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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075320 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/30/2020 |
| NAME OF PROVIDER OF SUPPLIER ST CAMILLUS REHABILITATION & NURSING CENTER | | STREET ADDRESS, CITY, STATE, ZIP 494 ELM ST STAMFORD, CT 06902 | |
| 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 | Provide and implement an infection prevention and control program. Based on facility documentation, observations, and interviews with staff the facility failed to ensure infection control procedures were followed for residents that were on droplet precautions for presumptive and positive COVID 19 infections. The findings include: a) Observation on 4/30/20 at 11:05 AM with the Director of Nurses identified housekeeper #1 leaving a room with a droplet precaution sign posted on the door. Housekeeper #1 exited the room with an isolation gown on. The housekeeper then proceeded down the hallway with the isolation gown in place, and then entered another unit, and proceeded to the housekeeping closet. The housekeeper was then approached by the Director of Nurses (DNS) and educated about removing the gown once she leaves a resident's room that is on droplet precautions. The housekeeper then changed her isolation gown. Interview with the Director of Nurses on 4/30/20 at 11:10 AM identified that the resident in that room was placed on isolation precautions because h/she was a presumptive positive for COVID-19 because of an elevated temperature on 4/2/20. The DNS further identified that the housekeeper should have removed the isolation gown and gloves prior to leaving the room. b) Observation on 4/30/20 at 11:45 AM with the DNS identified Nurse Aide (NA) #1 exited a room with a droplet precaution sign on the door. She exited the room into the hallway with her isolation gown on, and then proceeded to take the gown off in the hallway, with her ungloved hands and walk towards the unit door to exit. At this time the DNS educated the NA to remove the gown inside the room and place it in a plastic bag and dispose of it in the proper receptacle in the hallway. Interview with the DNS identified that the resident in that room was on droplet precautions because of a COVID-19 positive test, and the isolation gown should have been removed and bagged prior to leaving the room. c) Observation on 4/30/20 at 11:50 AM with the Director of Nurse identified that NA#2 exited a room with a droplet precaution sign on the door into the hallway, but was still in the doorway. NA #2 had gloves and her isolation gown on, and was stopped by the DNS. NA #2 stated that she needed incontinent supplies and the DNS instructed the NA to go back into the room and ring the call bell to request the incontinent supplies. Interview with the DNS identified that the resident in that room was on droplet precautions because a previous roommate had tested positive. The DNS further identified that the NA should not have exited the room with the isolation gown and gloves on. The DNS identified that all staff would be re-educated on droplet precautions. Review of the isolation precautions policy identified that personal protective equipment (such as gowns) will be removed prior to exiting the room. | | |
| 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.