

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VERO HEALTH &amp; REHAB OF WILBRAHAM</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9 MAPLE STREET WILBRAHAM, MA 01095</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to 1.) Failure to don required Personal Protective Equipment (PPE) and 2.) Failure to perform hand hygiene when indicated on one of three units. Findings include: 1. During a tour on 7/28/20 at 9:25 A.M. of the B1 Unit, three staff members did not don eye protection while providing care to residents. B1 Unit contained five residents that were recovered from COVID-19, ten residents that were negative for COVID-19 and twelve residents under quarantine for COVID-19. Review of the Massachusetts Department of Public Health Comprehensive Personal Protective Equipment (PPE) Guidance, dated July 6, 2020, indicated for eye protection: -Health Care Personnel (HCP) should wear eye protection for the care of all patients except those who are COVID-19 recovered. Even if COVID-19 is not suspected in a patient presenting for care, HCP may encounter asymptomatic patients with COVID-19. a. During an observation at 9:25 A.M., Nurse #1 prepared medications at the medication cart located near the nursing station. She was not wearing any eye protection. She was observed entering a resident's room with a medication cup in her hand and then exited the room. During an interview on 7/28/20 at 9:27 A.M., Nurse #1 said she did not don eye protection, as required. b. During an observation at 9:28 A.M., a Certified Nursing Assistant (CNA) donned an isolation gown and gloves. He was wearing a facemask. He did not don eye protection. He entered a resident room and assisted with personal care. During an interview on 7/28/20 at 9:30 A.M., the CNA said he did not don eye protection, as required. c. During an observation at 9:31 A.M., Nurse #2 prepared medications and entered a resident room to administer medications. Nurse #2 did not wear any eye protection. During an interview on 7/28/20 at 9:34 A.M., Nurse #2 said he did not don eye protection, as required. During an interview on 7/28/20 at 10:45 A.M., the Acting Director of Nurses said the procedure in the facility was for staff to wear eye protection on every unit. 2. During a tour on 7/28/20 at 9:25 A.M. of the B1 Unit, the facility failed to perform hand hygiene when indicated. Review of the Massachusetts Department of Public Health Comprehensive Personal Protective Equipment (PPE) Guidance, dated July 6, 2020, indicated for glove use: HCP should perform hand hygiene prior to donning and after doffing gloves. During an observation at 9:35 A.M., Nurse #2 exited a resident room, removed his isolation gown and gloves. He discarded the items in a receptacle that was located in the hallway. He opened the receptacle by lifting the lid with his ungloved hand. He then obtained a new isolation gown and put it on. He did not sanitize or wash his hands after doffing the PPE or prior to donning new PPE. During an interview on 7/28/20 at 9:36 A.M., Nurse #2 said he did not wash or sanitize his hands, as required. He further said, Protocols change here every day.</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.