA #1 was wearing a gown, but was not wearing gloves or eye protection and her mask was not covering her nose or mouth. During an interview with CNA #1 at 9:25 A.M., she said that she should have been wearing gloves and eye protection and her mask should have been covering her mouth. On 6/23/20 at 9:30 A.M., the surveyor observed CNA #1 and CNA #2 assisting a resident with a transfer. Neither CNA #1 or CNA #2 were wearing eye protection. On 6/23/20 at 9:30 A.M., Unit Manager #1 observed CNA #1 and CNA #2 and said they should be wearing eye protection.</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.