

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER BEACON BROOK HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 89 WIED DRIVE NAUGATUCK, CT 06770	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, facility documentation review, facility policy review, and interviews, the facility failed to ensure infection control standards related to COVID-19 were followed, in accordance with Centers for Disease Control (CDC) guidelines. The findings included: 1. Continuous observations on 9/30/2020 at 10:20 AM identified a Nurse Aide (NA) was pushing Resident #1 in a wheelchair through the front exit. Upon exiting the facility Wheelchair Transport Driver (WTD) #1 was observed less than six (6) feet away from the resident (not socially distanced). He placed his left hand on R #1's right shoulder and reach his right hand out and shake R #1 right hand while speaking with R #1. Interview with Receptionist #1 at the time of the observation identified she does not screen transportation drivers because they do not enter the facility. Surveyor directed Receptionist #1's view to WTD #1 to observed the driver closer than (six) feet away from R #1. Although the facility screens staff, vendors and visitors to the facility, Receptionist #1 was unable to verbalize why transportation drivers who interact closely with residents are not socially distanced and are not screen. She identified that since WTD do not enter the facility, she does not screen them. The Administrator and Director of Nursing (DON) joined the interview and identified that although transportation drivers are within six (6) feet of residents during transports, they have not screened the drivers because they do not enter the building. Subsequent to surveyor inquiry, Receptionist #1 screened WTD #1 prior to transporting R #1 to the scheduled medical appointment. Interview with the Administrator on 9/30/2020 at 12:49 PM identified although she thought that the transportation drivers were screened by their employers, she was unable to confirm that information. Review of facility Coronavirus (COVID-19) policy directed in part that the facility will screen all employees, vendors and delivery personnel upon entrance to the facility for respiratory symptoms, international travel and temperature. The policy further directed that all employees, vendors, family members and delivery personnel will be required to have their temperature taken and complete a screen process. 2. a. Observation of the top floor nurse's station and interview with the Administrator on 9/30/2020 at 10:40 AM identified the nurse's station adjacent to the COVID-19 exposed unit had a fan turned on (blowing) and sitting on the counter at the nurse's station. Additional observations identified three residents near the fan: R #2 was in a wheelchair parked at the desk and wearing a mask that was not covering his/her nose; R #3 was noted in a straight-backed chair near the desk and was not wearing a mask; R #4 was wheeling his/her wheelchair past the nurse's station and past the fan while wearing a mask under his/her chin. Multiple staff were observed nearby wearing masks. Subsequent to surveyor observation, the Administrator positioned R #4's mask over his/her face, and R #4 was accepting of the placement with no distress. Although residents were observed in the area without wearing masks, the Administrator indicated that the fan was acceptable due to it was outside the exposed unit. Subsequent to surveyor inquiry, the Administrator removed the fan. b. Observation of the main floor nurse's station and interview with the DON and Registered (RN #1) on 9/30/2020 at 11:44 AM identified the nurse's station adjacent to the COVID-19 exposed unit had a fan turned on (blowing) and sitting on the counter at the nurse's station with three residents seated nearby. Interview identified the fan should not be in use. Subsequent to surveyor inquiry, the fan was removed by staff. In accordance to the CDC Guidelines, COVID-19 and Cooling Centers, directed in part if resources allow, ceiling fans with upward airflow rotation combined with upper-air ultraviolet germicidal [MEDICAL CONDITION] disinfection systems can be utilized. c. Observation and interview with the Administrator on 9/30/2020 at 11:00 A.M. identified five residents in the rehabilitation gym with four staff. The rehabilitation gym was observed to have two doors that exited into the hallway. R #5 was observed to be sitting close to the door nearest to the elevators. Continued observation identified staff to enter/exit the room using the door near R #5. Rehabilitation Aide (RA) #1 was observed to wheel R #6 out of the rehabilitation gym into the hallway, passing within an arms length of R #5 sitting by the door. Both residents were wearing masks for an unknown duration. The Administrator indicated that R #5 should not have been placed near the doorway to prevent others from being too close; residents should be socially distanced six (6) feet apart. Interview with RA #1 and the Director of Rehabilitation at the time of the observation identified RA #1 noted that R #5 and R #6 were too close when she moved R #6 through the doorway, and identified that she should have moved R #5 away from the doorway before taking R #6 out the door. The Director of Rehabilitation indicated the second doorway was not being used because a resident was too close to that