

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225757</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VERO HEALTH &amp; REHAB OF SOUTH HADLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>573 GRANBY RD SOUTH HADLEY, MA 01075</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to one licensed staff member not donning the required Personal Protective Equipment (PPE). Findings include: Review of the Center of the Centers for Disease Control and Prevention (CDC) Responding to Coronavirus (COVID-19) in Nursing Homes Guidelines, dated 4/30/20, indicated to create a plan for managing new admissions and re-admissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. During an observation of the East One Unit on 6/30/20 at 8:45 A.M., Nurse #1 was standing at a medication cart. She was wearing glasses, but did not have on goggles or a face shield. East One Unit housed new admission residents; these residents were noted to be Patients Under Investigation (PUI). These residents were on Contact/Droplet Precautions and full PPE was required when working on the unit. During an interview on 6/30/20 at 8:50 A.M., Nurse #1 said she did not usually wear goggles or a face shield because she wore glasses. During an interview on 6/30/20 at 9:15 A.M., the Director of Nursing Services (DNS) said staff working on the East One Unit were required to wear goggles or a face shield during their shift. She further said Nurse #1 did not follow the required guidelines by not utilizing a face shield or goggles, as required.		
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.