

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER NOTRE DAME CONVALESCENT HOME I		STREET ADDRESS, CITY, STATE, ZIP 76 WEST ROCKS ROAD NORWALK, CT 06851	
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 review facility documentation, facility policy, and interviews, the facility failed to ensure the proper use of personal protective equipment (PPE) per standard of care for a resident under investigation or observation for Covid 19. The findings include: An interview on 5/27/20 at 11:45 AM with RN #1 identified for care provided to residents considered under investigation, meaning exposed and not yet tested or on observation for Covid-19, the staff were provided a gown at the beginning of the shift and used between resident care without the benefit of changing the gown in between. Although the facility policy for PPE use was requested, the policy was not provided. Review of the CDC guidance for Extended Use Strategies with isolation gowns recommends consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location. Doffing must occur before leaving a resident room or process to be adjusted when utilizing extended use of isolation gowns. The facility failed to ensure the proper use of personal protective equipment (PPE) per standard of care for a resident under investigation or observation for Covid 19.		

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.