

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER NOBLE HORIZONS		STREET ADDRESS, CITY, STATE, ZIP 17 COBBLE RD SALISBURY, CT 06068	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, facility documentation review, facility policy review, and interviews for one of three resident units (the Whitridge Unit), the facility failed to follow Infection Control Guidelines and/or the Centers for Disease Control and Prevention (CDC) guidance related to residents in communal activities , Personal Protective Equipment (PPE) use and failed to develop an ongoing plan for monitoring the facility infection practices. The findings included: Tour of the facility on 5/14/2020 at 9:35 A.M. identified the following: 1. Observation and interview with the Acting Assistant Director of Nursing (ADON) , Registered Nurse (RN #1) and Maintenance Director, at 9:35 AM of the Whitridge dining room area identified the lounge area that leads into the dining room had four (4) residents with overbed tables in front of them; two of the residents appeared to be sitting closer than six (6) feet apart while eating their breakfast. The Whitridge dining room was a rectangular shaped room that contained six round tables (set up in two rows of three). Seated at the tables for the breakfast meal were sixteen (16) residents; the residents were seated next to each other at all the tables without the benefit of being six feet away from each in accordance to the Centers for Disease Control and Prevention (CDC) guidance. Three residents were seated at two of the tables, and the remaining four tables had two residents at each that were seated next to each other without the benefit of being six feet away from each other. Two other residents were seated with an overbed table in front of them, each in between two tables with other residents without the benefit of being seated feet away from each other per CDC guidance. The ADON and RN #1 identified although the residents were seated next to each other, not six (6) feet away from each other, the ADON and RN #1 thought the residents were seated far enough apart. Interview with the ADON, RN #1 and Director of Maintenance on 5/14/2020 at 12:45 P.M. identified the dining room tables were three and a half (3) foot tables which did not allow a six foot distance in between residents Review of the facility Infection Control Residential Policies and Procedure during the COVID-19 Pandemic directed that all communal dining has been suspended along with internal and external group activities. The Policy further directed, dining procedures for the Whitridge unit noted all residents are spread out by being three (3) feet apart. Facility policy failed to follow CDC guidelines of social distancing six (6) feet during the COVID-19. Review of CDC Guidelines; Considerations for Memory Care Units in Long-term Care Facilities, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html) directed in part, identified health care staff should follow the Infection Prevention and Control Guidance for the setting (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html). The Guidelines further directed to limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. 2. Interview and review of facility documentation with the ADON, RN #1 and Director of Recreation (DOR) on 5/14/2020 at 11:20 AM identified that group activities were being provided for residents on the Whitridge unit in the dining room. The Director of Recreation (DOR) identified that residents are not seated six (6) feet away from each other during activities; residents are seated three (3) residents at a table in the dining for the activities. She further identified she was directed by the Administrator and Director of Nursing Services (DON) that residents could sit three (3) at a table for the activities. Interview with the ADON, RN #1, and Director of Maintenance on 5/14/2020 at 12:45 P.M. identified the dining room tables were three and a half (3) foot tables. Interview further identified the residents were not able to sit six (6) feet away from each other. Based on the interview with the DOR, RN #1 and the ADON on 5/14/20 identified the facility ' s failed to implement social distancing six (6) feet away from each other in accordance to CDC guidance. Review of facility Infection Control Residential Policies and Procedure during the COVID-19 Pandemic, directed in part, all communal dining has been suspended along with internal and external group activities. The Policy further directed recreation policies: engaging resident in activities via in house television and communication with families. Review of CDC Guidelines; Considerations for Memory Care Units in Long-term Care Facilities, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html) directed in part, identified health care staff should follow the Infection Prevention and Control Guidance for the setting (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html), to include prevention of the spread of COVID-19: cancel group activities and communal dining, enforce social distancing among residents. The Guidelines further directed to limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. 