

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER CASSENA CARE AT STAMFORD		STREET ADDRESS, CITY, STATE, ZIP 53 COURTLAND AVENUE STAMFORD, CT 06902	
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	<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 review facility documentation, facility policy, and interviews the facility failed to ensure weekly COVID 19 testing for 100% of staff according to established requirements. The findings include: Review of facility documentation dated 7/10/20 identified Resident #1, 2 and 3 tested positive for COVID 19. Weekly staff COVID 19 testing continued 7/16, 7/23, and 7/30/20. According to the documentation, the facility suspended staff COVID 19 testing on 7/30/20. Review of the weekly staff testing log dated 7/9/20 through 7/30/20 identified that while NA #1 and NA #2 had been tested two consecutive weeks dated 7/9/20 and 7/16/20, they were not tested on [DATE] or 7/30/20. Interview with RN #1 at 11:00 AM identified NA #1 and NA #2 had two consecutive weeks of testing dated 7/9/20 and 7/16/20. Additionally, the facility was informed by the care partner that they had met the 14-day criteria. NA #1 and NA #2 had been on vacation 7/23/20 through 7/30/20 when testing would have been conducted, and testing did not occur when they returned. NA #1 and NA #2 have worked at least one shift following 7/30/20. Review of the State of Connecticut Department of Public Health Covid-19 infection control and testing guidance for nursing homes identified: CDC recommends repeat testing of all previously negative staff and resident until no new cases of Covid-19 are identified for 14 days. CMS similarly recommends weekly testing of all staff and testing of all residents until all residents test negative. Consistent with CDC and CMS, DPH also recommends weekly retesting of previously negative resident and staff until no new cases are identified for 14 days. Nursing Homes should document their testing plans, as well as dates and testing results. To conform with CMS guidance, nursing homes that do not have a plan in place should immediately begin to develop a strategy to implement regular testing of staff. DPH is available to assist nursing homes in formulating their plans.</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.