

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR HEALTH AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 581 POQUONOCK AVE WINDSOR, CT 06095	
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 - Immediate jeopardy Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review, facility documentation and staff interviews for four of four residents (Residents #1, #2, #3 and #4) who had been recently admitted to the facility and were receiving a specialized treatment in the community three times a week, the facility failed to implement the necessary transmission-based precautions to prevent and control the spread of COVID-19, resulting in a finding that constituted Immediate Jeopardy. The findings include: Interview with the Director of Nursing and the Facility Administrator and review of the facility's COVID-19 Tracking Line List on 5/22/20 at 11:00 AM indicated the seventy-nine residents who currently resided in the facility were cohorted on four units that were designated as the following: a unit with residents who were COVID-19 positive, a unit with residents who had recovered from COVID-19 and two COVID-19 negative units. A tour of the North Unit and further review of the facility's COVID-19 Tracking list with the Director of Nursing on 5/22/20 at 11:45 AM identified that although the North Unit had been designated as a negative unit, four of the sixteen residents residing on the unit (Residents #1, #2, #3, #4) were receiving a specialized treatment in the community and had experienced possible exposure to COVID-19. Record review identified that Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An inter-agency patient referral report dated 5/19/20 directed that the resident receive [MEDICAL TREATMENT] every Tuesday, Thursday, and Saturday at 3:45 PM. Further record review identified that Resident #1 received [MEDICAL TREATMENT] in the community on 5/21/20. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Further record review identified that Resident #2 received [MEDICAL TREATMENT] in the community on 5/15/20, 5/18/20, 5/20/20 and 5/22/20. Resident #3 was admitted on [DATE] with [DIAGNOSES REDACTED]. An inter-agency patient referral report dated 5/11/20 further identified a [DIAGNOSES REDACTED]. The inter-agency referral report directed that the resident receive [MEDICAL TREATMENT] every Monday, Wednesday and Friday. Further record review identified that Resident #3 received [MEDICAL TREATMENT] in the community on 5/13/20, 5/15/20, 5/18/20, 5/20/20 and 5/22/20. Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An inter-agency patient referral report dated 5/15/20 directed that the resident receive [MEDICAL TREATMENT] every Tuesday, Thursday and Saturday. Further record review identified that Resident #4 had received [MEDICAL TREATMENT] in the community on 5/16/20, 5/19/20 and 5/21/20. Observations made on the North Unit on 5/22/20 at 11:50 AM identified Nurse Aide #1 leaving the room of Resident #4 with soiled linen without the benefit of personal protective equipment except for a KN95 facemask. Further observations failed to identify any signage with instructions regarding the specific transmission-based precautions that were required for Resident #4 or the necessary personal protective equipment (PPE) (e.g. protective gowns, face shields) or isolation carts containing supplies that were to be used when providing care. Interview with NA #1 immediately following the observation on 5/22/20 at 11:50 AM indicated she thought the North Unit was a COVID-19 negative unit, and there were not any residents on the unit who were being provided with transmission-based precautions. NA #1 further stated she had been informed that since the North Unit was a COVID-19 negative unit, it was not necessary to wear personal protective equipment except for a facemask and gloves while providing care to residents. NA #1 further indicated that there had not been any isolations carts with personal protective equipment on the unit when she reported for duty on the first shift on 5/22/20. Interview with Housekeeper #1 on 5/22/20 at 12:05 PM identified that although she was wearing a surgical mask which was covered by a cloth mask, she was unaware of a need to wear any additional personal protective equipment (e.g. isolation gown, face shield) while cleaning the rooms of Residents #1, #2, #3 and #4. Interview with LPN #1 on 5/22/20 at 12:20 PM indicated that she thought the residents on the North Unit were COVID-19 negative. LPN #1 stated she had been informed that only a surgical facemask and gloves were needed when providing care to the residents on the Unit. LPN #1 further identified that isolation carts containing personal protective equipment (PPE) had not been on the North Unit when she arrived at work for the first shift on 5/22/20. She stated that at approximately 11:00 AM she was informed Residents #1, #2, #3, #4 were to be observed for possible symptoms of COVID-19 for fourteen days, and at that time the facility began to place isolation carts with PPE outside resident rooms. Interview with the Director of Nursing and Facility Administrator on 5/22/20 at 12:55 PM indicated they were under the impression that if a resident had two COVID-19 negatives tests at the hospital prior to admission, the residents were to be monitored for signs and symptoms of COVID-19 every shift but did not require transmission-based precautions. Further interview with the Director of Nursing and the Facility Administrator on 5/22/20 at 3:50 PM indicated that prior to the surveyor's unannounced visit on 5/22/20, the Administrator had contacted the Medical Director via email to obtain direction regarding the precautions that were to be implemented for residents receiving specialized treatments in the community. The Administrator indicated that she had not received a response. Subsequent to surveyor inquiry, the use of the necessary personal protective equipment was initiated, signage that identified the need for transmission-based precautions was posted on residents' doors, isolation carts with necessary personal protective equipment were placed outside resident rooms, and the re-education of the staff on duty was initiated. A plan was established for the immediate re-education of all staff in all departments who were on duty at the time and the re-education of all staff before the start of their shift. According to the Centers for Disease Control and Prevention (CDC), Coronavirus Disease 2019, updated May 11, 2020, nursing home residents should be cohorted on separate units or areas: positive, negative and exposed. Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated. CDC guidance also identified that nursing homes should establish a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Based on observations and review of facility documentation subsequent to surveyor inquiry, Immediate Jeopardy was removed on 5/22/20 at 4:35 PM.</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.