

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Colonial Poplin Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  442 Main Street Fremont, NH 03044	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43002</p> <p>Based on observation, interview, and record review it was determined that the facility failed to implement their policy and procedures for Transmission Based Precautions (TBP) for 3 of 4 residents reviewed for infection control practices for COVID-19 (Resident Identifiers #4, #36, and #38).</p> <p>Findings include:</p> <p>Review on 5/1/24 of the facility's COVID-19 Positive Tracking report revealed the following:</p> <p>Resident #4 tested positive for COVID-19 on 4/20/24 and had no symptoms.</p> <p>Resident #36 tested positive for COVID-19 on 4/25/24 and had no symptoms.</p> <p>Resident #38 tested positive for COVID-19 on 4/20/24 and was symptomatic.</p> <p>Observation on 4/30/24 at 10:10 a.m. of Staff A (Dietary Manger) was in Resident #4's room talking to Resident #4 within approximately 3 feet of the resident. There was a sign posted outside the door that read Droplet and Contact Precautions Staff Required: gown and gloves; Procedure: mask with eye protection. Staff A was not wearing an N95 mask, gown, or gloves. Staff A was then observed leaving Resident #4's room and entering another resident's room which did not have a Droplet and Contact Precaution sign up, while still wearing the same mask (KN95 mask).</p> <p>Observation on 4/30/24 at approximately 10:15 a.m. of Staff B (Transportation Staff) was in Resident #4's room approximately 3 feet away from the resident. Staff B was not wearing an N95 mask (had on a KN95 mask), gown, or gloves.</p> <p>Interview on 4/30/24 at 10:20 a.m. with Staff B confirmed that he/she had been in Resident #4's room and stated that he/she did not think they needed to wear full personal protective equipment (PPE) [N95 mask, gown, gloves, eye protection] as long as he/she did not touch anything in the room.</p> <p>Interview on 4/30/24 at 10:18 a.m. with Staff C (Assistant Director of Nursing) and Staff D (Director of Nursing) confirmed that all employees should be wearing gowns, gloves, N95 masks, and eye protection.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 4/30/24 at approximately 10:21 a.m. revealed that Staff A was in Resident #36's and Resident #38's room (same room) speaking with both residents. Staff A was not wearing an N95 mask, gown, gloves, or eye protection. Staff A was wearing a KN95 mask and was observed approximately 3 feet away from the residents. There was a sign outside the residents' room that read Droplet and Contact Precautions Staff Required: gown and gloves; Procedure: mask with eye protection.</p> <p>Interview on 4/30/24 at 10:21 a.m. with Staff A confirmed the above. Staff A stated that he/she did not think they needed to wear any additional PPE other than the mask he/she was wearing since he/she did not touch anyone.</p> <p>Interview on 4/30/24 at 10:29 a.m. with Staff D confirmed that all staff should be wearing full PPE when in the above resident's rooms.</p> <p>Interview on 4/30/24 at 10:41 a.m. with Staff E (Infection Preventionist) and Staff F (Administrator) confirmed that staff should be wearing an N95 mask, gown, gloves, and eye protection while in the above residents' rooms, even if just going into speak with the resident.</p> <p>Review on 5/1/24 of the facility's KN95 mask box containing the KN95 masks used by the facility revealed the outside of the box read .Precautions. 1. This mask is NOT for medical use and Non Medical .</p> <p>Interview on 5/1/24 at 2:19 p.m. with Staff E and Staff G (Regional Nurse) revealed that the facility used the Centers for Disease Control and Prevention (CDC) guidance for infection control policies.</p> <p>Review on 5/1/24 of the facility's policy titled Transmission-Based (Isolation) Precautions revised on 2/9/24, revealed: .The facility will use standard approaches, as defined by the CDC, for transmission-based precautions . The category of transmission-based precautions will determine the type of personal protective equipment (PPE) to be used .10. Contact Precautions - a. Intended to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or the resident's environment . c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination . 11. Droplet Precautions - a. Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing, or talking . Type and Duration of Transmission-Based Precautions Recommended for Selected Infections and Conditions . Infection/Condition .SARS-CoV-2 (COVID-19) . Precaution . Droplet or Airborne (dependent if symptomatic) . Duration . As per CDC symptom-based strategies based on severity of illness .</p> <p>Review on 5/1/24 of the facility's policy titled Personal Protective Equipment revised 6/14/23, revealed: .1. All staff who have contact with resident and/or their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious material is likely .</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 5/1/24 of the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated March 18, 2024 and retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>, revealed: .2. Recommended Infection Prevention and Control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection .Personal Protective Equipment HCP [Health Care Personnel] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH [National Institute for Occupational Safety and Health] approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face) .</p>