

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COOK WILLOW CONVALESCENT HOSPI</b>		STREET ADDRESS, CITY, STATE, ZIP <b>81 HILLSIDE AVENUE PLYMOUTH, CT 06782</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on clinical record review, observations, review of facility documentation and interviews for one sampled resident (Resident #2) who was a recent admission to the facility and resided on the suspected COVID-19 unit, the facility failed to ensure that personal protective equipment (PPE) was used per Centers for Disease Control and Prevention (CDC) guidelines to prevent the spread of infection. The findings include: Resident #2's [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. #2 was free from signs and symptoms of COVID-19 as evidence of new or worsening cough, sore throat, shortness of breath, chills, repeat shaking with chills, muscle pain, headache, new loss of taste or smell every shift. The resident care plan dated 10/13/20 identified Resident #1 was at risk for infection of COVID-19 and the flu. Interventions directed to educate residents/family/staff regarding preventive measures to contain the infection and to observe for signs and symptoms of COVID-19, document and report signs and symptoms of fever, coughing, shortness of breath and respiratory distress. The admission Minimum Data Set assessments dated 10/16/20 identified Resident #2 was able to make their own decision regarding tasks of daily life and required extensive assistance with activities of daily living. Observations with the Infection Preventionist, Registered Nurse (RN) #1, on 10/19/20 at 10:30 AM identified that Resident #2's room was on a nursing unit designated for residents who required fourteen (14) days COVID-19 transmission-based isolation precautions following admission to the facility. Review of the information posted outside Resident #2's room identified that isolation precautions were to be implemented and required the use of full personal protective equipment (PPE) including a face shield or goggles, face mask, isolation gown and gloves. Upon further observations, NA #1 leaving Resident #2's room removed her face shield and disinfected the plastic surface on the inside and on the outside with Super Sani-Cloth germicidal disposable wipes. NA #1 while holding on to the elastic fastener/headband on the face shield, placed her uncontained face shield in the middle drawer in a bin that was used to store PPE outside of the resident's room. The middle drawer was noted to also contain another face shield and goggles without the benefit of being covered or separated. Interview with NA #1 at that time identified that she provided care to Resident #2 who was placed on observation for COVID-19 infection. NA #1 identified multiple staff members were reusing the same face shield to provide care to Resident #2. NA #1 identified that when she uses the same face shield that other staff members were also using in the residents room, she places a tissue between the soft foam pad on the inner part of the face shield and her forehead for extra protection. NA #1 indicated that this practice has been ongoing. Interview with RN #1 who was present for the interview with NA #1, identified the two (2) residents on the unit were on transmission based precautions, and were to be quarantined for fourteen (14) days while on observations for signs and symptoms of COVID-19 infection and both residents had bins with PPE outside their rooms. RN #1 identified that each bin with PPE was stocked with a face shield to be used by staff before entering the room to provide care to the same resident, when care was completed staff were directed to disinfect the face shield and place the shield back in the bin to conserve supplies. RN #1 indicated the face shield was then reused by multiple users for repeated close contact with the same resident and disposed of if visibly soiled or damaged. RN #1 identified that all used face shields will be replaced, and safe use and storage will be implemented. Interview with the Director of Nursing (DON) on 10/19/20 at 11:00 AM identified that although the facility had enough, at least 1500 face shields available, the facility had no place to safely store multiple separate bags that would contain individual staff members reusable face shields. The DON indicated the facility did not have a policy or the manufacture's recommendation for storage and reuse of eye protectors and face shields in use, however the facility was following CDC guidelines for contingency capacity strategies to ensure appropriate cleaning and disinfection between users if goggles or reusable face shields are used. According to the CDC (Center for Disease Control) Coronavirus Disease 2019, updated July 15, 2020, implement extended use of eye protection identified that extended use of eye protection is a practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patients encounters. Extended use of eye protection can be applied to dispensable and reusable devices. Additionally, the CDC recommends that if a disposable face shield is reprocessed, it should be dedicated to one Health Care Provider (HCP) and reprocessed whenever it is visibly soiled or removed 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.