

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT GREENWICH		STREET ADDRESS, CITY, STATE, ZIP 1188 KING STREET GREENWICH, CT 06831	
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 observation, review of facility documentation, facility policy and interviews, the facility failed to ensure staff screening prior facility entry and for 1 resident (Resident #1) the facility failed to appropriately cohort the resident.</p> <p>The findings include: 1. Observation on 10/19/20 at 9:45 AM identified although NA #1 was on the daily staff roster, he was not at his assigned unit, (B wing). Interview with the ADNS on 10/19/20 at 9:45 AM identified she saw NA #1 on B wing this morning during breakfast. The ADNS indicated the last time she saw NA #1 on B wing was when she asked NA #1 to get a resident a cup of coffee. A tour and a search of the facility on 10/19/20 at 9:55 AM with the National Guard, DNS, ADNS and the facility staff identified NA #1 was not on in the building. Review of the screening questionnaire form and the temperature log failed to reflect that NA #1 had been screened and/or had his temperature taken prior to entering the building. Interview with the Receptionist on 10/19/20 at 9:56 AM identified he took NA #1's temperature just after 8:00 AM and his temperature was 97.9 F. The Receptionist identified he was not aware NA #1 did not document his temperature on the temperature and signature form, and failed to fill out the staff questionnaire form. The Receptionist indicated he reminded NA #1 to fill out the forms. Interview with the Administrator on 10/19/20 at 10:10 AM identified she was not aware NA #1 was not in the facility and did not complete the screening/temperature check before entering this morning. On 10/19/29 at 10:15 AM, NA #1 checked in with the National Guard in the facility conference room. Interview with NA #1 on 10/19/29 at 10:40 AM identified although he was in the building earlier, he did not fill out the staff screening forms. NA #1 indicated he had an appointment to go to so he did not punch in but could not identify why he did not fill out the staff screening forms. Interview with RN #1 on 10/19/20 at 10:35 AM identified he was not aware NA #1 had left the facility and had not completed the staff screening forms when he entered the facility that morning. Interview with LPN #1 and observation on 10/19/20 at 12:35 PM identified she saw NA #1 this morning during breakfast. LPN #1 indicated after the breakfast trays were picked up, NA #1 brought the food cart back to the kitchen. LPN #1 indicated she does not remember the time and that was the last time she saw NA #1 this morning. LPN #1 indicated NA #1 was assigned to a total of 8 residents on B wing. LPN #1 indicated at approximately 10:30 AM, NA #1's assignment was distributed among the other nurse aides on the wing and morning care was provided to the residents. Observation with LPN #1 on B wing on 10/19/20 at 12:35 PM of NA #1's assigned resident's identified all residents were up, dressed and well groomed. Interview with the DNS on 10/19/20 at 12:50 PM identified she was not aware NA #1 was not in the facility and that he failed to complete the staff screening. The DNS indicated all staff are to complete the staff screening prior to their shift. Review of the resident and healthcare testing policy identified active surveillance for respiratory infection (cough, fever, sore throat) among residents and healthcare personnel. Healthcare Personnel (HCP) temperature screening and surveillance questionnaire will be completed upon arrival to facility. All Healthcare Personnel (HCP) are encouraged to follow the Workplace Restriction Policy. The facility failed to ensure NA #1 was adequately screened for Covid 19 prior to entering the building and providing care to residents. 2. Review of the daily census on 10/19/20 identified a total capacity of 75 with a census of 65. Resident #1 was admitted to the facility on [DATE] (onto the observation unit) with [DIAGNOSES REDACTED]. The admission MDS dated [DATE] identified Resident #1 had intact cognition and required extensive assistance with personal hygiene. The care plan dated 9/28/20 identified Resident #1 was at risk for infection, (Covid-19). Interventions included to follow facility protocol for Covid-19 screening and precautions. A nurse's note dated 10/11/20 at 2:06 AM identified Resident #1 completed 14 days quarantine and will remain in his/her room, family made aware. Observation on 10/19/20 at 10:21 AM, by the National Guard, identified Physical Therapist (PT#1) entered a private room on the designated observation unit without the benefit of PPE. Observation on 10/19/20 at 10:22 AM with the ADNS identified PT #1 in a room on the observation unit without the benefit of appropriate PPE providing therapy to Resident #1. Interview, review of clinical record and facility documentation on 10/19/20 at 10:25 AM with the ADNS identified Resident #1 is no longer on quarantine. The ADNS was unable to indicate the reason Resident #1 was not transferred to the negative cohort. Interview with the DNS on 10/19/20 at 1:05 PM identified she was aware Resident #1 was off quarantine on 10/8/20 and was still on the observation unit. When asked, the DNS was unable to identify why Resident #1 was not moved to the negative cohort after his/her quarantine ended on 10/8/20, 12 days ago. Interview with RN #1 on 10/22/20 at 1:52 PM identified after the completion of the 14 day quarantine, Resident #1 should have move to the negative cohort. RN #1 indicated he was told Resident #1 was to remain in the same room and wing per directives from the corporate office even though it was the observation cohort. Interview with PT #1 on 10/26/20 at 3:42 PM identified he was informed in morning meeting that Resident #1 was off quarantine approximately a week ago, and that is why he did not use PPE when providing care. Review of the admission and readmission guidance, 14 day observation, PPE and room placement identified it is the policy of this facility to follow the guidance of the CDC for admissions and readmissions for PPE and room placement. Plan for managing new admissions and readmissions whose Covid-19 status is unknown. Placement in a single room or in a room with curtain drawn while following cohorting protocols. The resident will be monitored for evidence of Covid-19. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g. date of admission). Review of the cohorting residents and PPE use policy identified the facility will cohort resident with the 3 tier approach aligned with recommendations of the State of Connecticut and CDC guidelines. Tier 1 PPE: Covid 19 positive units: Tier 1 Tier 2 PPE: Covid suspected residents, resident's newly admitted or readmitted, [MEDICAL TREATMENT] resident and residents who may have been exposed: Tier 2 Tier 3 PPE Residents who are negative and not known to be exposed to Covid-19: Tier 3 The facility failed to ensure Resident #1 was moved to the negative cohort after his/her 14th day of quarantine.</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.