

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER LINDA MANOR EXTENDED CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 349 HAYDENVILLE ROAD LEEDS, MA 01053	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and policy review, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to failure to don Personal Protective Equipment (PPE-which includes face mask, eye protection, gown and gloves) appropriately when providing personal care, on three of three units. The facility current census included COVID-19 positive 8 residents and 6 staff members. Findings include: The facility failed to don PPE properly when providing personal care, as observed on three units. Review of the facility COVID-19 Prevention and Outbreak Management Policy, revised 8/13/20, included: -Effective July 6, 2020, all employees providing direct care are required to wear eye protection. -All employees providing care for residents with suspected or known COVID infection are required to maintain special droplet precaution. -Effective July 30, 2020, if there are COVID-19 cases (resident or staff) identified in the facility in the last 14 days, healthcare professionals are wearing recommended PPE for care of all residents, in line with the most recent Department of Public Health (DPH) PPE Guidance of 7/30/20, which includes wearing a gown for high contact resident care activities for all direct care for all residents who never tested positive. a. During an observation on the Sunrise Unit on 8/14/20 at 9:05 A.M., Certified Nursing Assistant (CNA) #1 answered a resident's call light. She entered the resident's room, responded to the resident's request and was observed touching items in the room. The resident had tested negative for COVID-19. CNA #1 did not wear any eye protection. During an interview on 8/14/20 at 9:10 A.M., CNA #1 said she only donned eye protection if she cared for a COVID-19 positive resident. b. During an observation on the Forestview Unit on 8/14/20 at 9:20 A.M., the Activity Assistant (AA) pushed a resident in a wheelchair from the hallway and into the resident's room. The AA then responded to the resident's request and was observed touching items in the room. The AA was observed to not be wearing an isolation gown. The resident was negative for COVID-19. During an interview on 8/14/20 at 9:30 A.M., the AA said she only would wear an isolation gown if she did face to face time with a resident. c. During an observation on 8/14/20 at 10:00 A.M., CNA #2 and CNA #3 entered a resident's room with a sit to stand lift. The 2 CNAs exited the room shortly with the lift. A resident was observed sitting in a wheelchair in the room. CNA #2 and CNA #3 did not don isolation gowns prior to entering the resident's room. During an interview on 8/14/20 at 10:10 A.M., CNA #2 said she did not wear an isolation gown during the resident transfer. During an interview on 8/14/20 at 10:12 A.M., CNA #3 said she did not wear an isolation gown during the resident transfer. e. During an observation on 8/14/20 at 10:20 A.M. on the Meadowview Unit (this unit contained quarantined residents), CNA #4 was observed donning a white long sleeve lab coat over an isolation gown and entered a resident's room to answer a call light. During an interview on 8/14/20 at 10:26 A.M., CNA #4 said he wears a new lab coat over his isolation gown for each resident that he provides personal care. e. During an observation on 8/14/20 at 10:30 A.M. on the Meadowview Unit, a Housekeeper was wearing an isolation gown with a white long sleeved lab coat over the gown as she entered to clean a resident room. During an interview on 8/14/20 at 10:35 A.M., the Housekeeper said she wears a new white lab coat over her isolation gown for each room she cleans. f. During an interview on 8/14/20 at 10:45 A.M. on the COVID + Unit, Nurse #1 was observed wearing an isolation gown. Nurse #1 further said he wears a white lab coat over his isolation gown when providing resident care. He further said each resident's room has a white lab coat hanging for the nurse to use for the shift and the lab coat is placed in the laundry receptacle at the end of the shift. g. During an interview on 8/14/20 at 10:50 A.M. on the COVID + Unit, CNA #5 was observed wearing an isolation gown. CNA #5 further said she wears a white lab coat over her isolation gown when providing resident care. She further said each resident's room has a white lab coat hanging for the CNA to use for the shift and the lab coat is placed in the laundry receptacle at the end of the shift. During an interview on 8/14/20 at 11:00 A.M., the Infection Preventionist (IP) said CNA #1 should have been wearing eye protection when providing care. The IP said CNA #2 and CNA #3 should each have been wearing an isolation gown when transferring the resident. The IP said CNA # 4 and the Housekeeper should not have donned a white lab coat over their isolation gowns. The IP further said that double gowning by staff should not have occurred as it was not a policy practiced in the facility.</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.