

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2020
NAME OF PROVIDER OF SUPPLIER CHESTELM HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 534 TOWN ST MOODUS, CT 06469	
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 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) Observation on 5/31/20 from 8:45 AM until 9:57 AM identified an unmasked resident (who tested negative for COVID-19) seated in a chair in a lounge area adjacent to the nursing unit, and the resident was noted to be sneezing at times. Observation from 8:45 AM until 9:57 AM identified that a total of 10 staff members walked by the resident sitting in the chair, and no staff encouraged the resident to go back to his/her room or don a mask. Interview with the administrator on 5/31/20 at 10:00 AM identified that staff had not been educated to encourage residents to stay in their rooms, because she was not aware that it was a Centers for Disease Control (CDC) guideline. She further identified that all staff have been educated that if the resident is outside the room they should be encouraged to wear a face mask, and she would expect her staff to encourage the resident to don a face mask. Review of CDC guidelines identified that the facility should counsel all residents to restrict themselves to their rooms to the extent possible, and when the residents are out of their room they should wear a face mask. b) Observation on 5/31/20 at 10:01 AM with the administrator identified Registered Nurse (RN) #1 enter a room with a droplet precaution sign outside the door wearing an isolation gown and a mask, but lacked eye protection. Interview with RN #1 at 10:05 AM identified that she had gone into the room to administer medications, and didn't have an explanation for not wearing eye protection. Interview with the administrator identified that the resident in the room was on droplet precautions because he/she had been admitted to the facility from the hospital and was being monitored for 14 days. The administrator further identified that she did not think eye protection was necessary because she was not providing direct patient care. Review of the Center for Disease Control guidelines identified that a face shield should be used for residents on droplet precautions to protect the eyes. c) Observation on 5/31/20 at 10:20 AM with the administrator identified that RN #1 donned an N95 mask over her surgical mask and entered a droplet precaution room. Interview with RN #1 identified that she had gone into the room to administer [MEDICATION NAME] (an intramuscular injection) and although she knew that she was not supposed to don an N95 mask over a face mask, she had done so without thinking about it and entered the room to give the injection. Interview with the Director of Nurses on 5/31/20 at 10:25 AM identified that anyone entering a room with droplet precautions should be wearing an N95 mask, and further identified that wearing a face mask underneath the N95 does not make for an adequate seal. Review of the Center for Disease Control Guidelines identified that N95's need a tight seal between the respirator and the face of the respirator user in order to work properly. If the respirator's seal leaks, contaminated air will be pulled into the face piece and can be breathed in. d) Observation on the designated COVID-19 exposed/positive unit on 5/31/20 at 10:30 AM identified that resident's were not cohorted appropriately. There were 8 residents on droplet precautions and under observation related to a recent hospital stay, one confirmed COVID-19 positive resident, and 3 residents in private rooms throughout the unit that were COVID-19 negative as of 5/22/20. Interview with the administrator on 5/31/20 at 10:45 AM identified that they had their point prevalence survey on 5/20/20 and received the results on 5/22/20. The administrator identified that although the facility was aware of the CDC guidelines that recommended separation with a positive unit, an exposed unit, and a recovered/negative unit, the facility had decided to keep the COVID-19 negative residents on the exposed/positive unit. The administrator identified that there were rooms available on the COVID-19 negative unit, and the negative residents would be moved from the exposed/positive unit to the negative unit after speaking with family members. Review of CDC guidelines identified that the facility must dedicate a unit to cohort residents with COVID-19, and the positive COVID-19 unit should be physically separated from other rooms or units housing residents without confirmed COVID-19.</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.