

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER HARBOR VILLAGE NORTH HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP 78 VIETS ST EXTENSION NEW LONDON, CT 06320	
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 one of three resident rooms with newly admitted residents, Resident #1 and Resident #2 and for the only sampled resident pending COVID 19 testing, Resident #3, the facility failed to implement appropriate infection prevention strategies during the COVID 19 pandemic. The findings include: a. Resident #3's [DIAGNOSES REDACTED]. The annual Minimum</p> <p>Data Set (MDS) assessment dated [DATE] identified Resident #3 had both long and short term memory problems and was totally dependent on staff for Activities of Daily Living (ADL's). The Resident Care Plan (RCP) dated 4/21/2020 identified symptoms of and presumptive or actual [DIAGNOSES REDACTED]. The nurse's note dated 5/3/2020 at 4:18 AM identified that Resident #3 had a rectal temperature of 100.1 degrees Fahrenheit, the Advanced Practice Registered Nurse (APRN) was notified and ordered a COVID 19 test and chest x-ray. During a tour of the facility, observation, and interview with Registered Nurse (RN) #1 on 5/4/2020 at 1:00PM, it was identified that outside of Resident #3's room was a sign indicating that Resident #3 was on transmission based precautions and a blue gown was hanging from a hook inside of the room. Licensed Practical Nurse (LPN) #1 was in Resident #3's room without the benefit of a protective gown or face shield. LPN #1 was wearing a short-sleeved hospital gown, facemask, and eyeglasses. Interview and review of facility policy with RN #1 and LPN #1 identified that Resident #3 required transmission based precautions. LPN #1 identified that he/she had gone into Resident #3's room to see why his/her tube feeding device was beeping. LPN #1 identified that he/she did not require a face mask or gown to care for Resident #3 because he/she wasn't going to be in the room long. LPN #1 identified that wearing a gown and face shield for COVID 19 suspected residents depended on the length of time that he/she was in the room. RN #1 identified that PPE did not depend on the length of time staff were in the room and that LPN#1 should have been wearing a face shield and the gown that was hanging in the room while taking care of a resident with suspected COVID 19. b1. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Resident Care Plan (RCP) dated 5/1/2020 identified symptoms of and presumptive or actual [DIAGNOSES REDACTED]. A late entry nurse's note dated 5/2/2020 at 3:08 AM identified Resident #1 was on droplet precautions. b2. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was without cognitive impairment and required limited assistance with ADL's. The Resident Care Plan (RCP) dated 4/30/2020 identified symptoms of and presumptive or actual [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. During a tour of the facility, observation, and interview with RN #1 on 5/4/2020 at 1:10 PM, a transmission based precaution sign was noted outside of Resident #1 and Resident #2's room. The curtain between Resident #1 and Resident #2 was approximately one quarter drawn. Resident #2 was noted to be sitting in his/her wheelchair beyond the end of the curtain watching television and Resident #2's face was noted to be in view to him/her. Resident #2 turned to speak with Resident #1 and was noted to be face to face with Resident #2. Neither Resident #1 nor Resident #2 were wearing a face mask, and the residents were noted to have less than a six foot social distance space. RN #1 identified that since both residents were newly admitted , they both were on a 14 day quarantine and the residents should have had the curtain drawn between them.</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.