door, and that they should have an area around the door that residents are not seated at to ensure social distancing. In accordance to the CDC Guidelines, Preparing for COVID-19 in Nursing Homes, directed in part to implement aggressive social distancing measures (remain at least six (6) feet apart from others, cancel communal dining and group activities, and remind residents to practice social distancing. d. Interview and observation with the DON, RN #1 and Rehabilitation Aide #1 on 9/30/2020 at 11:44 AM identified at the end of her shift she washes her face shield with soap and water in the rehabilitation sink and place it in a paper bag. She further identified that she sometimes wipes the face shield with hand sanitizer or an alcohol prep/wipe. She indicated that she sprays her surgical mask or N95 masks with a liquid she bought on-line. She showed surveyor a clear plastic unlabeled bottle with a clear white liquid in it, and identified she sprays her masks with the liquid. She did not know the name of the liquid, and reported that it smelled like alcohol. Interview with RN #1 and Recreation Person (Rec) #1 on 9/30/2020 at 11:59 AM identified she reused her face shield and surgical mask. Rec #1 identified that she disinfected her face shield and her surgical face mask with disinfecting wipes. Interview with RN #1 and Licensed Practice Nurse (LPN #2) on 9/30/2020 at 12:08 PM identified LPN #2 washes her goggles at the end of her shift with her own supply of Dawn dishwashing liquid. She indicated that she washes the face shield in the medication room, or the utility room, or the unit bathroom. Interview with RN #1 on 9/30/2020 at 12:23 P.M. identified staff should not be cleaning face shields with soap and water or Dawn dishwashing liquid, and should not be wiping masks with alcohol wipes, disinfectant wipes or a white spray. Subsequent to surveyor inquiry, the facility indicated staff would be provided with education how to care for Personal Protective Equipment (PPE). Review of the facility Emergency COVID-19 Pandemic Extended Use of Facemasks, dated 3/29/2020 directed in part the facemask when not in use, should be folded with the exposed side turned in and placed on a barrier. 3. Interview and facility documentation review with RN #1 on 9/30/2020 at 11:25 AM identified that R #7, R #8, R #9, R #10 and R #11 were COVID-19 positive. She also identified that although the five (5) residents were all COVID-19 positive, she only tracked, and had on her line list R #8, R #9, R #10 and R #11. Although R #9 was a new admission who were positive upon admit, RN#1 indicated that R #7 was also a new admission who was COVID-19 positive upon admit and that she does not track new admissions who were COVID-19 positive; she only tracked and put on her line list the existing residents in the facility who tested COVID-19 positive. Interview with the DON and RN #1 on 9/30/2020 at 11:44 AM identified RN #1 used the line list and the census for tracking residents who were exposed or positive for COVID-19. Interview and facility documentation review with the DON and RN #1 on 9/30/2020 at 12:23 PM identified RN #1 used the line list, the census, her desk calendar and a census list in the supervisor's office to track residents who were exposed or positive for COVID-19. The DON indicated that RN #1 should use one (1) tracking tool to track all residents in the facility for potential exposure or positive for COVID-19. Although the facility did not provide a line list policy for tracking COVID-19 residents, interview with the DON identified the</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>F 0886</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1) expectation was that all COVID-19 positive and possible exposed COVID-19 residents should be maintained on a list for tracking purposes.</p> <p>Based on review of the facility COVID 19 testing tracking and interviews , the facility failed to consistently test residents and staff for COVID -19 in accordance to current standards. The findings include: Interview and facility documentation review with the Administrator, the DON and the Nursing Scheduler, on 9/30/2020 at 12:49 PM identified staff COVID-19 testing should be completed for all staff that work weekly. Interview identified that although RN #3 worked on 9/20, 9/24 and 9/28/2020, the facility was unable to provide documentation that COVID-19 testing was completed since the week of 9/7/2020 (missing the weeks of 9/14 and 9/21/2020). The interview identified that although NA #1 worked 9/20, 9/21, 9/22, 9/24 and 9/25/2020, facility was unable to provide documentation that COVID-19 testing was completed since the week of 9/7/2020 (missing the weeks of 9/14 and 9/21/2020). In addition, although the facility had documentation for the contracted vendor COVID-19 tests, interview identified the facility was unable to provide documentation for any COVID-19 testing for the contracted laboratory that draws resident blood tests. Review of facility COVID-19 Pandemic Resident and Staff Testing Policy, undated, directed in part that the facility will continue to test residents and facility staff based on parameters and frequency as set forth by the HHS Secretary. Facility Staff shall include employees, consultants, contractors, volunteers, and care givers who provide care and services to residents on behalf of the facility.</p>		