

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2020
NAME OF PROVIDER OF SUPPLIER EVERGREEN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 205 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	
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, 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 during a tour of the first floor unit with resident's who were quarantined due to unknown COVID-19 status on 5/9/20 at 9:40 AM identified a laundry/housekeeping staff member removing soiled linen bags from the soiled linen carts in the hallway and placing them in a large bucket for transport all without the benefit of wearing a PPE (gown). The bags were observed to be touching the front of the staff persons chest/stomach area as the bags were being lifted. Upon interview at that time the laundry/housekeeper stated that it was optional if she was to wear PPE (gown) while removing the soiled linens and clothing. Interview at that time with the Administrator stated that the staff person should have PPE (gown) on. The Administrator further stated that re-education would be provided to the laundry/housekeeping staff for appropriate PPE to be worn when working with soiled linens. Interview with the ICN on 5/9/20 at 10:38 AM stated that laundry/housekeeping personal are to be wearing PPE (gowns/Tyvek suit and gloves) while removing laundry from the soiled laundry hampers. Review of the facility policy for PPE identified laundry personnel will wear protective clothing when handling soiled laundry.		

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.