

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 415052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER CHARLESGATE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 RANDALL STREET PROVIDENCE, RI 02904	
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	Provide and implement an infection prevention and control program. Based on surveyor observation and staff interview it has been determined that the facility failed to ensure staff utilized Personal Protective Equipment (PPE) according to professional standards to prevent the transmission of COVID-19 for 3 of 6 units in a facility with COVID-19 positive residents (6 Low, 5 High and 4 High). Findings are as follows: 1) The Center for Disease Control and Prevention (CDC) document titled Using Personal Protective Equipment (PPE) , updated on 06/09/2020, states in part, .Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator . During a surveyor observation on 06/12/2020 at approximately 9:25 AM, the DNS applied a surgical facemask under the N95 when donning PPE to escort the surveyor to the units. She indicated she does this so when she removes the N95 and disposes of it when coming off the unit, she still has the surgical mask in place. She proceeded throughout the 6 units wearing the masks this way. During a surveyor observation on 06/12/2020 at approximately 9:30 AM, a Licensed Practical Nurse (Staff A) passing medication on the 6 Low Unit was observed wearing the N95 Mask without the bottom elastic secured around the back of the neck. During a surveyor observation on 06/12/2020 at approximately 9:35 AM, the housekeeper (Staff B) on the 5 High Unit was observed wearing the N95 Mask without the bottom elastic secured around the back of the neck. During a surveyor observation on 06/12/2020 at approximately 9:40 AM, a Certified Nursing Assistant (CNA) (Staff C) at the nursing station on the fifth floor was observed wearing the N95 Mask without the bottom elastic secured around the back of the neck. During an interview at this time, the DNS acknowledged the masks for Staff A, B and C were inappropriately applied. 2) The CDC document titled COVID-19 Personal Protective Equipment for Healthcare Personnel, updated on 03/23/2020, indicates that a N95 or higher respirator, face shield or goggles, isolation gown, and one pair of clean, non-sterile gloves are to be worn when caring for a resident suspected of or confirmed positive for Covid-19. During a surveyor observation on 06/12/2020 at approximately 9:45 AM, a CNA (Staff D) on the 4 High Unit, the Covid-19 positive unit, was observed to be exiting a resident room wearing a surgical mask, rather than an N95, and walking thru the hall to assist another resident to his/her room. During a surveyor interview 06/12/2020 at approximately 9:45 AM, Staff D acknowledged she was wearing a surgical mask rather than an N95. During a surveyor interview on 06/12/2020 at approximately 9:50 AM, the DNS indicated Staff D was given an N95 and Staff D should have been wearing an N95, not a surgical mask, on the Covid 19 positive unit.		
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.