

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GRIMES YNHCC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1354 CHAPEL ST NEW HAVEN, CT 06511</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, review of facility policy, and interviews, the facility failed to ensure appropriate precautions were maintained on one of three observation units during the COVID-19 pandemic. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. Observation on 7/27/20 at 11:45 AM with the Director of Nurses (DNS) identified Resident #1 and Resident #2 were in their room, sitting in a chair and Resident #2 was noted to be coughing. Outside of the door was a transmission-based precaution sign and a Personal Protective Equipment (PPE) cart set up. The DNS identified that Resident #1 was being observed on a 14-day quarantine period, per the facility protocol, following his/her admission. The DNS further identified that Resident #2 had previously completed his/her quarantine. The curtain between the beds was left open. Subsequent to surveyor inquiry, the DNS directed a Nurse Aide (NA) to go into the room and close the curtain. Interview and review of facility protocol with the DNS on 7/27/20 at 12:44 PM identified that the facility protocol was to ensure that PPE was worn for Resident #1 and that the curtain was supposed to remain closed during observation. Although the DNS identified that the facility policy included closing the curtain for residents who were known COVID-19 positive, he/she identified that the policy for observation did not include closing the curtain and that he/she would need to update the COVID-19 quarantine observation policy.</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.