

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2020
NAME OF PROVIDER OF SUPPLIER HARBOR VILLAGE NORTH HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP 78 VIETS ST EXTENSION NEW LONDON, CT 06320	
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 - Potential for minimal harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, review of facility documentation, and interviews, the facility failed to ensure COVID-19 infection prevention protocols were consistently implemented. The findings include: Observation on 4/11/20 from 6:50 AM through 7:10 AM identified the facility staff reporting to work with inconsistent infection prevention protocols for hand sanitation upon entering the building. The observations identified several staff entered the facility through the back-employee entrance and proceeded directly to the intake site at the center nurses' station without the benefit of hand sanitation from a wall mounted dispenser. This intake site lacked inadequate paper towels supplies available for handwashing at the hand washing sink in this area. The observations identified the lack of social distancing of the staff at the health screening intake site as the staff stood shoulder to shoulder at the counter of the central nurses' station filling out the health screening questionnaire while waiting for use of the temporal scanner thermometer. Staff who could not stand at the counter stood in a line down the hallway near one another. The temporal scanner thermometer was observed being passed from staff to staff without the benefit of sanitation between use. Subsequent to surveyor inquiry, Licensed Practical Nurse (LPN) #1 assisted staff with taking temperatures and ensured the scanner was sanitized between use. Interview with the Director of Nursing Services (DNS) on 4/11/20 at 8:10 AM identified five (5) of the facility's (113) residents were confirmed with positive tests results for the Coronavirus (COVID-19) with the first case confirmed on 3/27/20. Subsequent interview with the DNS on 4/17/20 at 10:30 AM identified the facility's staff were educated on the intake process for health screening on 3/13/20 with ongoing in-servicing as the Center for Disease Control and Prevention (CDC) updated infection prevention strategies for health care facilities. She identified immediate staff re-education was initiated on 4/11/20. Review of the facility documentation dated 4/11/20 identified the facility had placed X's on the floor at 6 feet intervals at the intake site to promote social distancing per CDC guidelines, had installed an extra paper towel dispenser at the intake site hand washing sink, and a new hand sanitizer dispenser was installed at the intake site. Further review of facility documentation identified staff on all three shifts were re-educated on hand sanitation upon entering the facility, social distancing, sanitation of the thermometers between each use, and hand washing prior to leaving the intake site.</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.