

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VERO HEALTH &amp; REHAB OF WILBRAHAM</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9 MAPLE STREET WILBRAHAM, MA 01095</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews, and record/policy review, the facility failed to ensure staff 1) Conducted Covid 19 Surveillance screenings to prevent or contain COVID-19 for Resident #1 out of a total sample of four residents, and 2) Follow standard precautions in the cleaning of shared resident care equipment to prevent the transmission of infection on one of three units. Findings include: 1. Review of lab results for Resident #1's COVID-19 testing, dated 9/14/2020, indicated the results were Not Detected, meaning the resident was negative for COVID-19. Review of the facility policy entitled Vital signs, Pulse Oximetry, and COVID-19 Symptom Checks, reviewed May 2020, indicated the following: -effective 3/20/20, the facility shall prepare and implement vital signs including temperature, pulse, blood pressure and respirations, pulse oximetry (measures oxygen level in the blood) and a complete COVID symptom check every shift -every shift is defined as every 8 hours -the facility will track this monitoring . via physician's orders with documented entries on the Medication Administration Record [REDACTED]. -resident COVID-19 screening is performed by licensed nurses. -COVID-19 symptom check include: fever &gt; or equal to 100 degrees Fahrenheit, cough, shortness of breath, chills, shaking with chills, muscle pain, headache, sore throat, loss of smell, pain in chest, new onset of confusion or difficulty arousing, recent travel, pre-existing cardiac, respiratory or kidney disease, -prompt evaluation of outliers, Physician notification, testing as ordered, labs as ordered and precautions activated. Review of the September 2020 Physician's Orders indicated a current order for COVID-19 Evaluation Vital Signs daily on every morning shift (initiated 9/17/2020), and an order (initiated 9/19/2020) for staff to obtain vital signs daily on the day shift. There were no other current orders for COVID-19 symptom screenings. Review of the current September 2020 Medication Administration Record [REDACTED]. No further order or screening was documented for the remainder of September. The existing documentation was incomplete on two of the evening shifts and 9 night shifts out of the 16 dates in September that the order was in place. During the exit conference, at 3:15 P.M., the Infection Prevention Nurse (IPN) indicated that the resident should have been screened every shift for COVID-19 and she would have the orders for the resident corrected to adhere to facility policy for screening on every shift. 2) During an observation on 9/29/2020 at 10:05 A.M., Certified Nursing Assistant (CNA) #1 and CNA#2 transferred a fully dressed resident from the bed to the shower chair using a lift. The resident's hair appeared damp and the shower chair was noted to have drops of water on the bottom of the seat and on the frame indicating it had just been used for the Resident's shower. The Resident was wheeled into the shower room by CNA#1 to obtain a weight. Upon return to the room, the Resident was transferred into a chair and CNA#1 instructed CNA#2 to return both the lift and the shower chair to the shower room across the hallway. The chair and lift were wheeled into the shower room and left. Review of the facility policy entitled Standard Precautions, dated 2017, indicated the following under Resident Care Equipment: -Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed. In an interview on 9/29/2020 at 10:15 A.M., immediately following the observation, CNA#1 indicated that the facility's policy is to use Sani wipes or spray cleanser to clean equipment between uses. She did not wipe down the equipment prior to its return to the shower room and she should have. In an interview on 9/29/2020 at 2:10 P.M., the Infection Prevention Nurse (IPN) indicated that resident care equipment should be cleaned between uses.</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.