

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER VERO HEALTH & REHAB OF WILBRAHAM		STREET ADDRESS, CITY, STATE, ZIP 9 MAPLE STREET WILBRAHAM, MA 01095	
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>Based on observation and interview, the facility failed to correctly implement the use of Personal Protective Equipment (PPE), specifically gowns, and failed to perform appropriate hand hygiene after touching the outside of a face mask related to the prevention of COVID-19. Findings include: Review of the facility policy for Categories of Transmission Based Precautions, revised 2/2020, indicated the reader should refer to the facility's Summary of Centers for Disease Control and Prevention (CDC) PPE Guidance for Conservation of PPE. Review of the facility's undated Summary of CDC PPE Guidance for Conservation of PPE, referenced in their policy for Transmission based precautions revised 2/2020, indicated the following: Health Care Personal (HCP) must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene. Review of the CDC guidance, updated 7/14/20, indicated the following: -Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. -Healthcare personnel may now exit patient room. During an observation of a resident care unit on 8/6/20 at 10:55 A.M., Nurse #1 was observed wearing a mask below her nose. She was observed adjusting the facemask frequently to place it above her nose. She then pulled the facemask down below her chin to speak with another staff member. She then donned a gown, removed clean linen from a linen cart and entered a resident's room. No hand hygiene was observed. During an observation of a resident care unit on 8/6/20 at 11:30 A.M., Certified Nurses' Aide (CNA) #1 was observed in a resident room labeled quarantine. Per Nurse #2, she said the residents in quarantine were new admissions who were isolated for 14 days to ensure they had no Covid-19 symptoms and had been tested. CNA #1 was observed in the quarantine room assisting the resident onto a stretcher for transport to an appointment. She was wearing an isolation gown, gloves, eye protection and a facemask. After the resident left the room, CNA #1 removed her gloves and performed hand hygiene, but preceded to walk almost the full length of the hall with her isolation gown on, and removed it at the entrance of the unit, rather than remove it prior to leaving the quarantine room. CNA #1 said she had been told to remove her gown after leaving a quarantine room, at the end of the hall. Nurse #2 said the contaminated gown should have been removed prior to leaving the resident's room.</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.