

RI Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01493 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/07/2021 |
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RECEIVED
JAN 25 2021

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| NAME OF PROVIDER OR SUPPLIER COMMONWEALTH HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 655 COMMONWEALTH AVENUE WARWICK, RI 02886 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---------------------------------------|--|---------------|---|--------------------|
| S 003 | Initial Comments An unannounced focused survey was conducted at this residence related to COVID19 infection control. Deficiencies were identified. | S 003 | S003 This plan of correction constitutes a written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. | |
| S 470 <i>DTP</i> <i>1/26/21</i> | Residential Care Services 2.4.20(C)(1-5) Illness And Emergencies 2.4.20 (C) (1-5) Reporting of Communicable Diseases 1. Each residence shall report promptly to the Center for Acute Infectious Diseases Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the residence in accordance with rules and regulations pertaining to the "Rules and Regulations Pertaining to Counseling, Testing, Reporting and Confidentiality". 2. When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Center for Acute Infectious Diseases Epidemiology (IDE) even if not designated as "reportable diseases." 3. When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Center for Acute Infectious Diseases Epidemiology (IDE) or to the Center for Food Protection. 4. Residences must comply with the provisions of R.I. Gen. Laws § 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases. 5. Infection Control | S 470 | S470 A. Developing and maintaining a residence-specific infection prevention program: 1. All staff will be required to wear surgical masks at all times when inside the residence, including in the break room, even when residents are not present. 2. Staff will be provided a new surgical mask for each shift, and have access to fresh masks should theirs become soiled or damaged. 3. Staff will be allowed to remove their mask while eating providing it is in the designated staff eating area, only while in the act of consuming food, and away from other staff. 4. Staff member A will be retrained regarding the usage of masks. 5. All staff will complete an in-service on this matter. 6. Administrator will institute a mask check program to ensure compliance. Results of mask check program will be documented and reviewed at quality assurance meetings for the next 6 months. | <i>1/25/21</i> |

Facilities Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

1/25/21

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| S 470 | <p>Continued From page 1</p> <p>Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following:</p> <ul style="list-style-type: none"> a. Establishing and maintaining a residence-specific infection prevention program; b. Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases; c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence; d. Developing and implementing protocols for: <ul style="list-style-type: none"> (1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and (2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile; <p>This Requirement is not met as evidenced by: Based on surveyor observation and staff interview it has been determined the facility failed to establish infection control provisions for the mutual protection of residents, employees, and the public relative to COVID-19 Standards.</p> | S 470 | | |

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| S 470 | <p>Continued From page 2</p> <p>Findings are as follows:</p> <p>1-According to the Centers of Disease Control and Prevention (CDC) publication titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.", updated Dec. 14, 2020, states in part, "...Health Care Personnel (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers...Cloth masks should NOT be worn instead of a respirator or facemask...Cloth mask: Textile (cloth) covers... are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer ..."</p> <p>Surveyor observation of the facility entrance on 01/07/2021 at approximately 1:00 PM, failed to reveal that Staff A, a Licensed Practical Nurse (LPN), was wearing a face covering. An additional observation of Staff A at 1:40 PM, inside the nurse's office, revealed that she was not wearing a facemask and that a cloth mask was hanging on her neck.</p> <p>During an interview immediately after the observation, Staff A acknowledged that she was not wearing a mask inside the nurse's office.</p> <p>During a surveyor observation on 01/07/2021 at at approximately 1:30 PM the Administrator was observed wearing a cloth mask throughout the residence.</p> <p>Surveyor observation of the dining room area on 01/07/2020 at 1:40 PM revealed Staff B, a caregiver, wearing a cloth mask talking to a</p> | S 470 | | |

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| S 470 | <p>Continued From page 3 resident at the table.</p> <p>During a surveyor interview immediately after the observation, Staff B acknowledged that she was not wearing a facemask and indicated that surgical masks are available for staff at the nurse's office if needed.</p> | S 470 | | |