

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225242</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTBOROUGH HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8 COLONIAL DRIVE WESTBOROUGH, MA 01581</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation and interview the facility failed to ensure laboratory services followed appropriate infection control practices to avoid the potential spread of COVID-19 after obtaining a resident blood sample. Findings include: During an interview with the Director of Nursing on 6/30/20 at 8:15 A.M., she said that it was expected that all staff and essential visitors (doctors, x-ray techs, etc) on resident units (with the exceptions of residents) wear full Personal Protective Equipment (PPE) including gowns, eye protection, and masks, to prevent the potential spread of COVID-19. On 6/30/20 at 9:05 A.M., the surveyor observed Laboratory Tech #1 in room [ROOM NUMBER] obtaining a blood sample from the resident in the bed by the window. A sign outside of room [ROOM NUMBER] indicated that both residents in room [ROOM NUMBER] were on quarantine. After obtaining the blood sample, Laboratory Tech #1 exited room [ROOM NUMBER] without removing her gloves or gown or [MEDICATION NAME] hand hygiene and stood in the hallway just outside the room. Laboratory Tech #1 then stored the blood sample in her kit and removed her gloves and held them in her hand as she walked to the nurses station where she placed paperwork in a resident's chart. Laboratory Tech #1 then threw her soiled gloves away in the medication cart trash, did not perform hand hygiene, and began walking toward the elevator. The surveyor then approached Laboratory Tech #1 who said that she had obtained the cloth gown from staff downstairs before she had come to the unit. Laboratory Tech #1 said she would remove the gown on the ground floor before she left the building. Laboratory Tech #1 then abruptly got on the elevator and left the unit. During an interview with the Director of Nursing on 6/30/20 at 10:30 A.M., she said that Laboratory Tech #1 should have removed her gloves while in room [ROOM NUMBER] and immediately performed hand hygiene before leaving the room.</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.