STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225438	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Francis Rehabilitation & Nursing Center	101 Plantation Street Worcester, MA 01604

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 - Some	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to adhere to infection control standards of practice to prevent contamination and the spread of infection for three Residents (#33, #89, #78) out of a total sample of 24 residents.Specifically,1) for Resident #33, the facility failed to ensure that nursing staff performed hand hygiene as required during glove changes while providing wound care.2) for Resident #89, the facility failed to ensure that appropriate Personal Protective Equipment (PPE: items such as gowns and gloves worn to prevent the spread of infection) was worn as required when nursing staff failed to don gowns while providing high-contact care for the Resident with a Physician's order for Enhanced Barrier Precautions (EBP).3) for Resident #78, the facility failed to: -perform hand hygiene as required upon entering and exiting the room of the Resident on Droplet Precautions (precautions used to prevent transmission of infectious agents spread through respiratory droplets), and -ensure a gown was worn by staff as required to enter the room, and a face mask was changed after exiting the room of the Resident who was on Droplet Precautions, placing other residents and staff at risk for the spread of infection. Findings include: Review of CDC Guidelines for Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes, revised 6/28/24, retrieved from https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html indicated: -Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. -Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). -Enhanced Barrier Precautions expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gowns and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. -Enhanced Barrier Precautions are recommended for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). -Standard Precautions still apply while using Enhanced Barrier Precautions. For example, if splashes and sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves. Review of the facility policy titled Enhanced Barrier Precautions, revised 3/31/25, indicated: (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-High-contact Resident care activities requiring gown and glove use for Enhanced Barrier are defined as: dressing, bathing/showing, transferring, providing hygiene care, changing linens, changing briefs, or assisting with toileting, and device care that includes Central Venous Access Devices, Urinary catheters, gastrostomy tubes, and wound care that requires dressing. -Wounds generally include chronic wounds. -Use gowns and gloves while providing high contact care activities. Review of the facility policy titled Enhanced Barrier Precautions, revised 4/29/20, indicated: -All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. -Use an alcohol-based hand rub containing at least 62% alcohol, or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a) After removing gloves. b) After handling used dressings, contaminated equipment, etc. 1) Resident #33 was admitted to the facility in October 2025 with diagnoses including Malignant Neoplasm of Bone. Review of Resident #33's November 2025 Physician orders indicated: -Coccyx: wash with warm wound cleanser, pat dry, apply Calcium Alginate to wound bed followed by dry clean dressing every day shift, start date 11/3/25. -Enhanced Barrier Precautions secondary to history of ESBL (Extended-Spectrum Beta-Lactamase bacteria) in urine, start date 11/3/25. On 11/20/25 at 1:00 P.M., the surveyor observed the following while Nurse #1 was providing wound care for Resident #33: -Nurse #1 washed her hands with soap and water and donned a gown and gloves. -Nurse #1 repositioned the Resident to his/her side, then removed the Resident's old dressing from his/her wound. -Nurse #1 doffed her gloves then donned new gloves without performing hand hygiene. -Nurse #1 cleansed the wound bed, doffed her gloves and donned new gloves without performing hand hygiene. -Nurse #1 applied the new treatment to the Resident's wound, reached into her pocket while still wearing soiled gloves, removed a pen and dated the wound dressing. -Nurse #1 doffed her gloves and donned new gloves without performing hand hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Nurse #1 repositioned Resident #33 in bed. During an interview on 11/20/25 at 1:30 P.M., Nurse #1 said she performed hand hygiene before beginning the dressing change for Resident #33 and did not perform hand hygiene between doffing and donning new gloves. Nurse #1 said she should have performed hand hygiene before donning new gloves, but she did not. 2) Resident #89 was admitted to the facility in July 2025 with diagnoses including Crohn's disease. Review of Resident #89's November 2025 Physician's orders indicated: -Enhanced Barrier Precautions (EBP) secondary to ESBL in urine, start date 7/16/25. On 11/19/25 at 9:25 A.M., the surveyor observed an EBP sign at Resident #89's door. The surveyor observed CNA (Certified Nurse's Aide) #1 and CNA #2 transferring Resident #89 from bed to chair with a Hoyer lift (mechanical device that helps people with mobility issues transfer safely between surfaces). The surveyor further observed that neither CNA #1 nor CNA #2 was wearing a protective gown while transferring Resident #89 from the bed to the chair. During an interview on 11/19/25 at 9:43 A.M., CNA #1 said she had removed her gown to look for a Hoyer lift and did not don a new gown to transfer Resident #89 from the bed to the chair but should have. During an interview on 11/19/25 at 9:45 A.M., CNA #2 said she should have worn a gown to transfer Resident #89, but she did not. During an interview on 11/19/25 at 9:50 A.M., Nurse #1 said Resident #89 was on EBP for ESBL in the urine. Nurse #1 said CNA #1 and CNA #2 should have a gown on during the Hoyer lift transfer of the Resident, but they did not. Review of the facility policy titled, Transmission Based Precautions, revised 5/5/23, indicated: -Droplet Precautions: used for diseases or germs that are spread into tiny droplets caused by coughing and sneezing (examples: respiratory MRSA pneumonia, influenza, whooping cough, bacterial meningitis, RSV, Covid-19) -When Transmission Based Precautions (TBP- second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission) are implemented, the Infection Preventionist (or designee): >Clearly identifies the type of precautions, the anticipated duration, and the personal protective equipment (PPE) that must be used. >Determines the appropriate notification on the room entrance door so that personnel and visitors are aware of the need for and type of precautions. -Source control: put a mask on the patient. