

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WATERBURY GARDENS NURSING AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>128 CEDAR AVENUE WATERBURY, CT 06705</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, facility documentation review, facility policy review, and interviews for infection control review, the facility failed to follow Infection Control Guidelines and/or the Centers for Disease Control and Prevention (CDC) guidance related to mask storage and COVID-19. The findings include: 1. Observation and interview on 5/18/2020 at 10:10 A.M. with the Dietary Manager (DM) and Dietary Aide #1 identified Dietary Aide #1 wears a N95 mask with a surgical mask over it when working. Dietary Aide #1 verbalized that when his shift is over, he goes into the DM office, removes the surgical mask and the N95 mask. He then places the N95 in a plastic bag inside a paper bag, and reapplies the surgical mask. Dietary Aide #1 further indicated when he exits the building, he discards the surgical mask at the door. DM verbalized that some staff store their used N95 masks in her office, and some store them in their lockers based on the employee's discretion. She further indicated staff should store used masks in paper bags for reuse. Review of CDC Guidelines Strategies for Optimizing the Supply of Facemasks (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#crisis-capacity">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#crisis-capacity</a>) directed in part, Crisis Capacity Strategies included limited re-use of facemask, and directed the facemask should be carefully folded so the outer surface is held inward against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container. Facility did not provide a mask storage policy for surveyor review. 2. Observation of Physical Therapy (PT #1) with the Director of Nursing Services (DON) and Registered Nurse (RN #1) on 5/18/2020 at 10:45 AM identified PT #1 was on the COVID-19 positive unit outside a resident room wearing a johnny with short sleeves over his uniform. During an interview at the time of the observation, PT #1 verbalized that there were three physical therapists working in the facility, and he provides therapy to residents on the nursing unit with no COVID-19 residents and also on the COVID-19 positive unit. PT #1 indicated he had provided therapy to a resident who was COVID-19 positive and then his next COVID-19 positive resident was not ready for treatment so he left the unit and provided therapy to a resident on another unit who did not have COVID-19. PT #1 also indicated he had returned to the positive unit to identify if the resident was ready for treatment and would change into an isolation gown to provide treatment. PT #1 also identified when providing therapy to residents, he goes between the positive and negative units to provide therapy to those residents who are ready for treatment. The DON identified the therapist should provide care to all the negative residents prior to providing care to the COVID-19 positive residents, or be assigned only to the COVID-19 positive residents. Review of the CDC Guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, directed in part, to assign dedicated health care professionals to work only on the COVID-19 units. Facility did not provide a staffing policy during COVID-19 pandemic for surveyor review.</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.