

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 07/02/2020
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to screening of healthcare personnel entering the facility. Findings include: Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 5/22/20, included to: -Limit and monitor points of entry to the facility. -Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature of 100.0 Fahrenheit (F) or subjective fever. -Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. 1. During an observation on 7/02/20 at 7:00 A.M., numerous staff members entered the facility through a side entrance door. There was no screener present and no screening procedure was observed. One rehab staff member entered the therapy gym. During an interview on 7/02/20 at 7:10 A.M., Nurse #1 said when the front desk screener is not at the desk; the staff goes to the nursing unit (Unit B1) and is screened by the nurse working on the unit. During an interview on 7/02/20 at 7:20 A.M., the Rehab Director said the rehab staff check their own temperatures and complete their own screening logs. During an interview on 7/02/20 at 9:10 A.M., a Certified Nursing Assistant (CNA) said she enters the facility and goes to the nursing unit and is screened by the nurse working on the unit prior to working her shift. During an interview on 7/02/20 at 9:25 A.M., the Infection Preventionist (IP) said staff should enter through the front door entrance and be screened either by the screener or, if the screener not available, by the nurse working on Unit B1 prior to going to their working stations. She further said staff members did not enter the facility through the correct entrance and were not properly screened prior to going to their work stations, 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.