

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER MIDDLESEX HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 RANDOLPH RD MIDDLETOWN, CT 06457	
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. Based on observation, interviews, and review of facility documentation the facility failed to ensure that facility staff had been tested for COVID 19 in accordance with State of Connecticut Executive Order 7AAA dated 6/17/20. The finding includes: Review with the DNS on 8/26/20 at 12:30 PM of facility documentation and staff schedules 8/9/20 through 8/15/20 identified 23 staff members had not been tested for COVID 19 and worked at least once during the period of 8/9/20 through 8/15/20. Interview with the administrator on 8/26/20 at 1:00 PM identified the expectation is that all employees are tested for COVID 19 weekly and are removed from the schedule if they have not been tested. The administrator identified it has been difficult to get staff to comply with testing requirements. The State of Connecticut Executive Order 7AAA dated 6/17/20 mandated that all nursing home staff who have not previously tested positive for COVID 19 shall be tested weekly until testing identifies no new cases of COVID 19 among residents or staff over a 14 day period.		
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.