

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Quabbin Valley Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 821 Daniel Shays Highway Athol, MA 01331	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interviews and records reviewed for one of three sampled residents (Resident #2) who required dressing changes to a wound on his/her coccyx and per facility policy was to be placed on Infection Control precautions, the facility failed to ensure the required level of precautions were put in place and that nursing implemented and followed all necessary precautions during wound care dressing changes. Findings include: Review of the Facility Policy titled Enhanced Barrier Precautions, effective 01/2023, indicated the following: -Enhanced Barrier Precautions are a level of protection for staff, and visitors who may be in a direct contact with a resident who possibly or has MDRO (multi-drug-resistant organisms) on their body or medical device. -These residents include residents with a wound regardless of their MDRO status (this includes chronic and surgical wounds, does not apply to skin tears or small wounds that can be easily covered with a dressing) -Enhanced Barrier Precautions (EBP) must be in place when delivering high-contact resident care activities such as performing wound care (for example, any chronic or surgical wound requiring a dressing of any type). -The staff member must wear gowns and gloves that are donned before contact with the resident and removed upon completion of the intervention and disposed of in the identified waste and laundry containers. -Signage indicating the need for Enhanced Barrier Precautions are posted outside the identified resident's room door along with a precaution cart stocked with gowns and gloves. -Enhanced Barrier Precautions must remain in place for the resident's entire stay or unless the wound is fully healed. Resident #2 was admitted to the Facility February 2026, with diagnoses including schizoaffective disorder (a chronic mental health disorder), and diabetes mellitus type 2. Review of Resident #2's medical record indicated he/she was admitted to the facility with a Stage II pressure injury (partial thickness skin loss involving the epidermis and/or dermis, appears as shallow pink/red, moist open injury or intact/ruptured blister) on the coccyx (tail bone) measuring 2 centimeters in length by 0.7 centimeters width, with 0 centimeters in depth. Review of Resident #2's Physicians order, dated 02/22/26 indicated he/she had the following order for wound care: -Coccyx wound- cleanse with normal saline, pat dry, apply Santyl (a topical debriding agent used to remove dead tissue) followed by 2-inch by 2-inch gauze and cover with foam border dressing, change daily and prn (as needed). On 02/25/26 at 2:35 P.M., the surveyor observed the following during Resident #2's wound care and dressing change: -Although facility policy indicated that residents receiving wound care needed to be on EBP, there was No Enhanced Barrier Precautions (EBP) signage or precaution cart stocked with gowns and gloves observed at Resident #2's door. -Nurse #4 donned a mask and gloves (no gown) and removed Resident #2's old dressing, the wound was observed to be an open, shallow wound with scant drainage, the wound bed had yellow tissue and the skin surrounding the wound was reddened. -Nurse #4 cleansed the wound, applied Santyl and a new dressing. During an interview on 02/25/26 at 3:00 P.M., Nurse #4 said she did not think she needed to wear a gown during Resident #2's wound care because he/she did not have MRSA (an antibiotic-resistant bacteria) and because there was not at Enhanced Barrier Precautions sign at his/her door. During an interview</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on 02/25/26 at 3:05 P.M., the Infection Preventionist (IP) said Resident #2 should have been placed on Enhanced Barrier Precautions upon admission because he/she had a wound. The IP said Nurse #4 should have worn a gown during Resident #2's wound care to help prevent transmission of infection, and per facility policy.</p>		