STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225184	A. BUILDING _____ B. WING _____	**06/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WEBSTER PARK REHABILITATION AND HEALTHCARE CENTER	**56 WEBSTER STREET ROCKLAND, MA 02370**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to ensure that staff donned full personal protective equipment (PPE) (gown, glove, eye shield and face mask) while caring for COVID-19 negative residents (COVID-19 negative residents are at risk for exposure to COVID-19 from staff and/or visitors to the facility). Quarantined residents may or may not be positive, so require full PPE. Findings include: On 6/17/20 at 11:45 A.M., during the entrance conference with the Administrator and Director of Nursing (DON), the DON said that 5 residents were COVID + and had not been cleared as of yet on a time based strategy, and residents on the PACU were all new admissions and were quarantining for fourteen days. Community spread infection was present in the facility. On 6/17/20 at 11:45 A.M., observations on the first floor, where there were quarantined residents, revealed the following: 1. Two Physical Therapists were observed assisting a resident with ambulation while holding onto the resident's arms. The two staff members were not wearing gloves. On 6/17/20 , at 11:55 A.M., observations on the second floor revealed the following : 2. Two Activity staff members were observed inside room [ROOM NUMBER] assisting two residents with room based activity with a daily newspaper. Neither of the staff members were wearing gloves as required. One of the staff members left the room and did not perform hand hygiene prior to walking into another resident's room. The surveyor pointed this out to the Director of Nursing. On 6/17/20 at 12:30 P.M., the Director of Nursing said that none of these staff members who were observed were wearing appropriate PPE.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE