

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER VERO HEALTH & REHAB OF SOUTH HADLEY		STREET ADDRESS, CITY, STATE, ZIP 573 GRANBY RD SOUTH HADLEY, MA 01075	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure infection control practices were maintained to help prevent the development and transmission of communicable diseases and infections. Findings include: Review of the vital signs, Pulse Oximetry, and COVID-19 Symptom Checks policy indicated that Residents, staff, and visitors/vendors checked for the presence of COVID-19 Symptoms each shift. Resident's physicians are notified Yes to be selected for further guidance. Staff, vendors and visitors who select Yes shall exit from the facility and asked to seek medical attention. The policy further indicated to ask specific questions regarding symptoms, contact with individuals with COVID-19, and travel in the last 30 days. On June 23, 2020 at 7:05 A.M. the surveyor walked up to the front door of the building, which was locked. The surveyor then rang the doorbell as instructed by the signage on the door. Nurse #1 allowed the surveyor to enter the building and then proceeded to leave the area. There was no one at the front desk. The surveyor asked to speak with a supervisor. The Assistant Director of Nursing (ADON) assisted the surveyor with the screening. During an interview with the Medical Records Staff on June 23, 2020 at 8:02 A.M. she said that she generally enters the building at 4:30 A.M. and the door is kept locked. She said that she sits at the front desk to screen staff/vendors/visitors for COVID-19 until approximately 9:00 A.M. when the receptionist enters the building. She further stated that on the morning of June 23, 2020, when the surveyor entered the building, she was delivering gloves to the units and was not at the front desk. During an interview with Nurse #1 on June 23, 2020, at 10:00 A.M. he said that when he heard the doorbell at 7:05 A.M., he was leaving and decided to answer the door. He said that he completely forgot about the policy regarding screening for COVID-19. Nurse #1 said that he should have taken the surveyor's temperature and questioned the surveyor upon arrival into the building. During an interview with the Director of Nursing on June 23, at 9:40 A.M. she said that someone should have screened the surveyor on arrival and she was in the process of in servicing staff that when someone enters the building, he/she needs to be screened and have his/her temperature taken.		
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.