

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075397	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT NEW HAVEN		STREET ADDRESS, CITY, STATE, ZIP 181 CLIFTON STREET NEW HAVEN, CT 06513	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review of facility documentation, and interviews, the facility failed to ensure the reuse of Personal Protective Equipment (PPE) was control conducted in accordance with standards of infection prevention and infection guidelines. The findings include: On 4/14/20 at 2:10 PM a tour of the facility identified COVID-19 infection prevention and control strategies included extended use of PPE masks and reused isolation gowns. The tour was conducted in the presence of Registered Nurse (RN) #1 and identified the facility issued PPE masks and gowns were decontaminated between uses with a process of misting the PPE with a diluted 50%:50% water and 3% hydrogen peroxide solution from a spray bottle. Observation identified the decontamination solution stored in a spray bottle and placed into a terry cloth gripper sock. Removal of the slip covering identified the contents of the spray bottle was a clear liquid without the benefit of a content label. Interview with Housekeeper #1 on 4/14/20 at 2:40 PM identified his/her duties included environmental cleaning and special precautions for cleaning in a COVID positive Resident room. S/he identified a COVID positive room required PPE for droplet precautions. S/he further identified a surgical mask was issued to him/her to be worn throughout his shift and an isolation gown for cleaning in a COVID positive room. S/he identified following the completion of environmental cleaning of the COVID positive room s/he would remove the gown inside the room and prepare it for reuse. To reuse the gown, s/he identified the gown was sprayed with the decontamination solution, then placed in a plastic bag for storage, and then reuse the gown when it was necessary to reenter the COVID positive room. Housekeeper #1 further identified at the end of his shift the surgical mask would be removed, sprayed with the solution, and stored in a brown paper bag for reuse. Observation of staff on 4/14/20 at 3:00 PM identified the completion of the shift, with the off going staff completing the process of misting PPE with the decontamination spray and storing the mask in a paper bag and gowns in a plastic bag. Review of facility documentation identified a recorded log for each employee's PPE reuse. RN #1 identified staff were to reuse their masks and gowns up to twenty times unless the PPE was visibly soiled, and a replacement was provided. Replaced PPE was further documented in the logs. RN #1 identified employees who worked on the COVID-19 cohort care unit (on the third floor) completed the decontamination process on the unit before leaving the unit with the gowns placed in a plastic bag for reuse and storage. Interview with Licensed Practical Nurse (LPN) #2 on 4/14/20 at 3:30 PM identified s/he was assigned duties on the cohort unit. LPN #2 identified one gown was issued to him/her for reuse and that there were two rooms on the unit that required use of an isolation gown. She identified the gown was sprayed with the decontamination solution after removal and reused when it was necessary to enter the second room. Subsequent to Surveyor inquiry LPN #1 was issued a second gown and was instructed to use one gown designated for one room, and the other gown designated for use in the second room with reuse for the shift into the designated rooms. Review of facility documentation and policies with RN #1 on 4/14/20 3:55 PM identified facility policy for Mask Reuse and Storage was developed with guidance from the Center for Disease and Prevention (CDC). The policy identified the mask would be reused until it became difficult to breathe through or become visibly soiled. The policy identified the mask would be sprayed with a non-toxic disinfectant i.e. Lysol or hydrogen peroxide to decrease bacteria prior to storage for next use, and the mask would be placed in a paper bag until next use. RN #1 further identified the process for mask disinfection and storage was on-going since initial staff in-servicing dated 4/7/20. Further review of facility policies failed to reflect a policy for the disinfection and reuse of the isolation gowns. RN #1 identified the policy for mask reuse was developed from a CDC document titled Decontamination and Reuse of Filtering Facepiece Respirators. The document identified the research provided was a Manufacturer or third-party guidance/procedures for decontamination. Based on review of the CDC document and facility policy the practice of spraying a mask with hydrogen peroxide did not meet decontamination criteria and/or was not an identified standard in COVID-19 infection prevention strategies. The facility failed to ensure the reuse of Personal Protective Equipment (PPE) was control conducted in accordance with standards of infection prevention and infection guidelines.</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.