

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGALCARE AT GREENWICH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1188 KING STREET GREENWICH, CT 06831</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 of facility policy, facility documentation, manufacturer recommendations and interviews the facility failed to ensure infection control standards were followed during visitor entry screening practices. The findings include: Observation on 6/14/20 at 8:51 AM identified the front main entrance door was locked and had a sign directing visitors to enter the facility through the ambulance entrance. RN #1 opened the door on A wing (ambulance entrance) and allowed the Surveyor and the National Guard in the facility. RN #1 directed the Surveyor and National Guard down the A wing hallway into the conference room without the benefit of screening, including taking temperatures. Interview with RN #1 on 6/14/20 at 10:06 AM identified the protocol of the facility is to let visitors in through the front door and the receptionist will take the temperature and screen. RN #1 indicated she forgot to take the temperature and ask the screening questions of the Surveyor and the National Guard. Subsequent to surveyor inquiry at 10:11 AM, RN #1 directed the surveyor and the National Guard to the lobby and took their temperatures and asked the screening questions. Interview with the DNS on 6/14/20 at 10:29 AM identified she was not aware the Surveyor and National Guard were not screened when entering the facility through the ambulance entrance. The DNS indicated during the week all visitors enter the facility through the front entrance and are greeted by the receptionist who will then take their temperature and screen the visitors. Review of the Limiting Transmission of Covid-19 policy identified facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as face masks. Which should include careful screening of the visitor for fever or respiratory symptoms. The guidance for infection control practices related to Covid-19 recommend all visitors entering the building should receive the same screening as patients that include a temperature check.		
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.