

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 08/18/2020
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 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview, the facility failed to ensure the designated Director of Nurses (DON) did not serve as a charge nurse on a unit, with facility occupancy of 95 residents. During an interview on 8/18/20 at 10:10 A.M., Nurse #1 said she was the designated DON this week due to the facility DON being on vacation. She said she was also the facility Infection Preventionist, Staff Development Coordinator (SDC) and Assistant Director of Nurses (ADON). She said once she had completed speaking with the surveyor, she would have to go and work as a charge nurse on a unit due to staffing shortages. She further said she had already worked as a charge nurse the previous day due to staffing shortage.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, policy review and interview, the facility was found to be not in compliance with COVID-19 infection control guidelines relative to 1.) Donning the required Personal Protective Equipment (PPE) 2.) Performing hand sanitation before donning or doffing gloves and 3.) PPE and hand sanitizer not readily accessible to staff. Findings include: 1.) The facility did not don required PPE correctly, as noted during three observations. Review of the facility PPE-Usage & Conservation of PPE (COVID 19) Policy, updated 7-31-20, included: -The 7-30-20 Department of Public Health (DPH) issues a Memorandum entitled July Update to Caring for Long-Term Care Residents during the COVID-19 Emergency which includes PPE guidance. This document is considered a component of Vero's COVID 19 PPE policy. Vero reserves the right to heighten guidance specific to PPE usage. The latest staff member in the facility tested COVID + on 8/13/20. The DPH Memorandum, dated 7/30/20, included a PPE Guidance Grid which indicated wearing a gown for high contact resident care activities for all direct care for all residents who never tested positive. The Grid also indicated for the care of quarantine residents: full PPE to include N95 respirator or alternative (facemask is acceptable if N95 respirator not available or if resident not known to have exposure to a confirmed COVID case), face shield/goggles, gown and gloves. Gown and gloves must be changed between residents. The Grid further indicated for the care of COVID + residents: Full PPE to include N95 respirator or alternative (Facemask is acceptable if N95 respirator not available), face shield/goggles, gown and gloves. Gown and gloves must be changed between residents. The Guidance does not indicate to wear more than one facemask. A. During an observation on the East One Unit, which housed the quarantine residents, on 8/18/20 at 9:05 A.M., the Social Worker (SW) was ambulating with a resident down the hall. The SW was not wearing an isolation gown. During an interview on 8/18/20 at 9:10 A.M., the DON said the SW did not wear an isolation gown, as required when transferring a resident. B. During an observation on the COVID + Unit, which housed two COVID + residents, Nurse #1 was wearing an N95 facemask and a surgical mask over the N95 mask. Nurse #1 said she wears a surgical mask for extra protection and disposes the surgical mask at the end of her shift. C. During an observation on 8/18/20 at 11:35 A.M., a Dietary Aide (DA) entered East One Unit with a dietary cart. She was wearing an isolation gown and mask. She then exited the unit, did not remove her isolation gown and was not wearing eye protection. During an interview on 8/18/20 at 12:20 P.M., the DON said Nurse #1 should not have worn a surgical mask over her N95 mask. She also said the DA was not wearing the required eye protection and that an isolation gown was not needed when only bringing the cart onto the unit. She further said since the DA was wearing an isolation gown when she entered the unit, she should have doffed the gown prior to exiting the unit, which she did not. 2.) The facility did not perform required hand sanitation, as noted during two observations. Review of the facility Handwashing/Hand Hygiene Policy, revised 6/2020, included to perform hand hygiene: - Before and after direct contact with residents; - Before preparing or handling medications; - After removing gloves; - Hand hygiene is the final step after removing and disposing of personal protective equipment; - When anticipating contact with blood or body fluids; and - When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions A. During an observation on 8/18/20 at 9:00 A.M., Nurse #2 doffed gloves and an isolation gown at a resident's doorway. He discarded the PPE and went to the medication cart and donned gloves to prepare medications for administration. He did not hand sanitize after doffing the PPE or before donning the gloves. During an interview on 8/18/20 at 9:15 A.M., the DON said Nurse #2 did not sanitize his hands after doffing and before donning gloves, as required. B. During an observation on 8/18/20 at 9:45 A.M., the Housekeeper donned an isolation gown and gloves. She did not sanitize her hands prior to donning the gloves. During an interview on 8/18/20 at 9:55 A.M., the DON said the Housekeeper did not hand sanitize prior to donning gloves, as required. 3.) The facility did not ensure hand sanitizer and PPE were readily accessible for staff. Review of the facility PPE-Usage & Conservation of PPE (COVID 19) Policy, updated 7/30/20, included: -A supply of protective clothing and equipment is maintained at each nurses' station/each unit. During an observation on 8/18/20 at 10:05 A.M., the surveyor could not locate any hand sanitizer or eye protection at the donning/doffing station located at the entrance to the COVID + Unit. During an interview on 8/18/20 at 10:10 A.M., the DON said hand sanitizer and eye protection were not found at the donning/doffing station located at the entrance to the COVID + Unit, as required.</p>		

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.