3. Observation and interview with the ADON and Nurse Aide (NA #1) on 5/14/2020 at 8:30 A.M. identified NA #1 wearing a KN95 face mask. NA #1 identified at the end of her shift she places her KN95 in a paper bag and leaves it at the nurse ' s station. Then she applies a surgical face mask to leave the building. NA #1 further identified she takes the surgical mask home and washes the (paper) surgical face mask in the washing machine with bleach then hangs it up to dry, and then stores it in a plastic bag. She identified that she then brings the surgical face mask back to the facility for re-use. The ADON identified that she was aware that several staff take their (paper) surgical face masks home, wash them in their washing machines and identified staff informed her they can wash the surgical face masks up to eight (8) times for reuse. The ADON further identified that there was no way for her to know if the laundered surgical face masks were reused in the facility and was unable to identify if the laundering was within manufacturer guidelines. No manufacturer guidelines were provided for surveyor review. Review of CDC Guidelines Strategies for Optimizing the Supply of Facemask (https://www.cdc.gov/coronavirus/2019-ncov/hcp/PPE-strategy/face-masks.html#crisis-capacity) 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 sealed paper bag or breathable container. 4. Observation with the Central Supply Person #1 (CSP) at the main entrance to the facility on [DATE] at 7:30 A.M. identified she was screening individuals entering the building for COVID-19 symptoms while wearing a fabric home-made style mask over a surgical mask, and stood within six (6) feet of the people she was screening. Observation of Administrative Assistant #1 at the main entrance to the facility on [DATE] at 9:00 A.M. identified she was screening individuals entering the building for COVID-19 symptoms while wearing only a fabric home-made style mask and stood within six (6) feet of the people she was screening. Interview and observation of Receptionist #1 at the main entrance to the facility on [DATE] at 9:45 A.M. identified she was screening individuals entering the building for COVID-19 symptoms while wearing only a fabric home-made style mask, and stood within six (6) feet of the people she was screening. Receptionist #1 identified although surgical masks were available, she always screens visitors while wearing a cloth (home-made) mask. Interview with the ADON on 5/14/2020 at 11:10 A.M. identified that staff were encouraged to use fabric home-made style face masks, and although the facility had over 9,000 surgical face masks, they did not want to use their supply. During an interview with the Medical Director, ADON, and RN #1 on 5/14/2020 at 1:07 P.M. the Medical Director identified fabric home-made style face masks are a low-level mask and not to be used for staff. The Medical Director identified the current recommendations were that a higher-level mask should be used by staff and a</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>fabric home-made style mask could be used by residents. Review of the facility Infection Control Coronavirus Policy, identified in part, that although visitors, vendors and staff will be screened upon entry for symptoms of COVID-19, the Policy failed to identify what PPE the screener should wear. Review of CDC Guidelines Preparing for COVID-19: Long-term Care Facilities, Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) directed in part, cloth face coverings are not considered PPE because their capability to protect healthcare personnel is unknown. Facemask, if available should be reserved for health care personnel. 5. Observation and interview with the ADON and Housekeeper #1 on 5/14/2020 at 9:30 A.M. identified Housekeeper #1 wearing a fabric home-made style face mask that was narrow across her mouth and nose. When speaking with Housekeeper #1 each time she moved her mouth the fabric mask would fall off her nose. Housekeeper #1 stated the mask was her personal mask and if she wanted a surgical mask, she could get one, and stated she preferred to use her own fabric mask while cleaning resident rooms and halls. Housekeeper #1 further indicated she also had an N95 mask in the housekeeping closet, and demonstrated an N95 mask on a wooden shelf with the face portion of the mask (that would be against a wearer's face) upward, without the benefit of a protective bag or paper over it. Subsequent to surveyor inquiry, the N95 mask on the bare shelf was discarded, and Housekeeper #1 was provided with a surgical mask to wear. During an interview with the ADON on 5/14/2020 at 11:10 A.M. the DON indicated that staff were encouraged to use fabric home-made style face masks, and although the facility had over 9,000 surgical face masks, they did not want to use their supply. During an interview with the Medical Director, ADON, and RN #1 on 5/14/2020 at 1:07 P.M. the Medical Director stated that fabric home-made style face masks are a low level mask and not to be used for staff, he stated the current recommendations were that a higher level mask should be used by staff and a fabric home-made style mask could be used by residents. Review of CDC Guidelines Preparing for COVID-19: Long-term Care Facilities, Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) directed in part, cloth face coverings are not considered PPE because their capability to protect healthcare personnel is unknown. Review of CDC Guidelines Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering facepiece Respirators in Healthcare Settings, (https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) directed in part, to keep used respirators in a breathable container such as a paper bag between uses. 6. Interview and observation with the Director of Dietary (DD) and Dietary Aide #1 on 5/14/2020 at 9:20 A.M. identified the DD was wearing a fabric home-made style face mask. She also identified that some dietary staff wear fabric home-made style face masks and some wear surgical masks. DD verbalized all dietary aides disinfect the meal trucks that return to the