

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2020
NAME OF PROVIDER OF SUPPLIER TWIN MAPLES HEALTHCARE, INC		STREET ADDRESS, CITY, STATE, ZIP 809 R NEW HAVEN ROAD DURHAM, CT 06422	
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.</p> <p>Based on observation, review of facility documentation, and interviews the facility failed to ensure protective eyewear was utilized in accordance with facility policies for transmission-based isolation precautions, and/or infection prevention/infection control practices were consistently demonstrated with hand hygiene of high touch services, and/or ensured clean linens and incontinent care supplies were restocked in a sanitary manner. The findings include: 1.a. Review of facility documentation on 5/3/20 identified Resident (R #1) was on droplet transmission-based isolation precautions due to a recent admission to the facility. Outside R #1's room there were signs that identified specific personal protective equipment (PPE) was required when providing care for R #1. The PPE included clothing protection with an isolation gown, mask, eyewear (goggles or face shield), and gloves. Interview with certified nursing assistant (CNA #1) on 5/3/20 at 7:05 AM identified she provided care for R #1 during the overnight shift 5/2/20 into 5/3/20. She identified how the PPE was worn that included all required equipment. She was able to describe the steps of taking off (doffing) the PPE and that the goggles she wore while providing care for R #1 were sanitized after doffing. She identified the goggles were stored at the nurse 's station for her reuse. Interview with CNA #2 on 5/3/20 at 7:39 AM identified the contents of the supply cart outside R #1's room were without the benefit of protective eyewear supplies. She identified she assisted CNA #1 with R #1's care during the overnight shift. She further identified the care was provided without the benefit of protective eyewear, and she was unaware of where eyewear for her use was stored. Subsequent interview with CNA #2 in the presence of the Director of Nursing services (DNS) on 5/3/20 at 7:51 AM identified the facility supervisor had PPE supplies available and by asking the supervisor CNA #2 would be provided eyewear for use. b. During tour of the facility on 5/3/20 from 7:20 AM through 7:30 AM identified the soiled utility room door was a high touched surface where two of three staff failed to demonstrate hand hygiene following utility door contact. Housekeeper #1 transported a clean linen cart to the shower room across the hallway from the soiled utility room. After moving the cart into position for off loading she removed the plastic protective cover, touched the soiled utility room door handle to open the door, and entered the soiled utility room to discard the cover. Without the benefit of hand hygiene Housekeeper #1 returned to the clean linen cart to begin the offloading and storing of the clean linens. Subsequent to Surveyor inquiry and interview with Housekeeper #1 on 5/3/20 at 7:25 AM identified a sink for hand washing was available in the shower room, and hand washing was demonstrated prior to resuming the task of linen storage. c. On 5/3/20 at 7:30 AM CNA #2 was identified pushing a soiled linens cart through a hallway and along the way she collected an unused incontinence brief that was placed between a wall and a hallway handrail. She held the brief next to her upper body, under an arm, at a location between the shoulder, and her elbow. With both hands on the soiled linens cart she proceeded to the soiled utility room door, opened the room door, and after the soiled linens cart was delivered to the utility room CNA #2 entered the shower room across the hallway. She removed the brief from under her arm and began to place the brief onto a shelf where other incontinent care products were stored. Subsequent to Surveyor inquiry and interview with CNA #2 on 5/3/20 at 7:31 AM identified a sink for hand washing was available in the shower room, hand washing was demonstrated, and the brief was discarded. Interview and review of facility floor plan with the DNS on 5/3/20 at 8:02 identified liquid gel hand sanitizer dispensers were located on the walls throughout the facility with one identified next to the soiled utility room door. She identified recent staff in-service trainings included hand hygiene and use of the gel sanitizer. Furthermore, staff re-education was provided by the DNS on 5/3/20 at 8:05 AM to ensure staff understood the importance of hand hygiene especially with high touched surfaces such as the soiled utility door.</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.