

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 09/09/2020
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, policy review and interview, the facility failed to contact local and state health departments of the laboratory inability to process COVID-19 tests within 48 hours for eleven facility staff members and one resident. Findings include: During an interview on 9/9/20 at 8:20 A.M., the Director of Nurses (DON) said a staff member tested positive for COVID-19 on 8/30/20. She further said all residents and all negative staff were tested for COVID-19 starting on 9/3/20.</p> <p>During a review of the Resident COVID-19 Testing & Cohorting Line Listing Log, one result was not available for a resident that had been tested on [DATE]. During a review of the Staff COVID-19 Testing Line Listing Log indicated that test results were not available for ten staff members that had been tested on [DATE] and one result for a staff member that had been tested on [DATE]. Review of the facility COVID 19 Resident & Employee Testing Policy, revised 9/5/20, indicated the facility shall test residents and staff for COVID-19 in accordance with facility policy, Centers for Disease Control (CDC) priority test criteria, CDC test guidance in response to opening nursing facilities, Centers for Medicare & Medicaid Services (CMS) Quality & Safety and Oversight Group (QSO)-20-38, and in accordance with state regulatory guidance and physician orders. The policy further included should the facility experience testing challenges such as COVID-19 supply shortages or limited access or inability of laboratories to process within 48 hours, the facility shall document its efforts to obtain quick turnaround tests and contact local and state health departments alerting them to the concern. During an interview on 9/9/20 at 1:40 P.M. with the Administrator and DON present, the DON showed the surveyor a Testing or Testing Supply Concern Documentation Log that indicated on 9/2/20 the facility notified Life Laboratories of the concern for obtaining testing results greater than 48 hours. The DON said the Life Laboratories representative said the goal is 48 hours but the nursing facilities are informed that the turnaround time is 5-6 days. The Administrator and the DON said local and state health departments were not notified of the concern in obtaining quick turnaround test results, as required.</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.