

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER SALMON BROOK REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 72 SALMON BROOK DRIVE GLASTONBURY, CT 06033	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews with staff, the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection. The findings include: Review of Resident #1's clinical record identified that resident was hospitalized from [DATE] until 7/1/20 for a [MEDICAL CONDITION], and had a negative COVID-19 test on 6/29/20 (2 days before being discharged from the hospital to the facility). Review of a nurse's note dated 7/6/20 at 12:27 PM identified that Resident #1 was observed on the floor with an open area to the head and elbow with a small amount of bleeding. Resident #1 was alert and verbal and able to move all extremities. The Advanced Practice Registered Nurse (APRN) evaluated Resident #1 and directed to transfer the resident to the hospital. Observation on 7/6/20 with the Director of Nurses (DON) on the COVID-19 observation unit at 12:15 PM identified Nurse Aide (NA) #1 in Resident #1's droplet precaution room with a short sleeve(NAME)on with her arms exposed. NA #1 identified that she was in the room with Resident #1 who had a fall, and was staying with the resident while the nurse went to fill out the paperwork to send the resident to the hospital. NA #1 could not identify why she did not have a long sleeve isolation gown on while in the room with the resident. Observation on 7/6/20 with the DON at 12:22 PM identified Registered Nurse (RN) #1 in Resident #1's room (a droplet precaution room) speaking with the Emergency Medical Technicians (EMT's) and in close proximity (approximately a foot away) from Resident #1 who was on the stretcher. RN #1 lacked an isolation gown and a face shield. Further observation on 7/6/20 at 12:30 PM identified that the EMT's had taken Resident #1 from the observation unit, through a negative unit and into the lobby area, without a mask. Interview with the DON on 7/6/20 at 1:00 PM identified that Resident #1 was placed under observation on droplet precautions because of a hospital stay. She identified that any time staff enters an observation room that is on droplet precautions staff should be wearing a surgical mask, a long sleeved isolation gown and a face shield. The DON further identified that the staff should have placed a mask on Resident #1 before the resident left the room and was taken down a unit with negative residents and into the lobby. Review of Centers for Disease Control guidelines identify that a mask, eye protection, and a gown should be worn during care of any resident under observation and residents that leave their room should be wearing facemasks.		
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.