| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **225283** | A. BUILDING _____ B. WING _____ | **07/30/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **WEBSTER MANOR REHABILITATION & HEALTH CARE CENTER** | **745 SCHOOL STREET WEBSTER, MA 01570** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide and implement an infection prevention and control program.**<br><br>Based on observation, interview and record/policy review, the facility failed to ensure infection control practices, specifically not wearing a gown and gloves and not performing hand hygiene, for one resident on contact precautions (Resident #1), on one of three resident units (Unit 1, which consisted of negative COVID-19 residents, and new admissions under quarantine for 14 days. Findings include: Review of the facility's policy/procedure entitled: Novel Coronavirus Prevention and Response (updated 6/26/20) and use of Personal Protective Equipment (PPE) indicated the following: - Promote easy and correct use of PPE by posting signs on the door/wall outside of the resident's room that clearly describe the type of precautions needed and required PPE. - Wear gloves, gowns, goggles/face shields and masks upon entering the room. For Resident #1, admitted to the facility in March 2019 for long term care, Certified Nursing Assistant (CNA) #1 failed to ensure a gown and gloves had been donned at the door of this resident's room. CNA #1 failed to ensure hand hygiene before exiting the room after providing direct care, for this resident identified with a sign posted outside the door indicating the resident was on Droplet/Contact precautions. During the initial tour of Unit 1 on 7/30/2020 at 10:29 A.M., the surveyor observed CNA #1 in Resident #1's room standing at the bedside touching the resident as he attached a pad that was under the resident back/buttocks to a mechanical lift device. CNA #1 was not wearing a protective gown and gloves. The surveyor then observed as CNA #2 walked up the hallway wearing eye protection and a mask, entered Resident #1's room and instructed CNA #1 to draw the privacy curtain around the resident. The surveyor observed as CNA #1 pulled the privacy curtain to the end of the resident's bed. CNA #2 then walked into the Resident's bathroom, cleaned hands and donned all required PPE, such as a gown and gloves according to what the precaution sing identified. The surveyor asked CNA #2 if CNA #1 should be wearing the same PPE, and CNA #2 said yes. CNA #2 then walked to where CNA #1 was standing, now behind the curtain and said you're supposed to be wearing a gown. The surveyor then observed as CNA #1 began to exit the room without washing his hands. At this time, the surveyor pointed out what had been observed, and asked CNA #1 what PPE he should have worn when providing direct care for Resident #1. CNA #1 said he should have worn a gown and gloves. During an interview with Nurse #1 on 7/30/20 at 10:53 A.M., she said that she worked the desk. Nurse #1 said that she was considered a PPE coach and among other duties, she would monitor staff periodically to ensure the appropriate PPE had been worn, as required. The surveyor pointed out that CNA #1 had not worn a gown or gloves when he was providing direct care for Resident #1, nor did he perform hand hygiene before exiting the resident's room. Nurse #1 said that the precaution sign posted outside of many of the resident's rooms, were a reminder for staff to wear the required PPE, and she would ensure the Unit Manager was aware. Nurse #1 said that CNA #1 was relatively new, and was asked to work on Unit 1 this morning as there was a call-out. During an interview on 7/28/20 at 11:50 A.M., the Director of Nursing said that CNA #1 was a new hire, usually works on Units 2 and 3 where residents are recovered, and that CNA #1 should have known what PPE was 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.