

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225586	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER WESTFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP 3 PARK DRIVE WESTFORD, MA 01886	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and policy review the facility failed to ensure that staff properly removed gloves and performed hand hygiene after contact with the environment of multiple residents, potentially contaminating the environment and residents with pathogens on 1 of 3 resident units. Findings include: On 10/15/20, the Surveyor observed staff on the Abbot Unit; a unit where 7 of 36 residents had been diagnosed with [REDACTED]. The facility policy titled Hand Hygiene, reviewed 11/15/19, indicated that staff should perform hand hygiene: * After patient care. * After contact with the patient's environment. On 10/15/20 at 9:18 A.M., the surveyor arrived on the Abbot Unit and observed the following: * At 9:18 A.M., a Certified Nursing Assistant (CNA#1) was observed walking down the corridor, wearing a glove on each hand and carrying a stack of incontinence briefs. CNA#1 walked to room [ROOM NUMBER] and using one of the gloved hands, opened the door, potentially contaminating the door, and entered the room. * At 9:21 A.M., the surveyor observed a Housekeeper (HK#1) exit room [ROOM NUMBER] with a glove on each hand and carrying a broom. HK#1 swept debris from room [ROOM NUMBER] into the hallway and began sweeping the hall outside room [ROOM NUMBER], potentially contaminating the environment with debris from within room [ROOM NUMBER]. * At 9:23 A.M., the surveyor observed HK#1, no longer wearing gloves, re-enter room [ROOM NUMBER] and exit a moment later carrying a water pitcher. Without performing hand hygiene, HK#1 pushed open the units threshold doors, potentially contaminating the doors, and exited the unit carrying the water pitcher. * At 9:24 A.M., HK#1 returned through the threshold doors, carrying the water pitcher, and without performing hand hygiene, re-entered room [ROOM NUMBER], potentially contaminating the room's environment and the resident in the room. * At 9:25 A.M., HK#1 exited room [ROOM NUMBER], and without performing hand hygiene, pushed the housekeeping cart down the hallway and enter room [ROOM NUMBER], potentially contaminating the room's environment and the resident in the room. * At 9:28 A.M., HK#1 exited room [ROOM NUMBER], without performing hand hygiene, and carrying a bag of trash. HK#1 opened up a trash receptacle attached to the housekeeping cart, placed the bag of trash inside, and then without performing hand hygiene re-entered room [ROOM NUMBER]. * At 9:32 A.M., HK#1 exited room [ROOM NUMBER], mopping the floor in the room, into the hallway. Without performing hand hygiene HK#1 walked down the hallway and entered room [ROOM NUMBER], obtained a wet floor sign and returned to room [ROOM NUMBER]. * At 9:39 A.M., CNA#1 exited room [ROOM NUMBER], wearing a glove on each hand. CNA#1 carried a stack of incontinence briefs in her right gloved hand, potentially contaminating the briefs, and carrying a bag of trash in the left gloved hand. Without performing hand hygiene or removing the gloves CNA#1 walked down the hallway, dropped the bag of trash on the floor in front of the soiled utility room, and then entered room [ROOM NUMBER] with the potentially contaminated briefs and without performing hand hygiene. Moments later CNA #1 exited room [ROOM NUMBER] still, wearing a glove on each hand, and without performing hand hygiene. CNA#1 crossed the hall and with a gloved hand pressed the keypad to unlock the soiled utility room, potentially contaminating the keypad, and entered with the bag of trash. During an interview with the facility's Infection Preventionist Nurse on 10/15/20 at 11:05 A.M., she said that it was never okay to wear gloves in the hallway, place trash on the floor or carry briefs from resident room to resident room due to the risk of spreading infection. Further she said that unit is a hot unit right now for COVID cases and the staff should know better, that's how you spread COVID.</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.