

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WEBSTER MANOR REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>745 SCHOOL STREET WEBSTER, MA 01570</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, record review, and interview, the facility failed to follow standard precautions for infection control, related to glove use, on one out of three units. Findings include: Review of Centers for Disease Control and Prevention (CDC) guidelines for Infection Control and Transmission-Based Contact Precautions on 8/12/20 indicated the following: -Gloves should be worn for all interactions that may involve contact with the patient or the patient's environment -Donning personal protective equipment (PPE) upon room entry and properly discarding before exiting the patient room is done to contain pathogens. Resident #1 was admitted to the facility in September of 2019, and was readmitted to the facility in June of 2020 following hospitalization. During an observation on 8/12/20 at 11:06 A.M., signage on Resident #1's door indicated that droplet and contact precautions were required for providers and staff when entering the room. Housekeeper #1 wore gloves on both hands while she cleaned surfaces and removed trash from Resident #1's room. The surveyor observed Housekeeper #1 as she exited the room without removing the contaminated gloves. Housekeeper #1 then touched and opened the housekeeping cart, disposed of the trash, retrieved a clean trash bag from the cart, and entered the room again without changing her gloves or performing hand hygiene. During an interview on 8/12/20 at 11:08 A.M., Housekeeper #1 said that gloves were required when cleaning the room and that she should have removed her gloves and performed hand hygiene before exiting the room to throw the trash away. During an interview on 8/12/20 at 1:04 P.M. the Infection Preventionist said that Housekeeper #1 should have followed contact precautions, as posted on the door, and removed her gloves and performed hand hygiene before she entered the hallway.		
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.