STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225586	A. Building B. Wing	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westford Nursing and Rehabilitation Center	3 Park Drive Westford, MA 01886

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. 42741 Based on policy review, interview, and record review, the facility failed to implement screening (assessing) for signs and symptoms of COVID-19 during a COVID-19 outbreak for one Resident (#3) out of a total sample of five residents. Specifically, for Resident #3, the facility failed to ensure that the Resident was being screened every shift for signs and symptoms of COVID-19 while the unit he/she resided on, was conducting outbreak testing. Findings include: Review of the facility policy titled Coronavirus Disease (COVID-19)-Testing Residents, revised 4/1/23, indicated the following: -During an outbreak, all residents on the unit with a positive COVID-19 individual are screened for COVID-19 signs and symptoms every shift to more rapidly detect those with new signs and symptoms. Resident #3 was admitted to the facility in September 2023. During the entrance conference on 12/5/23 at 7:55 A.M., the Director of Nurses (DON) said outbreak testing throughout the entire facility began on 11/16/23. During an interview on 12/5/23 at 11:17 A.M., Unit Manager (UM) #1 said the facility's procedure during outbreak testing was to monitor all residents for signs and symptoms of COVID-19 each shift, and this included assessing for a fever, taking oxygen saturations levels, and monitoring for changes in respiratory status. UM #1 said each Resident should have an order in place to monitor for signs and symptoms of COVID-19. She further said this information was to be documented on the Medication Administration Record (MAR) for each resident, each shift, after the Nurse assessed the resident. Review of Resident #3's November 2023 Physician's orders indicated no Physician's order in place from 11/16/23 through 11/30/23 to monitor the Resident for signs and symptoms of COVID-19. Review of Resident #3's November 2023 MAR indicated no documentation as required, that he/she was monitored for signs and symptoms of COVID-19 from 11/16/23 through 11/30/23. (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/5/23 at 11:24 P.M., the surveyor and the Infection Preventionist (IP) reviewed Resident #3's medical record. The IP said she was unable to locate any documentation that the Resident was being monitored for signs and symptoms of COVID-19 from 11/16/23 through 11/30/23. She said it appeared the order to monitor for signs and symptoms of COVID-19 had fallen off [sic] from the Physician's orders and she was unsure why, but that it had been re-added on 12/1/23. The IP further said the Resident should have documentation to show that he/she was being monitored for signs and symptoms of COVID-19 each shift from 11/16/23 through 11/30/23, but there was no documentation as required.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741 Based on interview, record review, and policy review, the facility failed to offer the Pneumococcal Vaccination as required to one Resident (#4) out of a total sample of five residents. Specifically, for Resident #4, the facility failed to ensure the Resident was offered the Pneumococcal Vaccination at the time of admission or shortly thereafter, putting the Resident at risk for developing facility acquired Pneumonia. Findings include: Review of the facility policy titled Pneumococcal Vaccine, revised March 2023, indicated the following: -Assessments of Pneumococcal Vaccination status are conducted within thirty (30) days of the resident's admission if not conducted prior to admission. -Administration of the Pneumococcal Vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of vaccination. Review of the CDC Pneumococcal Vaccine Timing for Adults Schedule, dated 3/15/23, indicated the following: -Adults aged 19 to 64 with chronic health conditions who have not received any previous Pneumococcal Vaccination should receive the Pneumococcal Vaccine 20-Valent (PCV20) or the 15-Valent Pneumococcal Conjugate Vaccine (PCV15) followed a year later by the Pneumococcal Polysaccharide 23 Vaccine (PPSV23). -Chronic health conditions included those who smoked cigarettes. Resident #4 was admitted to the facility in June 2023, and was between the ages of 19 to 64. Review of the Smoking assessment dated [DATE], indicated Resident #4 was an independent smoker. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating he/she was cognitively intact. During an interview on 12/5/23 at 10:50 A.M., Resident #4 said he/she had been residing at the facility for a few months, was a smoker, and was unsure if the facility had offered him/her a Pneumococcal Vaccination. He/she further said that he/she was unsure what the Pneumococcal Vaccination was and would like to learn more about the vaccine. Review of the Resident's medical record indicated no documentation that the Resident had any previous Pneumococcal Vaccination or that the Resident had been offered a Pneumococcal Vaccine at the time he/she was admitted to the facility, or shortly thereafter. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/5/23 at 12:26 P.M., the Infection Preventionist (IP) said that at the time a resident is admitted to the facility the Pneumococcal Vaccination consent form should be completed. The IP said she reviewed the Resident's medical record and was unable to find the Pneumococcal Vaccination consent form. She further said if at the time of admission the Resident was unable to complete the form, then the Resident should have been re-approached to complete the form and this had not happened as required.