

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COLONIAL HEALTH &amp; REHAB CENTER OF PLAINFIELD LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>16 WINDSOR AVE PLAINFIELD, CT 06374</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, a review of facility documentation and staff interviews, the facility failed to properly reuse and store eye protection in accordance with infection control standards of practice. The findings include: Observation and interview with RN #1 (Nursing Supervisor) on 9/26/20 at 10:00 AM identified a wash basin behind the nurse's station with 3 pairs of goggles. RN#1 identified the housekeeping staff sanitize the goggles each shift and return both items to the unit every day. Additionally, RN #1 indicated the eye goggles were not assigned to individual staff member and any staff member could wear the sanitized goggles. Further RN#1 identified staff drop the goggles in a bin near the time clock before leaving the facility and housekeeping was responsible to sanitize the goggles for reuse. Observation and interview with the Director of Nursing (DNS) on 9/26/20 at 10:15 AM identified 3 pairs of loose goggles and 1 pair of goggles in a plastic bag in the top drawer of the clean PPE supply cart on the observation unit. The DNS identified when staff leave an exposed room, they should remove the goggles and sanitize using the PDI wipe and return the sanitized goggles to the top drawer of the Personal Protective Equipment (PPE) cart for reuse by any staff member. Additionally, The DNS identified that staff are not assigned their own pair of goggles and at the end of the shift staff drop off the goggles in a bin near the time clock and the housekeeping department would sanitize the goggles and return to the unit each day. Observation on 9/26/20 at 11:15 AM identified NA #1 in the hallway of the exposed unit cleaning her goggles with a bleach wipe. Additionally, NA #1 opened the top drawer of the cart and indicated she was looking for the storage bag after she cleaned the goggles. NA #1 indicated she placed the goggles in the original plastic bag the goggles came in and would then put them back in the clean PPE cart after each use. NA #1 indicated she could not find the bag and subsequently placed the goggles on the handrail in hall and proceeded down the hall to find a bag. Observation on 9/26/20 at 11:20 AM identified an unlabeled pair of goggles laying on top of a clean PPE cart in the exposed hallway. Interview with NA #1 identified she did not know who put the goggles on top of the cart and indicated it may have been physical therapy. Subsequently, NA #1 removed the goggles from the cart. Interview with Housekeeper #1 on 9/26/20 at 11:30 AM identified staff drop goggles in a bin near the time clock and laundry and/or housekeeping staff sanitize the goggles with a disinfectant. Additionally, Housekeeper #1 identified the goggles are brought back to the unit once a day. Review of an inservice sign in sheet dated 4/20/2020 and entitled COVID -19 Update identified goggles were to be worn on the clinical floor and were to be disinfected after leaving any precaution room as well as between shifts. Additionally, nursing staff were required to share goggles among shifts and required to disinfect when giving to the oncoming shift. Interview with the DNS on 9/26/20 at 12:00 PM identified the facility would immediately implement a new process and assign each staff member a pair of goggles and a paper bag for storage. Although requested the facility was unable to provide a policy related to reuse, cleaning and storing eye goggles. Review of the Center for Disease Control (CDC) guidance for Reuse/Reprocessing of disposable face shields for health care workers (HCW) directed in part that a face shield should be dedicated to one HCW. They should be immediately reprocessed when they are visibly soiled and whenever they are removed such as when leaving the isolation area. After reprocessing, a face shield should be stored in a transparent plastic container and labeled with the HCW's name to prevent accidental sharing between HCW's. The number of times a disposable face shield could potentially be reprocessed is unknown; therefore, face shields should be closely examined prior to each reuse to ensure the integrity of the foam pad, elastic strap, and clarity of the visor. The CDC Contingency Capacity Strategies for Eye protection identified eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on.</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.