

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 09/03/2020
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 observations, interviews and record reviews, the facility failed to ensure that Transmission Based Precautions (TBP) were implemented as per facility policy and/or per the physician's orders for four sampled Residents (#1, #5, #6 and #7) in order to prevent the transmission of a potential infection of COVID-19. The facility also failed to ensure that surveillance monitoring for signs and symptoms of COVID-19 was implemented for two sampled Residents (#5 and #6). The facility also failed to provide updated information to staff regarding newly identified COVID-19 positive cases in the facility on three of three units. Findings include: Review of the facility policy entitled Precautions-Categories of Transmission-Based Precautions, revised 4/2020, indicated the following under Droplet Precautions: -in addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking . -examples of infections requiring Droplet Precautions include: SAR-Co-V2 (infection that causes COVID-19), -the facility will implement a system to alert staff to the type of precaution resident requires. The facility typically utilizes a green precaution sign for identification of Droplet Precautions for staff and visitors . Review of the facility policy entitled Appropriate Personal Protective Equipment (PPE), revised 5/11/20, indicated the following: -for COVID negative residents: Full PPE (mask, gown, gloves and eye protection) Review of the facility policy entitled Vital signs, Pulse Oximetry, and COVID-19 Symptom Checks, reviewed 5/2020, 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 > 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. During an entrance interview on 9/3/20 at 7:10 A.M., the Director of Nurses (DON) said that there were 3 units within the facility, and signage was posted indicating what PPE was required prior to entering units/rooms. 1. During the tour of the A2 unit on 9/3/20 at 8:17 A.M., with Unit Manager (UM) #1, the following was observed: - 6 resident rooms (including 3 rooms housing Residents #1, #5, #6 and #7), did not have signage outside of the room indicating to facility staff what personal protective equipment (PPE) was required prior to entering the room. During an interview on 9/3/20 at 9:45 A.M., Certified Nurse Aide (CNA) #2 said that the signs outside of the resident's room doors indicate what PPE is required when entering the room. When the surveyor inquired about the several rooms that had signage missing, CNA #2 said that several residents moved to the A2 unit on the previous day so the signs were not put up yet. When the surveyor asked what the facility staff are to do prior to entering the rooms that did not have signage indicating PPE, CNA #2 said that staff are to don full PPE if there are no signs stating otherwise. - At 8:21 A.M., a staff member was seated in a chair positioned at the end of the bed in Resident #5's room during breakfast. The staff had had her face mask below her nose. UM #1 identified the staff member as a hospice worker. The surveyor observed no signage outside of this room to indicate which PPE was required for Resident #5. Review of Resident #5's medical records indicated Resident #5 was negative for COVID-19. Further review of the September 2020 Physician's orders and September 2020 MAR indicated [REDACTED]. Review of the documented vital signs indicated Resident #5's last recorded entries for blood pressure, temperature, respirations, pulse and oxygen saturation level were last completed on 8/15/20. Review of the August 2020 MAR indicated [REDACTED]. - At 9:25 A.M., two facility staff including CNA #1 and Rehabilitation Staff in a room housing Resident #6 and Resident #7. There was no signage outside of the room indicating the PPE required prior to entering the room. Both CNA #1 and the Rehabilitation Staff had a face mask, eye protection and gloves donned, but did not have gowns donned. The Rehabilitation Staff was observed to complete a treatment with Resident #6 and leave the room, while CNA #1 was observed sitting next to the bedside of Resident #7 who was lying in bed, feeding the resident breakfast. Review of Resident #6's medical record indicated Resident #6 was negative for COVID-19. Further review of the August 2020 and September 2020 MARS did not indicate COVID-19 screening/surveillance monitoring. Review of the documented vital signs indicated Resident #6's last recorded entries for blood pressure, temperature, respirations, oxygen saturation and pulse were last completed on 7/25/20. Review of Resident #7's medical record indicated Resident #7 was negative for COVID-19. Further review of the September 2020 Physician's Orders