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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225283 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/15/2020 |
| NAME OF PROVIDER OF SUPPLIER WEBSTER MANOR REHABILITATION & HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 745 SCHOOL STREET WEBSTER, MA 01570 | |
| 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 | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, and facility policy based on Center for Disease Control (CDC) and Department of Public Health (DPH) guidelines, the facility failed to implement their policy and procedures for appropriate use of personal protective equipment (PPE) for staff and residents on three of three units. Findings include: The facility's policy, Personal Protective Equipment Plan, dated 7/9/20 included the following: - If there is any community transmission of COVID-19 within the facility, staff should wear full PPE for the care of all residents no matter the status of a COVID-19 [DIAGNOSES REDACTED]. During interview with the Infection Preventionist on 7/15/20 at 8:50 A.M., she said that there were five residents in the facility that were currently positive for COVID-19, and indicated that they were on the 2nd floor unit. She said that all staff throughout the building are to wear full PPE (mask, eye protection, gown, and gloves) on the units at all times. During observation on Unit 3 (33 recovered residents) at 9:33 A.M., Nurse #1 was observed walking in the unit hallway wearing a mask, gown, and eye glasses. The nurse said that he knew eye glasses were not considered PPE. He said he had a face shield and should have worn it. During observation on the 1st floor unit (30 negative residents, one recovered resident), at 9:54 A.M., a resident was observed self propelling in a wheelchair in the unit hallway without wearing a mask. Nurse #3 and CNA #1 were in the hallway and interacted with this resident. Neither the nurse nor CNA encouraged the resident to wear a mask while outside of his/her room. During observation of the 2nd floor unit (four COVID-19 positive residents, 34 recovered residents) at 10:12 A.M., Resident #1 and Resident #2 were observed seated in chairs across from the nursing station without wearing masks. At 10:20 A.M., Residents #1 and #2 were observed walking in the hallway without wearing masks. Nurse #4 and CNA #2 were observed in the hallway and walked by both of the residents and did not encourage them to wear masks. Review of the Respiratory Surveillance Line List for Unit 2, indicated that Resident #1 was tested for COVID-19 on 7/9/20, and diagnosed with [REDACTED]. Per facility policy, Resident #1 should have been isolated to his/her room, and should have worn a mask when he/she was out of his/her room to prevent healthcare personnel working on the unit from exposure to the COVID-19 virus, as recommended by CDC guidance. During interview with the Director of Nursing at 10:45 A.M., she said that Nurse #1 should have worn eye protection while walking on the unit hallway, residents are to wear face masks when out of their rooms, and staff is expected to perform hand hygiene according to standard infection control practices whether or not they are wearing gloves.</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.