

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER CURTIS HOME ST ELIZABETH CENTER		STREET ADDRESS, CITY, STATE, ZIP 380 CROWN STREET MERIDEN, CT 06450	
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 observations, review of facility policy, and interviews, the facility failed to maintain Personal Protective Equipment (PPE) appropriately between uses. The findings include: Observations on 4/30/20 at 10:15 AM identified disposable gowns hanging on hooks or draped over the entry way doors of 6 resident rooms. Interview with Licensed Practical Nurse (LPN) #1 on 4/30/20 at 10:20 AM indicated the gowns had been used and re-used. LPN #1 indicate he/she puts a piece of tape on his/her disposable gown to make it easier for her/him to identify which gown he/she wore. LPN #1 identified the gowns are hung or draped on the resident doors to make them accessible to staff. Interview with Nurse Aide (NA) #1 on 4/30/20 at 10:25 AM indicated he/she labeled the disposable gown with his/her name and wears the same gown for his/her shift. NA #1 identified he/she hangs the disposable gown on the outside of the door of the resident he/she is providing care too. Interview with the Director of Nurses (DNS) on 4/30/20 at 11:10 AM indicated due to the shortage of disposable gown supply he/she did educate staff to re-use the gowns specific to the resident they are caring for at the time of his/her shift. The DNS identified he/she would expect staff to be hanging the gowns inside the resident rooms not on the outside of resident room doors nor draped over the outside door frames. Subsequent to surveyor inquiry the DNS removed the gowns hanging on the hooks on the outside of resident room doors and removed the gowns which were draped over the door frames. The facility did not provide a policy on maintaining disposable gowns or storing disposable gowns after use.		

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.