

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER PILGRIM MANOR		STREET ADDRESS, CITY, STATE, ZIP 52 MISSIONARY RD PO BOX 180 CROMWELL, CT 06416	
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 - Some	<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, review of facility documentation, and interviews for one sampled resident (Resident #1) who was reviewed for infection control practices, the facility failed to ensure that face shields were cleaned appropriately. The finding includes: Resident (R) #1's [DIAGNOSES REDACTED]. The admission data collection and documentation form dated 9/21/20 identified R #1 with cognitive impairment. The Resident Care Plan dated 9/21/20 identified R#1 was at risk for respiratory exchange as related to being a person under investigation (PUI) for COVID-19. Interventions directed to place R#1 under contact and droplet precaution and isolation. A physician's orders [REDACTED]. The nurse's note dated 9/28/20 at 11:43AM indicated R#1 remained on droplet precautions related to transfer from another state and his/her COVID assessment negative for signs and symptoms. During interview and review of facility Personal Protective Equipment (PPE) on 9/29/20 at 10:10AM, the administrator indicated that facility have one thousand two hundred and seven (1207) face shields. An observation on 9/29/20 at 10:20 AM with the Director of Nursing (DON) identified a clear plastic bin with Personal Protective Equipment (PPE) was located in-front of R#1's door. The top compartment of the bin contained blue surgical masks, several clear plastic bags and three face shields. The face shields had a soft sponge area approximately one inch thick that rested directly on staff foreheads. The face shields were noted to have a smudged appearing coating and the shield elastic was worn. During an interview with the DON on 9/29/20 at 10:20 AM she indicated that smudge resulted from staff cleaning the face shield with Clorox wipes. The DON indicated that the identified face shields were assigned to R#1 and it is the nursing staff responsibility to ensure that shields are wiped after use and return to the PPE cart. During an interview with Nursing Assistant (NA) #1 on 9/29/20 at 10:25 AM she indicated that facility staff does not have individual face shield and one face shield is used by several staff on different shifts. NA#1 further indicated that she often tries to clean the sponge area on the face shield with an alcohol wipe after using. During an interview with Registered Nurse (RN) #1 (Infection Preventionist) on 9/29/20 at 10:30 AM she indicated that R#1 was newly admitted to the facility and will be on quarantine for 14 days. During the 14 days staff entering room are required to use full PPE which included face shield and gown. RN#1 also indicated that three (3) face shields were assigned for staff to utilize when entering R#1's room. During further interview with RN#1 she indicated that although the facility had an adequate supply of face shields, the facility did not provide individual face shield to staff. RN#1 further stated that face shields are assigned to the resident and are utilized by different staff on all three shifts. Review of the facility re-usable PPE policy instructed staff to wipe the inside and outside of the face shield using a clean cloth saturated with neutral detergent solution or cleaning wipes. Although the facility re-usable PPE policy instructed staff on how to wipe the face shield, the policy did not address or direct staff on how to clean the sponge area of the face shield. Subsequent to surveyor's inquiry RN#1 indicated that a face shield will be assign to each individual employee.</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.