

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2020
NAME OF PROVIDER OF SUPPLIER PIERCE MEM BAPTIST HOME		STREET ADDRESS, CITY, STATE, ZIP 44 CANTERBURY ROAD BROOKLYN, CT 06234	
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 - Few	Provide and implement an infection prevention and control program. Based on review of clinical records, observations and staff interviews reviewed for infection control, the facility failed to ensure staff stored personal care items and soiled linens in a sanitary manner. The findings include: During tour of the facility on 7/28/20 at 9:00 AM observation of the completion of Resident care identified personal care items of two wash basins, a urinary collection device, and a pile of soiled linens stored in an unsanitary manner on the floor in a Resident's bathroom. The tour was conducted in the presence of the Director of Nursing Services (DNS). Interview with the DNS on 7/28/20 at 9:05 AM identified the standard of practice was to place the soiled linens in a plastic bag then the linens would be removed from the Resident's room at the completion of care. Interview with Nurse Aide (NA #1) on 7/28/20 at 9:05 AM identified the proper place for wash basin storage was on the bottom shelf of the Resident's nightstand. Further discussion identified the urinary collection device could be rinsed after use then placed back inside the toilet or stored in a plastic bag then hung from the bar behind the toilet in the Resident's bathroom.		
F 0921 Level of harm - Potential for minimal harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of facility documentation, and interviews the facility failed to ensure a safe environment was maintained. The Findings include: During tour of the facility on 7/14/20 at 1:15 PM identified unsafe water temperatures from the bathroom water faucet in room [ROOM NUMBER] and the first-floor shower room. The water temperature from the bathroom faucet room [ROOM NUMBER] measured at 135.4 degrees Fahrenheit (F) and the shower room faucet at 124.3 degrees F. The Director of Nursing Services (DNS) was present during the tour and immediately suspended Resident shower activities. Interview, review of the facility water management documents, and review of the Water Temperature Testing policy with maintenance supervisor #2 on 7/14/20 at 1:55 PM identified facility water temperatures were monitored daily and system adjustments were made in accordance with facility policies. Review of the policy identified water temperatures were to be maintained between 105 to 120 degrees F. Review of monitoring logs dated 7/8/20 through 7/14/20 identified the system mixing valve was set at 120 degrees F with eight of eight sampled Resident room faucets documented consistently within range of 118.4 to 118.8 degrees F. On 7/14/20 at 2:05 PM maintenance supervisor #2 identified the system mixing valve was adjusted at 1:18 PM subsequent to surveyor inquiry. Additionally, a water temperature check was conducted using the facility's thermometer and the Surveyor's thermometer. The check identified the facility and the Surveyor's thermometers recorded like temperatures or 115.8 degrees F and identified the facility water system was corrected to a safe temperature range.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.