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Use personal protective equipment (PPE) appropriately. [NAME] mask upon entry into the patient room or patient space. 3) Resident #78 was admitted to the facility in September 2025 with diagnoses including Methicillin Resistant Staphylococcus Aureus (MRSA) of the nares. Review of the Resident #78's November 2025 Physician Orders indicated: -Maintain Droplet Precautions for +(positive) MRSA nasal every shift, initiated 9/24/25. On 11/20/25 at 10:29 A.M., the surveyor observed the following: -Signage outside Resident #78's room that indicated: *Droplet Precautions: >Perform hand hygiene before entering room and exiting room >Mask while in room >Apply a new gown before entering room and remove it when leaving room -CNA #3 was wearing a mask, did not perform hand hygiene, and did not don a gown prior to entering Resident #78's room. -CNA #3 stood at Resident #78's bedside and then removed the Resident's breakfast tray and exited the room. -CNA #3 did not perform hand hygiene upon exiting the Resident's room. -CNA #3 did not remove her mask or don a new mask upon exiting the room. During an interview on 11/20/25 at 10:29 A.M., CNA #3 said she did not know why Resident #78 was on Droplet Precautions, but according to the signage outside of the Resident's room, she should have performed hand hygiene, donned gloves, and donned a gown before entering the room, CNA #3 said she should have performed hand hygiene when exiting the room but did not because she was picking up a breakfast tray. During an interview on 11/20/25 at 10:33 A.M., Unit Manager (UM) #1 said CNA #3 should have performed hand hygiene and donned PPE according to the signage outside of Resident #78's room, even if the CNA was just picking up a breakfast tray. During an interview on 11/21/25 at 1:18 P.M., the Infection Preventionist (IP) said staff should be donning and doffing PPE according to the signage outside Resident #78's room. The IP said that CNA #3 should have washed her hands prior to entering and exiting the room and should have changed her mask when leaving the room to prevent spreading the infection to another person.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide care and services consistent with professional standards of practice for one Resident (#74) of two applicable residents who require hemodialysis, and have a Central Venous Catheter (CVC - a flexible tube inserted into a large vein in the chest for exchanging blood between a patient and a hemodialysis machine), out of a total sample of 24 residents.Specifically, for Resident #74, the facility failed to ensure that an emergency kit including a non-toothed clamp was always available at the Resident's bedside as ordered by the Physician, when a CVC catheter was in use, for the management of dialysis emergencies related to the CVC catheter. Findings include: Resident #74 was admitted to the facility in April 2025, with diagnoses including dependence on renal dialysis, End Stage Renal Disease (ESRD), and Anemia. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #74:-was cognitively intact as evidenced by a Brief Mental Status (BIMS) score of 13 out of a possible score of 15.-was receiving Dialysis treatment. Review of Resident #74's November 2025 Physician's orders indicated:-Dialysis on Monday, Tuesday, Wednesday, Thursday, and Friday, start date 4/25/25.-Non-toothed clamp at bedside at all times when dialysis catheter is in use, start date 4/25/25. Review of the November 2025 Medication Administration Record (MAR) indicated that Resident #74 received dialysis every Monday, Tuesday, Wednesday, Thursday, and Friday. On 11/19/25 at 10:18 A.M., the surveyor observed Resident #74 sitting in a wheelchair in his/her room. The surveyor observed a Central Venous Catheter (CVC) with a dressing on the Resident's right chest wall. The surveyor did not observe an emergency non-toothed clamp or any other emergency supplies in Resident #74's bedroom. During an interview at the time, Resident #74 said he/she went to dialysis at 7:00 A.M on Mondays, Tuesdays, Wednesdays, Thursdays and Fridays. Resident #74 further said he/she was unsure of what an emergency non-toothed clamp was. On 11/20/25 at 10:45 A.M., the surveyor failed to observe an emergency non-toothed clamp in Resident #74's bedroom. During an interview at the time with Unit Manager (UM) #2, the surveyor asked if there were any emergency supplies available in the event of any bleeding emergency related to the Resident #74's dialysis CVC site. UM #2 said that there should be a non-toothed clamp available and mounted on the back of the Resident's headboard. The surveyor and UM #2 were unable to locate an emergency non-toothed clamp or any other supplies for use in the event of a bleeding emergency related to the Resident's CVC, mounted on the Resident's headboard or anywhere else in the Resident's bedroom. UM #2 said the emergency supplies including a non-toothed clamp should be available in the Resident's bedroom and unit but there was none. During an interview on 11/20/25 at 12:58 P.M., the Director of Nursing (DON) said that there should be emergency supplies including a non-toothed clamp mounted on the back of the headboard for any Resident with dialysis access ports.