

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VICTORIA HAVEN NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>137 NICHOLS STREET NORWOOD, MA 02062</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations/interviews and record review, the facility failed to properly screen staff prior to beginning their shift for fever and signs/symptoms of illness per facility policy and Centers for Disease Control (CDC) guidelines on ways to prevent Covid-19 transmission by symptomatic and pre-symptomatic persons. Findings include: Upon entrance to the facility on [DATE] at 6:58 A.M. the surveyor observed Nurse #1 entering the facility and Nurse #1 instructed the surveyor on the screening process. Nurse #1 said that staff take their own temperatures (digital scan thermometer left on a small table in the entry with a binder) and then they fill in the form: name, record their temperature, and complete the required information. Nurse #1 said that this is the facility's routine screening process for oncoming staff. We take our own temperatures, and document the information required. Review of the facility's policy, titled [MEDICAL CONDITION] and Influenza, Essential Staff Restriction Baseline Questionnaire, dated Revised 3/25/2020, indicates that everyone must have temperature taken every day by the charge nurse and staff must please answer the questions as a baseline. The questions address: symptoms, contact, recent travel and temperature. Question #4: indicates your current temperature must be taken by a nurse on duty and must be less than 100.4. degrees Fahrenheit. The Policy indicates if you answered Yes to any of the questions, please do not enter the building. During interview on 6/22/2020 at 9:30 A.M., the Director of Nurses' said that the screening process, prior to beginning their shift, is as follows: staff take their own temperature, record it and answer the baseline questions which includes: symptoms, contacts, recent travel and temperature prior to beginning work.		
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.