

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER CASSENA CARE AT NEW BRITAIN		STREET ADDRESS, CITY, STATE, ZIP 66 CLINIC DRIVE NEW BRITAIN, CT 06051	
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 observations, clinical record review, review of facility documentation, review of facility policy, and interviews, for two of thirteen sampled residents (Resident #1 and #3) reviewed for infection prevention during the Covid 19 pandemic, the facility failed to implement appropriate cohorting practices according to infection control practices. The findings include: a. Resident #1's [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was severely cognitively impaired, required limited assistance with bed mobility, and was totally dependent on staff for transfers and locomotion. The Resident Care Plan (RCP) dated 4/27/2020 identified a risk for COVID 19 pandemic, swab pending. Interventions directed to maintain contact/droplet isolation precautions, social distancing, and draw the curtain between the resident's beds. The nurse's note dated 4/27/2020 at 10:38 AM identified that Resident #1 was presenting with a moist, non-productive cough, runny/stuffy nose, temperature of 97.8 and an oxygen saturation level of 88 percent on room air. Resident #1 was placed on oxygen at two liters per minute and the oxygen saturation level increased to 94 percent. The Advanced Practice Registered Nurse (APRN) was contacted and ordered vital signs, chest x-ray, cough syrup, and a swab for COVID 19. The nasopharyngeal swab was obtained. Resident #1 was placed on contact/droplet precautions, and the resident representative was contacted. Resident #2's [DIAGNOSES REDACTED]. Observation and interview with the Director of Nurses (DNS) on 4/27/2020 at 12:20 PM identified that outside of Resident #1 and Resident #2's shared room there was a droplet precaution sign and personal protective equipment (PPE) bin. The DNS identified that Resident #1, according to the line list, was suspected to have the COVID 19 virus and that Resident #2 was asymptomatic. Additionally, the curtain between Resident #1 and Resident #2 was noted to be open. b. Resident #3's [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 was moderate cognitively impaired and required extensive assistance with bed mobility, transfer, and locomotion. The nurse's note dated 4/26/2020 identified that Resident #3 was noted to be weak after a shower and had difficulty with the transfer and physical therapy was notified. The Resident Care Plan (RCP) dated 4/27/2020 identified a risk for COVID 19 pandemic, swab pending. Interventions directed to maintain contact/droplet isolation precautions, social distancing and draw the curtain between the resident's beds. The physician's orders [REDACTED]. The nurse's note dated 4/27/2020 at 1:41 PM identified that Resident #3 was exhibiting a moist, but non-productive cough this morning and was complaining of occasional shortness of breath, chest tightness and was not feeling like his/herself. The APRN was notified and ordered a test for COVID 19, droplet precautions, an inhaler, chest x-ray and vital signs. Resident #4's [DIAGNOSES REDACTED]. Observation on 4/27/2020 at 12:40 PM identified that outside of Resident #3 and Resident #4's shared room there was a droplet precaution sign and personal protective equipment (PPE) bin. The DNS identified that Resident #3, according to the line list, was suspected to have the COVID 19 virus and that Resident #4 was asymptomatic. Additionally, the curtain between Resident #1 and Resident #2 was noted to be open. Interview with the DNS identified she was unsure if the privacy curtain between Resident #1 (symptomatic) and Resident #2, (asymptomatic) in one room and Resident #3 (symptomatic) and Resident #4 (asymptomatic) in a different room, should have been drawn to prevent the transmission of the COVID 19 virus. The infection control, droplet precaution policy identified, in part, that room requirement preferences for a private room were preferred, if a private room was not available, then the resident could be cohorted with a resident with the same infectious agent or share a room with a roommate with limited risk factors and the curtain should be drawn.</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.