

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 05/20/2020
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 - Few	Provide and implement an infection prevention and control program. Based, observation, review of facility documentation, facility policy and interviews, the facility failed to ensure appropriate infection control practices were implemented to prevent and control the spread of Covid 19 infection. The findings include: 1.Observation on 5/20/20 at 9:00 AM with the Infection Control Nurse (ICN) of a small room located on the COVID positive wing identified eight disposable gowns and one Tyvek suit hanging on wall hooks. 2.Observation on 5/20/20 at 9:15 AM identified NA #1, who was assigned to the COVID positive and the exposed unit, was wearing a Tyvek suit, face shield, and a surgical mask under a N-95 mask. Interview with NA #1 at that time identified that she went back and forth between the positive and exposed units without changing the Tyvek suit and/or donning a gown when caring for residents on the exposed unit. Additionally, NA #1 indicated that she uses that same Tyvek suit all shift, and during breaks, it is doffed and hung up for reuse after her breaks. NA #1 was not aware that a surgical mask should not be worn under an N-95 Mask. 3 Observation on 5/20/20 at 9:30 AM identified the charge nurse (RN #1) was wearing a Tyvek suit, N-95 mask and a face shield. Interview with RN #1 at that time identified that she provided care and passed medications on both the positive unit and exposed unit without changing the Tyvek suit or donning a gown when caring for residents on the exposed unit. Additionally, RN #1 indicated that she uses that same Tyvek suit all shift and during breaks it is doffed and hung up for reuse after her breaks. 4.Review of the facility staffing schedules with the ICN identified the facility failed to ensure that staff members were designated to work solely on the COVID positive unit. Interview on 5/20/20 at 9:40 AM with the ICN identified that disposable Tyvek suits and gowns should be disposed of after a single use and only hung for reuse when PPE supply is low, which at this time there was adequate supplies of PPE. Additionally, the ICN indicated although the staff wore Tyvek suits throughout the shift, the suit should be removed and/or a gown should be donned before caring for residents who were not COVID positive. The Facility failed to ensure disposable Tyvek suits were discarded after single use, failed to appropriately utilize the N-95 mask, failed to ensure the appropriate PPE was utilized to protect the residents who were exposed to COVID 19 or who had refused testing, and failed to designate staff to the COVID positive unit.		
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.