

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER VERO HEALTH & REHAB OF HAMPDEN		STREET ADDRESS, CITY, STATE, ZIP 34 MAIN STREET HAMPDEN, MA 01036	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility staff failed to ensure infection control practices were maintained to help prevent the development and transmission of communicable diseases. The facility did not immediately screen the surveyor upon entrance to the building. Findings include: Upon arrival to the facility at on 7/2/20 at 7:10 A.M., the surveyor phoned the facility as instructed by the sign on the door. The door was open and the surveyor was given a code to enter the nursing unit. The surveyor was not instructed to go to another door of the facility. The surveyor entered the lobby area. The surveyor then observed a staff member on a resident unit through a window in the lobby area. The staff member motioned for the surveyor to go onto the unit, but the surveyor refused. The staff member then opened the door and the surveyor explained that she had entered the facility and was waiting to be screened. The Administrator, who was in the building, came to the lobby and screened the surveyor and said the surveyor should have been screened upon entrance to the facility and not on the nursing unit.		

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.