

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075434</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ORANGE HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>225 BOSTON POST RD ORANGE, CT 06477</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, review facility policy, and interviews, the facility failed to develop and implement policies related to the extended use of personal protective equipment (PPE) in a facility with residents known to have Covid-19. The findings include: During a tour completed on 4/28/20 at 9:15AM in the facility, observations identified NA's exiting in and out of resident rooms wearing gowns, masks and eye shields. Although no gloves were visualized, hand hygiene was immediately performed by the staff upon exiting from the resident rooms. An interview with the ADNS on 4/28/20 at 9:30AM identified all residents had been tested for Covid-19, and that 22 of the 46 residents at the facility have tested positive for Covid-19. The remaining residents had all been tested the day prior day due to exposure. The ADNS identified the procedures had been implemented for the extended use of PPE due to the recent over usage of PPE. The staff had been instructed to provide care to residents who had pending results first before providing care to those residents with confirmed cases of Covid-19. The ADNS indicated staff were not required to change out PPE between caring for those who had confirmed Covid-19 and those that had pending results, as they were already under suspicion. Further interview identified, while the ADNS had staff education for the donning and doffing procedures for PPE, s/he did not have policies in place for the extended use of PPE, indicating the staff had been verbally instructed. Standard of care strategies for extended use of PPE recommend the same gown is worn by the same health care provider (HCP) when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location. The facility failed to develop and implement policies related to the extended use of personal protective equipment (PPE) in a facility with residents known to have Covid-19.		
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.