

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2020
NAME OF PROVIDER OF SUPPLIER WOLCOTT HALL NURSING CTR		STREET ADDRESS, CITY, STATE, ZIP 215 FOREST ST TORRINGTON, CT 06790	
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 clinical record reviews, observations, staff interviews, and a review of the facility policies for four of eight sampled residents (Residents #1, #2, #3 and #4) who were recent admissions and resided on the suspected COVID-19 unit, the facility failed to ensure transmission-based precaution signage was posted outside of Resident #1, #2 and #4's rooms and failed to ensure precautions carts that held the supply of Personal Protective Equipment (PPE) were placed outside of Resident #3 and #4's rooms. The findings include: Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #2 who resides with Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #3 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #4 was admitted to the facility with [DIAGNOSES REDACTED]. Observations on 9/28/20 at 10:00 AM on the COVID-19 suspected unit, identified transmission-based precaution signage was not posted outside of Resident #1, #2 and #4's rooms and there were no precaution carts that held the PPE supplies outside of Resident #3 and #4's room. Observations and interview with the DON (Director of Nursing) on 9/28/20 at 11:20 AM, she identified transmission-based precaution signage was not posted outside of Resident #1, #2 and #4's rooms and precaution carts were not in place outside of Resident #3 and #4's rooms. The DON indicated transmission-based precaution signage should be posted outside of the residents' rooms and precaution carts should have been in place. Interview with the Infection Preventionist on 9/28/20 at 11:38 AM, she was unable to identify why transmission-based precaution signage was not posted outside of the Resident #1, #2 and #4's rooms and why precaution carts were not placed outside of Resident #3 and #4's rooms. The Infection Prevention Nurse further identified transmission-based precaution signage should have been posted and precaution carts should have been placed outside of the Resident's rooms. Subsequent to the surveyor inquiry, transmission-based signage and precaution carts were in place outside of the resident rooms. A review of the facility policy for Infection Prevention and Control Recommendation for Patients with suspected or confirmed COVID-19, identified transmission-based precautions were 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 (Airborne, Droplet, and Contact Precautions) or a combination would be instituted for patients known or suspected to be infected and or based on CDC, State and federal Guidelines. The facility would ensure transmission-based precautions would be instituted for known or suspected Covid-19 residents.</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.