

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 09/02/2020
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, a clinical record review, and staff interviews, for seven of seven residents reviewed for infection control (Resident #1, #2, #3, #4, #5, #6 and #7), the facility failed to conduct risk assessments for the safe and appropriate use of masks, and failed to encourage or reapply the use of a facemask on a dementia unit. The findings include: Resident (R) #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The annual Minimum Data Set (MDS) assessment dated [DATE] identified severe cognitive impairment and the resident did not reject care. The COVID care plan dated 9/2/20 identified R#1 had a problem with noncompliance with the use of a face mask and removed the mask even with encouragement. The goal identified R#1 would be complaint wearing the face mask with interventions that included to encourage R #1 to wear a face mask and approach as needed. The COVID -19 daily note dated 9/2/20 identified R#1 was encouraged to wear a facemask as tolerated. R#2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission assessment dated [DATE] identified R#2 was oriented to person only and had short and long-term memory impairment. The COVID care plan dated 9/2/20 identified R#2 had a problem with noncompliance wearing the face mask and removed the mask even with encouragement. The goal identified R#2 would be complaint wearing the face mask and interventions included to encourage R #2 to wear a face mask and re approach as needed. The COVID -19 daily note dated 9/2/20 identified R#2 was encouraged to wear a facemask as tolerated. R# 3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] identified severe cognitive impairment. The COVID care plan dated 9/2/20 identified R#3 had a problem with noncompliance wearing a face mask and removed the mask even with encouragement. The goal identified R#3 would be complaint with wearing the face mask and interventions included to encourage R #3 to wear a face mask and re-approach as needed. The COVID -19 daily note dated 9/2/20 identified R# 3was encouraged to wear a facemask as tolerated. R#4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] identified severe cognitive impairment. The COVID care plan dated 9/2/20 identified R#4 had a problem with noncompliance wearing a face mask and removed the mask even with encouragement. The goal identified R#4 would be complaint wearing the face mask and interventions included to encourage R #4 to wear a face mask and re-approach as needed. The COVID -19 daily note dated 9/2/20 identified R#4 was encouraged to wear a facemask as tolerated. R#5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission assessment dated [DATE] identified R#5 was oriented to person only and had short and long-term memory impairment. The COVID care plan dated 9/2/20 identified R#5 had a problem with noncompliance for the use of a face mask and removed the mask even with encouragement. The goal identified R#5would be complaint with wearing the face mask and interventions included to encourage R #5 to wear a face mask and re-approach as needed. The COVID -19 daily note dated 9/2/2020 identified R#5 was encouraged to wear a facemask as tolerated. R#6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The significant change MDS assessment dated [DATE] identified severe cognitive impairment and did not reject care. The COVID care plan dated 9/2/20 identified R#6 had a problem with noncompliance for the use of a face mask and removed the mask even with encouragement. The goal identified R#6 would be complaint with wearing the face mask and interventions included to encourage R #6 to wear a face mask and re-approach as needed. The COVID -19 daily note dated 9/2/20 identified R#6 was encouraged to wear a facemask as tolerated. R#7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] identified severe cognitive impairment and did not reject care. The COVID care plan dated 9/2/20 identified a problem with noncompliance wearing a face mask and removed the mask even with encouragement. The goal identified R#7 would be complaint with wearing a face mask and interventions included to encourage R #7 to wear a face mask and re-approach as needed. The COVID -19 daily note dated 9/2/20 identified R#7 was encouraged to wear a facemask as tolerated. Observation on tour of the locked dementia specialty unit with the Director of Nursing (DNS) on 9/2/20 at 10:30AM identified R# 1, #2, #3, #4, #5, #6, and #7 sitting together in a small open lounge area near the nurse station without the benefit of wearing a cloth facial covering or a surgical mask. R# 3 was observed walking down the hall without a face mask. Interview with LPN #1 on 9/8/20 at 10:35 AM identified it was not feasible for the residents on the dementia unit to wear masks because the residents become very anxious and remove the masks. LPN #1 identified the masks were not placed on the residents this morning because she indicated it was a safety issue. LPN #1 indicated the masks were detrimental to the residents because they may put the mask over their eyes, and it is not worth the risk of having a resident break a hip. Additionally, LPN #1 identified if a resident must leave the unit for any reason a mask would be placed prior to leaving the floor. Further, LPN #1 identified she did not know if risk assessments were conducted on each resident to determine if they were appropriate and safe to wear a mask. Interview with the DNS on 9/8/20 at 11:00 AM identified the facility has not conducted specific risk assessments related to the appropriate use of masks for each resident, however the staff are responsible to encourage, redirect and reapply facemasks when they are removed and the residents are required to wear a mask if they leave the unit. I Review of the Center of Disease Control (CDC) guidance for implementation of source control measures identified residents should wear a cloth face covering or face mask if tolerated whenever they leave their room including from procedures outside the facility.</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.