

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2020
NAME OF PROVIDER OF SUPPLIER NEW LONDON SUB-ACUTE AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 88 CLARK LANE WATERFORD, CT 06385	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews with staff, the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection. The findings include: a. Observations upon entry to the facility on [DATE] at 10:10 AM failed to identify an area for staff or visitors to be monitored when entering the building. Upon finding the RN Supervisor (RNS) in an office approximately 5 minutes later, the surveyor inquired where the station was for staff and visitors to be checked prior to entering the facility. The RNS stated that staff and visitors needed to come to the supervisor's office if there was no staff person at the front desk. The RNS stated that staff come in from the back door and walk about 75 feet into the facility to be monitored and complete a questionnaire. After speaking with the RNS for approximately 5 minutes the thermometer was located and the surveyor's temperature was taken. b. Further observation on 4/25/20 at 10:15 AM noted that PPE supplies were spread out all over the floor in the RNS's office and Tyvek suits were noted scattered on a table. Interview with the ICN on 4/25/20 at 2:00 PM stated that these supplies were for monitoring staff and/or visitor temperatures, and included the infection control questionnaire and supplies for donning PPE. The supplies were to be organized on a table for staff to readily access them. c. Additional observations upon entry to the facility on [DATE] at 10:10 AM identified a staff member walking from the locked dementia unit to the South/East unit. The staff was observed to be in a full Tyvek suit, mask, gloves and face shield. A second staff person was observed to come from the break room hallway wearing a face shield, gloves, mask and a yellow gown. Interview with the ICN on 4/25/20 at 2:00 PM stated that when staff leave a unit they are to remove the Tyvek suit and/or yellow gown, gloves and face shield. The ICN stated that there are set up stations at each door for staff to remove the suits/gowns, bag them and sanitize their hands. The ICN stated that no staff should be walking into the break room hallway with anything on except their face mask. d. Observations on 4/25/20 at 10:30 AM while speaking with the RNS identified that the RNS removed her mask and stood less than 6 feet apart from the surveyor and started to speak, failing to maintain a face covering and appropriate distancing. The surveyor backed up and requested the supervisor reapply the face mask. Further observation identified while speaking with the RNS, a staff member walked into the facility from the back entrance without wearing face mask. Interview with the ICN on 4/25/20 at 2:10 PM stated that face masks were to be on the person's face whenever entering the building. The ICN further stated that all staff have been educated on social distancing and wearing the face mask. e. Observations during a tour of the South/East unit on 4/25/20 at 12:50 PM identified a laundry staff person entering into a COVID-19 positive room to deliver laundry with a protective gown on only up to the staff person's elbows. The gown was observed to be dragging on the floor and the staff person was noted to be pulling the gown up while entering the room. The staff person left the room, removed the gown placed it back on the pegs on the outside of the residents room door and removed the soiled gloves and placed them on the clean laundry cart under the sheet that was covering the clean linen. Interview with the ICN at that time stated that the soiled/used gloves should not have been placed on the clean PPE cart, they should have been disposed of in the trash. f. Further observations of the South/East unit on 4/25/20 at 12:50 PM noted 8 COVID positive resident rooms with cloth gowns hanging on the outside of the doors protruding into the common hallway. Additionally, signs were noted posted on the units and the doors to the units that stated No blue gowns in hallway, only in resident rooms. Interview at that time with the ICN stated that the gowns are replaced with clean gowns everyday and when a staff person goes in the room to care for a COVID positive resident, they are to Don the gown and when done, remove it and hang it back on the door for the next use. The ICN stated that some of the rooms did not have enough space to hang the gowns inside the room. Subsequent to surveyor inquiry all gowns for COVID positive rooms were relocated inside the rooms. The ICN stated that the gowns are replaced daily and the soiled ones are washed. g. Observations on 4/25/20 at 1:10 PM identified a housekeeper walking into the break room with a face shield still on. Observation on the door to break room area noted no face shields, gowns or gloves in this area. The ICN stated that no staff should be walking into the break room hallway with anything on except their face mask. The ICN at that time stated to the staff member that the face shield needed to be removed. The housekeeper was observed to come to the PPE station, remove the face shield and place it in a plastic bag. h. Observations on 4/25/20 at 1:15 PM identified housekeeping staff walking into the building without a face mask. The ICN instructed staff at that time to apply the face mask. Review of facility policy's for transmission based precautions and mask use during COVID-19 identified wearing a facial mask must not replace social distancing, all staff and residents should continue to maintain a distance of 6 feet apart from others as much as possible during all interactions and all staff will wear a surgical mask or N95 mask while on duty. Additionally the policy's identified that all staff will use proper PPE with COVID patients, including donning PPE upon room or unit entry and that properly discarding PPE before exiting the resident room or unit is done to contain pathogens.</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.