

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT SOUTHPORT		STREET ADDRESS, CITY, STATE, ZIP 930 MILL HILL TERRACE SOUTHPORT, CT 06890	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review of facility documentation, facility policy and interviews the facility failed to ensure staff were screened prior to entering the building according to the facility policy. The findings include: Interview with Laundry Aide (LA #1) on 5/27/20 at 6:05 AM with RN #1 indicated she came into the facility this morning through the back of the building and walked to the front lobby to be screened. LA #1 indicated she was in-serviced to enter the building through the front entrance, fill out the Covid-19 questionnaire form, and have her temperature taken before going to the assigned location within the facility. LA #1 could not explain why she did not follow the facility protocol. Interview with LA #2 on 5/27/20 at 6:09 AM with RN #1 indicated she came into the facility this morning through the back of the building and walked to the front lobby area to be screened. LA #2 indicated she had been educated to use the front entrance but did not follow the protocol of the facility. Interview with Dietary Aide (DA #1) on 5/27/20 at 6:10 AM with RN #1 indicated she came in from the back of the building. DA #1 walked through the back hallway to the front lobby to the receptionist desk to be screened. DA #1 indicated she was in-serviced on the facility protocol but does not know why she came through the back instead of the front of the building. Interview with LA #3 on 5/27/20 at 6:20 AM with RN #1 indicated she came through the front lobby at 5:30 AM but did not stop to fill out the screening form or have her temperature taken. LA #3 indicated she went straight to the laundry room and then forgot to go back and go through the screening and indicated that was why she was at the receptionist desk now to have temperature taken. LA #3 indicated she had been in the facility for approximately 50 minutes and did not follow the facility protocol. Interview with the DNS on 5/27/20 at 6:21 AM identified she was not aware that staff were entering the building through the back entrance and walking through the building to the front lobby to be screened. The DNS indicated all staff were in-serviced to go through the front lobby, fill out the questionnaire and have their temperature taken prior to going to their assigned location and/or units. Interview with Housekeeper #1 on 5/27/20 at 6:28 AM with RN #1 indicated she came through the back entrance and walked through the building and came to the front lobby to have her temperature taken. Housekeeper #1 indicated she was in-serviced on the screening policy and chose to come through the back entrance even though she knew it was wrong. Interview with the Administrator on 5/27/20 at 8:22 AM identified he was not aware that staff were entering the building through the back entrance. The Administrator indicated all facility employees were in-serviced to enter the building through the front entrance, fill out the Covid-19 questionnaire and have their temperature taken before going to their assign locations or units. Review of the Limiting Transmission of Covid-19 policy identified it is the procedure of the facility to follow the guidelines of CMS and the CDC for limiting the transmission of Covid-19. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.</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.