

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER WESTBOROUGH HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 8 COLONIAL DRIVE WESTBOROUGH, MA 01581	
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 use Personal Protective Equipment (PPE) appropriately when caring for newly admitted or readmitted residents on one out of three units. Findings include: During an interview on June 18, 2020 at 12:10 P.M., the Director of Nurses (DON) said the second floor unit was comprised of COVID-19 recovered residents and those under 14 day quarantine due to being newly admitted or readmitted from the hospital. Review of the Centers for Disease Control and Prevention (CDC) website indicated the following: -Newly admitted residents should be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. -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, gloves, and gown. -Health care personnel must remove their gloves and gown prior to exiting the resident's room. Review of the facility's policy titled Interim Infection Prevention for COVID-19, dated May 2020, indicated the following: -The facility will follow transmission-based policies and procedures and Centers for Medicare and Medicaid Services (CMS) guidance for residents suspected or confirmed COVID-19 in healthcare settings. -The facility staff will follow outbreak policies and procedures and infection control guidelines policies. -The facility will utilize PPE per CMS guidance. During an observation on June 18, 2020, on the second floor unit at 12:30 P.M., several resident rooms had precaution signs (quarantined) on the doors and PPE on the door or in a cart next to the door. The surveyor observed Certified Nurse Aide (CNA) #1 in the hallway donning a gown, mask and face shield. CNA #1 went from the hallway, into a resident's room that was on precautions, and within a few minutes came back into the hallway with the same PPE on. During another observation, Nurse #1 was observed at the medication cart donning a gown, mask, and eye shield on. Nurse #1 then entered a resident's room that had a precaution sign outside of the room. Nurse #1 did not put on new PPE prior to entering the room, as required, did a finger stick blood sugar on the resident, washed his hands and then came back out to the medication cart still wearing the same PPE. During an interview on June 18, 2020 at 12:45 P.M., the surveyor asked CNA #1 what the precaution signs outside of the resident's door meant. CNA #1 said they were there to remind the staff to wear a gown, mask, face shield and gloves. CNA #1 said that the staff wears the same PPE all day and does not change it between rooms because the residents are all the same. During an interview on June 18, 2020 at 12:50 P.M., the surveyor asked Nurse #1 what the precaution signs outside of the resident's door meant. Nurse #1 said he hadn't noticed the signs or the PPE on the doors. Nurse #1 said he was under the impression that all of the residents on the unit were considered COVID-19 recovered and said he hadn't been told that there were residents in their 14 day quarantine on the unit. He said if he knew that then he would have changed his PPE before and after providing their care. During an interview on June 18, 2020 at 12:55 P.M., the Assistant Director of Nurses said that the staff should have changed their PPE before and after going into the precaution rooms. She said the staff was confused about the PPE use and needed new education.		
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.