

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER APPLE REHAB SAYBROOK		STREET ADDRESS, CITY, STATE, ZIP 1775 BOSTON POST RD OLD SAYBROOK, CT 06475	
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 cohort an exposed resident according to DPH recommendations, failed to ensure facility policy regarding cohorting was current and inclusive of DPH recommendations to prevent the transmission of Covid 19 to negative residents, and failed to ensure staff utilized PPE appropriately. The findings include: 1. Resident #1 was admitted to the facility on [DATE]. Laboratory results dated [DATE] identified Resident #1 tested positive for Covid 19. Facility documentation identified that on 9/22/20, when Resident #1 was identified as Covid 19 positive, he/she had a roommate, (Resident #2), and they both resided on the negative cohort. Facility documentation dated 9/22/20 identified Resident #1 was transferred to the positive cohort, however, Resident #2 remained on the negative cohort. Interview with the Administrator on 9/25/20 at approximately 9:45AM identified Resident #2 had a negative test at the same time that Resident #1 tested positive, therefore there was no reason noted to transfer the resident to the observation cohort or place the resident on transmission-based precaution. Observation on 9/25/20 identified Resident #2 was on the negative cohort and not on transmission based precautions. Subsequent to surveyor inquiry, Resident #2 was transferred to the observation cohort and placed on precautions. Review of the policy on Interim Infection Control Recommendations for Patients with Suspected or Confirmed Covid 19 directed that if a resident tests positive for Covid 19, the resident is immediately placed on transmission based precautions and cohorted in a private room or cohorted with other positive residents. If the Covid positive resident had a roommate, isolate the resident for 14 days or until the results of the Covid test, if tested. Placement is on a case by case basis balancing infection risk to other patients in the room, the presence of risk factors that increase the risk of transmission, and the potential adverse psychological impact of the infected patient. Review of policy on precautions directed that transmission-based precautions are designed for patients documented or suspected to be infected with highly transmissible microorganisms for which additional precautions beyond standard precautions are needed to interrupt transmission in the facility. The appropriate transmission-based precautions or a combination will be instituted for residents known or suspected to be infected. If a Covid19 positive resident was roomed with a roommate, isolate roommate for 14 days or till results are received. According to DPH recommendations, cohort residents into three separate units/areas, each with its unique PPE use strategy, as outlined in interim guidance from May 11, 2020, Cohort descriptions are as follows: - Positive: residents within their infectious period after testing positive for COVID-19. - Negative/unexposed: asymptomatic residents with no known exposures to COVID-19 during the 14 days prior to their negative test for COVID-19. These residents are COVID-nave and need to be physically separated from those potentially infectious. Recovered residents who meet criteria for lifting of transmission-based precautions4 can also be placed in this cohort. - Negative/exposed: residents under a 14-day quarantine due to exposure or potential exposure to COVID-19. This cohort includes individuals who tested COVID-negative but had roommates who tested COVID-positive, and new admissions or readmissions, even with negative test results. Persons Under Investigation (PUIs) may be moved into this cohort while awaiting test results, or they may stay in place. 2. Observation on 9/25/20 at 10:25AM on the observation cohort identified LPN #1 was wearing an N95 mask which was completely below her nose, only covering her mouth, additionally, LPN #1 indicated that she was not fit tested for the N95 mask she was wearing. LPN #1 indicated she had not received education on how to properly don the mask. The facility failed to properly cohort Resident #2, and failed to initiate transmission based precautions after his/her roommate tested positive for Covid 19. Additionally, the facility policy lacked current available guidance regarding cohorting and testing to ensure Covid 19 would be contained after being identified. Further, LPN #1 failed to don an N95 mask appropriately.</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.