

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER WEST HARTFORD HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 130 LOOMIS DR WEST HARTFORD, CT 06107	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, clinical record review, facility documentation and staff interviews for eight of eight sampled residents (Residents #1, #2, #3, #4, #5, #6, #7 and #8) who were reviewed for cohorting, the facility failed to ensure residents with possible exposure to COVID-19 were cohorted in accordance with guidance provided by the Centers for Disease Control and Prevention and current infection control standards. The findings include: 1. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observations and clinical record review on 7/1/20 identified that Resident #1 who required transmission-based precautions until 7/6/20 due to possible exposure to COVID-19 shared a room with Resident #2 who had recovered and met the criteria for residing on a negative/unexposed unit. 2. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Resident #4, who tested positive for COVID-19 on 5/4/20, was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observations and clinical record review on 7/1/20 identified that Resident #3 who required transmission-based precautions until 7/6/20 due to possible exposure to COVID-19 shared a room with Resident #4 who had recovered from COVID-19 and met the criteria for residing on a negative/unexposed unit. 3. Resident #5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Observations and clinical record review on 7/1/20 identified Resident #5 who met the criteria for residing on a negative/unexposed unit shared a room with Resident #6 who required transmission-based precautions until 7/3/20 due to possible exposure to COVID-19. 4. Resident #7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. Resident #8 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Clinical record review identified that the resident tested positive for COVID-19 on 5/27/20. Observations on 7/1/20 identified that Resident #7 who required transmission-based precautions until 7/14/20 due to possible exposure to COVID-19 shared a room with Resident #8 who had recovered from COVID-19 and met the criteria for residing on a negative/unexposed unit. Review of the facility's census report for the period from 6/2/20 through 7/1/20 identified that a minimum of forty-four (44) vacant beds were available for appropriate cohorting of residents who required transmission-based precautions for fourteen days due to possible exposure to COVID-19. Review of the facility's COVID-19 Line List Tracking documentation and further observations with the Director of Nursing on 7/1/20 at 12:45 PM identified that four of the nine residents who were being quarantined for fourteen days due to exposure or potential exposure to COVID-19 were sharing a room with a resident who met the criteria for residing on a unit designated for residents who were negative/unexposed. Observations on 7/1/20 at 12:45 PM also identified that the residents who required transmission-based precautions were not wearing a facemask, and the privacy curtains between the beds were not closed to provide a protective barrier. Interview with RN #1 Infection Preventionist on 7/1/20 at 1:00 PM identified that when she made recommendations pertaining to COVID-19 cohorting, the Administrator of the facility made the final determination regarding the measures that would be implemented. Interview with the Administrator on 7/1/20 at 1:15 PM identified that although she had thought the residents were properly cohorted, she would make the appropriate changes. Subsequent to surveyor inquiry, room changes were initiated. Infection control standards pertaining to COVID-19 are based on the most current guidance provided by the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, State of Connecticut Executive Orders and Connecticut Department of Public Health directives. According to COVID-19 Infection Control and Testing Guidance for Nursing Homes that was issued by the Connecticut Department of Public Health on June 5, 2020, three separate units/ areas for cohorting residents should be designated, each with a unique PPE strategy as outlined in interim guidance dated May 11, 2020. The guidance identified that an area/unit should be designated for positive residents who had tested positive for COVID-19, required transmission-based precautions and had the potential to transmit the infection. A second unit/ area should be designated for negative/exposed residents who required a fourteen-day quarantine due to exposure or potential exposure to COVID-19. The guidance identified that this cohort included the roommates of residents who tested positive for COVID-19 and new admissions or re-admissions even with negative test results. Persons under investigation (PUIs) may be moved to this cohort while awaiting test results or they may remain in place. A third unit/area should be designated for negative/unexposed asymptomatic residents with no known exposure to COVID-19 during the fourteen days prior to a negative test for COVID-19. The guidance identified that it is necessary for the residents who are negative/ unexposed to be physically separated from residents with the potential to transmit the infection. Residents who have recovered and have met the criteria for discontinuing transmission-based precautions can also be placed in this cohort.</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.