indicated an active order initiated 7/30/20 for Droplet Precautions. -At 9:47 A.M., CNA #1 was observed in Resident #1's room assisting with repositioning (adjusting his/her pillow). CNA #1 had on a face mask, eye protection and gloves, but was not wearing a gown. During an interview upon exit from the room, CNA #1 said that she had just provided care for Resident #1. When the surveyor asked what PPE was required for resident care, CNA #1 said that she follows what is indicated on the signs outside of the resident rooms for PPE. CNA #1 said there was no sign posted outside of Resident #1's room, so she would don a face mask, eye protection and gloves with care. Review of Resident #1's medical records indicated Resident #1 was negative for COVID-19. Further review of the 9/2020 Physician's Orders indicated an active order initiated 6/19/20 for Droplet Precautions. -11:38 A.M., signage was observed posted outside the room doors of Resident #1, #5, #6 and #7, indicating Stop PPE required beyond this point, mask, gown, gloves and eye protection During an interview on 9/3/20 at 12:50 P.M., the DON said that if there was no sign on a resident's room door, then staff was to don full PPE prior to entering the room. She said that several residents were moved, but staff was instructed to don full PPE for those rooms. The DON said that she was aware that some of the physician's orders for Droplet Precautions were not discontinued and probably should have been. She said that all residents should be monitored for COVID-19 every shift and the monitoring orders are located in the physician's orders and documented in the resident's MAR. She further said that she thinks the nurses may be confused about what needs to be entered relative to COVID-19 surveillance and therefore some of the residents do not have the required monitoring in place.</p> <p>2. During the entrance interview, on 9/3/2020 at 7:10 A.M., the Director of Nurses stated that there was a new positive staff case of COVID-19 identified on 8/30/20. Review of the facility COVID-19 Internal Memorandum, dated 9/3/20, indicated 0 positive staff cases through August 31, 2020. The surveyors observed the posting located on the doors to enter all three units (A2, B1 and B2). In an interview, on 9/3/2020 at 9:50 A.M., Nurse #1 on the A2 unit, stated she was not aware of any positive COVID-19 staff cases since June. She stated that administration informs the staff verbally of any changes as well as posts the information. In an interview, on 9/3/2020 at 10:09 A.M., Nurse #3 on B2 unit, stated information about the facility COVID-19 status is posted on the door outside of the unit, and that this information was updated daily. Nurse #3 further said there were no current positive COVID-19 cases for staff. In an interview on 9/3/2020 at 10:35 A.M., Nurse #2 on the B1 unit, stated that she has been assigned at the facility for about 8 weeks. She stated she</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>F 0885</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>had not heard of any positive staff cases for COVID-19 in a while, and that all of the results so far have been negative. She stated that the staff is notified about positives COVID-19 results via the posting on the unit doors and through updates from administration. In an interview on 9/3/2020 at 1:17 P.M., the Administrator stated the updates relative to COVID-19 cases for facility staff are posted on the unit entry doors, and that he is responsible for updating them daily. He stated that he did not include the new positive staff case identified on 8/30/20.</p> <p>Based on observations and interviews, the facility failed to inform residents, their representatives and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner. Findings include: Review of the family letter, dated 5/7/20, indicated routine updates will be posted on the facility website for faster and more efficient communication. The letter further indicated that all positive COVID results from staff and/or residents would be posted on the website in accordance with Centers for Medicare & Medicaid Services (CMS) guidance. In the entrance interview on 9/3/2020 at 7:10 A.M., the Director of Nurses stated that there was a new positive staff case identified on 8/30/20. In a review of the information posted on the facility website, dated 9/2/2020, there was zero staff cases listed for the facility. In an interview on 9/3/2020 at 1:17 P.M., the Administrator stated that communication with families regarding COVID-19 case updates were done via the website which was updated daily. The Administrator stated he did not include the agency staff positive COVID-19 case (from 8/30/30) because he didn't think they counted as facility staff.</p>		