

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER TOUCHPOINTS AT BLOOMFIELD		STREET ADDRESS, CITY, STATE, ZIP 140 PARK AVE BLOOMFIELD, CT 06002	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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 sampled resident (Resident #1) reviewed for notification of change, the facility failed to notify the resident's responsible party when the resident experienced a change in condition, had a room change, and was placed on precautions for presumed COVID19 infection. The findings include: Resident # 1's [DIAGNOSES REDACTED]. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident # 1 was severely cognitively impaired and identified that having family or close friends involved in discussions about his/her care was very important to the resident. Review of Resident #1's admission record identified Person #2 was the resident's responsible party. The Resident Care Plan (RCP) dated 4/16/20 identified Resident #1 had a high temperature of unknown origin and was moved to a different room and placed on isolation. Interventions directed to do diagnostic testing as ordered by the physician and to monitor vital signs per facility protocol. A physician's orders [REDACTED]. The nurse's note dated 4/16/2020 at 7:10A.M. identified Resident #1 had a temperature of 102 degrees Fahrenheit at 3:00 A.M. Resident #1 was given Tylenol and staff conducted a temperature rechecked which noted the resident's temperature had decreased to 99 degrees Fahrenheit. Further review of the nurse's note indicated the Advanced Practice Registered Nurse (APRN) was called and directed chest X-ray, Complete Blood Count (CBC), Basic Metabolic Panel (BMP) and COVID 19 swab. A nurse's note dated 4/16/2020 at 3:48 P.M. identified Resident #1 was alert and confused, tolerated meals and fluids. The nurse's note also indicated the resident was on droplet precautions. The nurse's note dated 4/19/2020 at 4:08 P.M. identified documentation of Resident #1's vital signs noted the following : temperature 97.4 pulse rate 90, respiration 46 (Normal Range 12-20) blood pressure 90/60 (120/80) Normal Range and Oxygen Saturation of 91% (Normal Range 95- 100 percent) on room air. The nurse's note indicated Resident #1 was lethargic with dyspnea and noted with rapid and labored respirations. Further review of the nurse's notes identified that the APRN was notified of the change in the resident's condition and new physician's orders [REDACTED]. #1 was transferred to an acute care facility for an evaluation at 1:45PM. The nurse's note dated 4/19/20 at 7:25PM identified Resident #1 was transferred to an acute care hospital for evaluation and indicated the resident's family was called. The COVID19 Test laboratory results on 4/20/20 identified Resident #1 had a specimen done on 4/19/2020 which was positive on 4/20/20. Interview and clinical record review with the Director of Nursing Services (DNS) on 8/19/20 at 2:30 P.M. identified she was unable to provide documentation to reflect that Resident #1's responsible party/family was informed of the resident's change in condition, had a room change, and the initiation of COVID 19 precautions. The DNS also indicated the facility's expectation is that Resident #1's responsible party was informed of change in condition, room changes and indicated the notification should be documented in the clinical record. In an interview with Person #2 on 8/19/2020 at 8:15 P.M. identified he/she was not notified by the facility that Resident #1 had a change in condition, his/her room was changed, or that the resident was placed on precautions for presumed COVID 19 infection. Person #2 further indicated he/she was only aware of the resident's hospitalization by the hospital. Review of facility Physician Notification and Change in Condition Policy identified when the resident's condition or status changes unexpectedly or substantially the resident and /or responsible party will be notified and the nurse will document in the nurse's notes regarding assessment, findings, changes, physician notification, and resident and or responsible party notification.</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.