

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER MYSTIC HEALTHCARE & REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 475 HIGH ST MYSTIC, CT 06355	
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 and interviews with staff, for 3 of 7 staff observed to be providing care to COVID positive residents, (R#1, #2, and #3) the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection. The findings include: a. Observations on 5/15/20 during a tour of the facility identified at 9:40AM on the C wing, LPN #1 entered a COVID positive resident room (Resident #1) to administer medications. The LPN was observed to be only be wearing a surgical mask. The nurse was observed without a gown, gloves or face shield on. The LPN was observed to leave the room and return the the medication cart. Upon surveyor inquiry regarding appropriate precautions and PPE use for a COVID positive resident, LPN #1 stated that it slipped my mind, the resident is new. LPN #1 further stated that she did not read the signs at the resident's door which indicated appropriate PPE to be donned upon entering a residents room with COVID-19. LPN #1 further stated that she should have been wearing a mask, face shield, gown and gloves when entering a COVID positive room. b. Observations on 5/15/20 during a tour of the D wing noted LPN #2 in a COVID-19 positive resident room (Resident #2) leaning over the resident's bed with the medication cup on the resident's bed and the resident sitting in a wheelchair. The nurse was observed to be wearing a surgical mask on her face and a N 95 mask was around her neck. The nurse was observed without a gown, gloves or face shield on. LPN #2 was observed to exit the room and return to the medication cart and sanitize her hands with alcohol gel. Upon surveyor inquiry regarding appropriate precautions and PPE use for a COVID positive resident, LPN #2 was observed to lift the N95 mask from her neck and place it on top of the surgical mask that was covering the LPN's mouth and nose. LPN #2 stated the mask should be over my mouth and nose and the surgical mask on top of it, but it was hot so she took it off and put it around her neck. LPN #2 further stated that she was unaware that she was required to wear a gown, face shield, mask and N95 mask when entering a COVID positive room. c. Observations at 10:10 AM on the D wing unit identified NA #1 transporting a resident from the shower room to the resident's room. Observations identified the resident was transferred without a mask on the resident. Further observation identified that Resident #3 was a COVID positive resident. Interview at that time with NA #1 stated that she did not put a mask on the resident during transport to the room because the shower room was close by. Interview with the DON at 10:17 AM stated that staff are to wear a mask and face shield throughout the day in the facility. The DON stated that when the staff care for a COVID positive resident, staff are to wear a face shield, mask, gown and gloves. The DON stated that residents who come out of their rooms are to be wearing face masks. Review of the facility policy for PPE and COVID positive residents identified residents would be placed on droplet precautions and staff will wear a mask (N 95), face shield, gown and gloves when entering the resident's room. Subsequent to surveyor observations, the Administrator and DON stated that re-education was provided to all staff related to appropriate PPE use and to ensure residents are wearing masks when out of their rooms. The Administrator further stated that audits will be conducted to ensure that staff are donning and doffing PPE appropriately.		
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.