

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER VERO HEALTH & REHAB OF HAMPDEN		STREET ADDRESS, CITY, STATE, ZIP 34 MAIN STREET HAMPDEN, MA 01036	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility staff failed to ensure infection control practices were maintained to help prevent the development and transmission of communicable diseases and infections. The facility staff were taking their own temperatures upon entrance to the facility. Findings include: Review of the signage above the time clock at the employee entrance indicated 2 separate signs related to screenings of staff. The signs indicated the following: STOP Personnel You are required to have your temperature and respiratory rick check completed prior to the beginning of your shift. Contact your supervisor for assistance. and STOP YOU MUST TAKE YOUR TEMP EVERY SINGLE TIME YOU ENTER THIS BUILDING THANK YOU The surveyor observed a table near the time clock with a thermometer and a log sheet to record a staff members name, temperature and symptoms related to COVID-19. During an interview with Certified Nurse Aide (CNA) #1 on July 8, 2020 at 9:09 A.M., she said that she takes her own temperature upon arrival to the facility. She further said that there previously was a staff member taking temperature when she arrived at the facility, however, this no longer occurs and she takes her own temperature. During an interview with the Activity Director on July 8, at 9:13 A.M., she said that she takes her own temperature upon arrival to the facility. During an interview with Hospitality Aide on July 8, 2020 at 9:16 A.M., she said that she takes her own temperature upon arrival to the facility. During an interview with the Director of Nursing (DON) on July 8, 2020 at 9:26 A.M., she said that she instructed staff not to take their own temperatures and the staff should not have taken their own temperatures.		

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.