

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2020
NAME OF PROVIDER OF SUPPLIER GROTON REGENCY CENTER		STREET ADDRESS, CITY, STATE, ZIP 1145 POQUONNOCK RD GROTON, CT 06340	
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 observations, review of facility documentation, review of facility policy, and interviews, during the COVID 19 pandemic, for two of six units and for 13 of 19 residents observed out of their rooms, the facility failed to ensure six feet of social distancing in a common area. The findings include: During a tour of the facility on the memory care, E and F units on 5/10/2020 at 9:45 AM it was identified that in the television common area, 13 residents were gathered, elbow to elbow seated in chairs watching television. Additionally, two residents were outside of the circle appropriately distanced and four other residents were walking in the halls without masks but socially distanced. Interview with the Director of Nurses (DNS) on 5/10/2020 at 10:10 AM identified that he/she has inserviced staff on maintaining social distancing and that the staff should not have had all the residents in one area so close together. Subsequent to surveyor inquiry, residents were moved and chairs were arranged in the area to maintain an appropriate social distance.		

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.