

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Whittier Westborough Transitional Care Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Flanders Road Westborough, MA 01581	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47901</p> <p>Based on observations, interviews, and policy review, the facility failed to maintain an infection prevention and control program designed to help prevent the potential transmission of communicable diseases and infections within the facility for four Residents (#80, #121, #124, and #126), out of a total sample of 17 residents. Specifically, the facility failed to clean and disinfect multi-use equipment after use between Resident #126 and Resident #80 and who were on Enhanced Barrier Precaution (an infection control strategy that uses personal protective equipment (PPE) to reduce the spread of multidrug-resistant organisms between residents) prior to using the same equipment on two other Residents (#121 and #124).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Cleaning of Reusable Equipment, revised October 2020, included the following:</p> <p>-Reusable items that come in contact with skin, but no mucous membranes should be cleaned using the approved facility disinfectant wipes or spray and dried thoroughly before re-use.</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, dated 4/1/24, included the use of Personal Protective Equipment (PPE) and refer to the use of gown and gloves during high-contact care that provide opportunities to transfer Multi-Drug Resistant Organisms (MDROs: infection causing bacteria that have become resistant to antibiotics and are easily transmitted to others).</p> <p>On 5/16/24 at 8:25 A.M., the surveyor observed Nurse #1 taking the blood pressure of Resident #126. There was a sign outside the Resident's door indicating he/she was on Enhanced Barrier Precaution. The Nurse removed the blood pressure cuff from the Resident, placed the cuff in the blood pressure machine, without cleaning or disinfecting the cuff or the machine, and left the blood pressure machine in the hallway.</p> <p>On 5/16/24 at 8:31 A.M., the surveyor observed Nurse #1 enter Resident #121's room with the blood pressure machine that was in the hallway. He checked the Resident's blood pressure, exited the room with the blood pressure cuff and machine, and left the blood pressure machine in the hallway, without cleaning or disinfecting the cuff and the machine and continued with his medication pass.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Whittier Westborough Transitional Care Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Flanders Road Westborough, MA 01581	
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 - Some</p>	<p>On 5/16/24 at 8:47 A.M., the surveyor observed Nurse #1 enter Resident #80's room, with the same blood pressure machine and cuff. There was an Enhanced Barrier Precaution sign outside the Resident's door. Nurse #1 applied the blood pressure cuff to the Resident, obtained the Resident's blood pressure, removed the cuff, and placed it in the blood pressure machine. Nurse #1 came out of the room, did not clean or disinfect the cuff or the machine and left it in the hallway, sanitized his hands and continued with his medication pass.</p> <p>On 5/16/24 at 8:59 A.M., the surveyor observed Nurse #1 enter Resident #124's room with the same blood pressure machine and cuff. The Nurse obtained the Resident's blood pressure, removed the cuff, placed the cuff in the blood pressure machine, came out of the room and left the cuff and machine in the hallway, and did not clean or disinfect the machine and the cuff.</p> <p>During an interview on 5/16/24 at 9:08 A.M., Nurse #1 said he should have cleaned and disinfected the blood pressure cuff and the blood pressure machine before and after using it on the Residents but he did not.</p> <p>During an interview on 5/16/24 at 10:48 A.M., the Director of Nurses (DON) said Nurse #1 was the Infection Preventionist and should have cleaned and disinfected the blood pressure cuff and machine per the facility's policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Whittier Westborough Transitional Care Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Flanders Road Westborough, MA 01581	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>47901</p> <p>Based on interviews, the facility failed to ensure its staff designated an Infection Preventionist (IP) who had completed specialized training in infection prevention and control prior to assuming the role of IP at the facility. Specifically, the facility designated an IP who had not completed specialized training in Infection Prevention and Control before assuming the IP role and continued to work as the designated IP at the facility.</p> <p>Findings include:</p> <p>During an interview on 5/15/24 at 7:54 A.M., the Director of Nurse (DON) said that the facility had a designated IP (Nurse #1) who has been an IP in the facility for two years and would provide proof of specialized training.</p> <p>During an interview on 5/16/24 at 10:00 A.M., the DON said she was not able to provide evidence of the IP's specialized training and or certification. The DON said the IP was working on the floor as a nurse.</p> <p>The facility failed to provide the surveyors with any evidence of the IP's specialized training in infection prevention and control prior to their exit from the facility.</p>