kitchen from the units using Peroxide Multi Surface Cleaner and Disinfectant (disinfectant effective against COVID-19). Dietary Aide #1 identified that she always wears a fabric home-made style face mask, and stated she takes her mask home, washes it by hand with soap and hot water, dries it in the dryer and puts it in her backpack without the benefit of any protective bag or wrap. Dietary Aide #1 also identified when she sprays the meal trucks with the disinfectant, she wears her fabric face mask and gloves and does not wear any other protective equipment. During an interview with the ADON on 5/14/2020 at 11:10 A.M. the DON identified that staff were encouraged to use fabric home-made style face masks, and although the facility had over 9,000 surgical face masks, they did not want to use their supply. During an interview with the Medical Director, ADON, and RN #1 on 5/14/2020 at 1:07 P.M. the Medical Director stated that fabric home-made style face masks are a low level mask and not to be used for staff, he stated the current recommendations were that a higher level mask should be used by staff. Review of facility Safety Data Sheet for Peroxide Multi Surface Cleaner and Disinfectant identified in part, the chemical was harmful if in contact with skin and causes severe [MEDICAL CONDITION] eye damage. The Safety Data Sheet further directed to wear personal protective equipment comprising of protective gloves, safety goggles and protective clothing. 7. Interview with the ADON and RN #1 on 5/14/2020 at 11:10 A.M. identified the DON who was out on Medical Leave from 5/11/20 through 5/14/20 was also functioning as the Infection Control Nurse (ICN). The ADON and RN #1 were unable to provide a copy of the line list of any residents who were tested or being monitored for COVID-19, or of any staff who were out of work due to positive test results for COVID-19. The ADON identified the DON had the infection line list and had no access to email the line list to the facility. The ADON and RN #1 identified that although residents were monitored for COVID-19 symptoms every shift, they indicated the DON/ICN who was out of the facility on a leave would be responsible for reviewing the information; the DON was the ICN and the ADON and RN #1 were not functioning in the ICN role at that time. Resident #1's [DIAGNOSES REDACTED]. #1 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen, indicative of no impairment and ambulated independently. The Resident Care Plan (RCP) dated 4/14/2020 identified Resident #1 was at risk for COVID-19. Interventions directed to obtain test if exposure was suspected. A physician's order [REDACTED]. Observations of Resident #1 during the survey identified he/she ambulated independently with a walker and was wearing a surgical face mask. Results of Resident #1's COVID-19 test was pending at the time of the survey. However, interview with ADON on 5/14/20 identified although laboratory results were pending for one resident, the facility have no COVID-19 residents currently in the building. During an interview with the Administrator, ADON, and RN #1 on 5/14/2020 at 12:59 PM the Administrator identified that the ADON or RN #1 were responsible for the ICN role in the absence of the DON, and he was not aware there was not a line list in the facility. During the interview the ADON provided a copy of the line list that she received as a text message from the DON. Review of the line list identified six staff had tested positive for COVID-19 and remained out of work. Additional review of the list failed to identify Resident #1 was on the list as a pending test for COVID 19. During an interview with the Medical Director, ADON, and RN #1 on 5/14/2020 at 1:07 P.M. the Medical Director identified that in the absence of the DON, the ADON should function as the ICN. The Medical Director further verbalized that Resident #1 was asymptomatic tested for COVID-19 due to Resident #1 frequently would sit outside the DON office. Subsequent to surveyor inquiry, the DON further indicated the ADON was planned to take on the role of the ICN as of 5/18/2020. 8. Interview with the ADON and RN #1 on 5/14/2020 at 11:10 A.M. identified although staff were provided with N95 masks as indicated for use during the COVID-19 pandemic, no staff had fit testing completed for N95 mask use, and no fit testing was scheduled. Interview with the Director of Maintenance and RN #1 on 5/14/2020 at 3:20 P.M. identified no fit testing had been scheduled for staff. The Director of Maintenance stated the facility had not attempted to obtain fit testing; no contact had been made to the local fire department or to Regional Aid for assistance or direction. Subsequent to surveyor inquiry, the Director of Maintenance contacted the local fire department and Regional Aid for assistance or direction for fit testing of staff. Review of CDC Guidelines Summary for Healthcare Facilities; Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html), directed in part, to train on the use of N95 fit, and implement fit testing of employees when necessary during a pandemic. The State of Connecticut was experiencing an outbreak of the COVID-19 pandemic at the time of the onsite visit on 5/14/20. The facility had no known residents positive for COVID-19. However, the facility several staff members who had tested positive for COVID 19 but had not returned to work at the time of the onsite visit. Observation of the facility Personal Protection Equipment (PPE) on 5/14/20 identified a supply of 9,257 surgical masks in a storage area, with additional surgical masks observed at facility entrances and three nursing units.</p>		