

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER CAMBRIDGE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2428 EASTON TNPK FAIRFIELD, CT 06825	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review the clinical record, review of facility documentation, facility policy, and interviews, the facility failed to ensure infection control standards were followed during visitor entry and screening practices and failed to ensure the proper use of PPE according to facility policy. The findings include: a) An observation on 5/15/20 at 7:20AM identified the Director of Maintenance stationed at the entrance. Using a tympanic thermometer with a plastic protective shield over the probe. The Director of Maintenance obtained a tympanic temperature check on Surveyor upon entering into the building. The Director of Maintenance was then observed to discard the plastic covering for the probe. With a new plastic probe, the Director of Maintenance was then observed to place the tympanic thermometer in the ear of a second visitor entering the building to obtain a tympanic temperature check without first performing hand hygiene and cleaning/disinfecting the medical device. An interview on 5/15/20 at 7:20AM with Director of Maintenance identified s/he was unaware that the medical device required cleansing and disinfection between uses as the probe is covered and does not make direct contact with the individual. An interview and facility policy review on 5/15/20 at 7:35AM and 10:12AM with the Director of Nursing identified the cleaning and disinfecting of a tympanic thermometer was required when visibly soiled and routinely. The manufacturer guidelines for the care of the tympanic thermometer did not specify how often the device required cleaning but directed at least 30 minutes drying time after cleaning. The manufacturer was unable to be reached by phone. Interim Guidance for infection control practices related to Covid-19 recommend all visitors entering the building should receive the same screening as patients that include a temperature check. Review of the facility's Preparedness Plan for Covid-19 dated 3/20/20 signed by the Director of Maintenance directed hand hygiene to be performed before and after all contact. Further, that all non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. The facility failed to ensure infection control standards were followed during visitor entry and screening practices. b) An observation on 5/15/20 at 8:05AM identified (3) NA staff in a corridor of a unit identified as a non-Covid-19 and (1) laundry staff in the corridor on a unit identified to have residents who may have been exposed to Covid-19 without a face shield. An interview with on 5/15/20 at 10:12AM and 4:36PM with the DNS indicated staff were expected to wear eye protection at all times while in the building as a matter of source control meaning or protection of one's own secretions to be exposed to others. An interview on 5/15/20 at 10:17AM with RN #1 identified while staff should have been wearing eye protection, s/he was wearing prescription eyeglasses therefore was protected. An interview with Laundry Staff #1 identified s/he was unaware there was a requirement to wear eye protection at all times. The Clinical Services Cohort Guidelines Covid-19 Plan dated 5/7/20 signed by Laundry Staff #1 directs all staff to wear eye protection as a matter of universal source control with an ear loop tieback or KN95 mask. Interim Guidance Interim Guidance for infection control practices related to Covid-19 note eye protection is to include goggles that cover the front and side of the face. Contacts and glasses are not considered adequate eye protection. The facility failed to ensure the proper use of PPE according to facility 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.