

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEWTOWN REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>139 TODDY HILL ROAD NEWTOWN, CT 06470</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 clinical record reviews, review of facility documentation and interviews for two of five sampled residents (Resident #1 and Resident #5) who had been outside the facility for a hospitalization or medical appointment, the facility failed to cohort the residents as recommended by facility policy in order to prevent the transmission of COVID-19 infection. The findings include: 1. Review of Resident #1's clinical record identified the resident returned to the facility on [DATE] from a hospital admission that was not associated with COVID-19. The clinical record identified Resident #1 tested negative for COVID-19 in the hospital prior to discharge. Upon Resident #1's return to the facility, Resident #1 was placed on droplet precautions and a fourteen (14) day isolation period was initiated due to an Exposed status. Resident #1 was placed in a room with Resident #2, who had tested negative for COVID-19 on 5/11/20 and had no known exposure risk. Resident #1's clinical record identified on 5/22/20, ten (10) days after readmission to the facility, Resident #1 developed a fever, had a decreased oxygen saturation level and was transported to the hospital where Resident #1 tested positive for COVID-19. 2. Review of Resident #5's clinical record identified the resident was placed on droplet precautions on 5/8/20 as an Exposed resident due to the necessity of leaving the facility for medical appointments. Resident #5 tested negative for COVID-19 at the facility on 5/11/20, however, on 5/19/20 Resident #5 became febrile, had a decreased oxygen saturation and was transported to the hospital where Resident #5 tested positive for COVID-19. Review of Resident #6's clinical record, Resident #5's roommate, identified Resident #6 had tested negative for COVID-19 on 5/11/20 and had no identified exposure risk. The record identified Resident #6 developed a temperature on 5/20/20 and was retested for COVID-19 with results pending. A review of facility policy titled Emergency COVID-19 Pandemic Infection Control Policies dated 5/15/20 identified during the COVID-19 Pandemic, the facility will follow the most current Centers for Disease Control, Centers for Medicare Services, and State of Connecticut Department of Public Health guidance on infection control related to COVID-19 for the care of residents. This includes use of personal protective equipment, cohorting, and environmental cleaning to ensure the safety of residents, staff, and visitors. A review of a Blast Fax from the Department of Public Health and distributed to long term care facilities on 5/11/20 identified facilities were recommended to cohort residents into three separate unit/areas which included Positive residents who were confirmed to have COVID-19 due to a positive test, Negative residents who were asymptomatic, had no known exposure and tested negative for COVID-19, and a third unit for Exposed residents who were roommates of COVID-19 positive residents undergoing a fourteen (14) day quarantine or a symptomatic resident with high clinical suspicion for COVID-19 awaiting test results. The fax further identified room sharing priorities are private rooms for Exposed cohort where residents could potentially be positive or negative, COVID Positive residents can share a room with other COVID Positive residents and COVID Negative residents can share a room with other COVID Negative residents. Interview with the Director of Nursing (DON) on 5/23/20 at 11:40 AM identified although Resident #1 and #5 tested negative for COVID-19 they are put on precautions when returning to the facility. The DON identified precautions are a standard of practice because there was no way to know if there was an exposure and droplet precautions and early intervention of symptoms would minimize the risk of transmission. The DON identified the residents who would be considered Exposed were placed with residents considered Negative because of a false sense of confidence with the negative tests received from the hospital. The DON indicated the minute a resident becomes symptomatic, they are put on droplet precautions, the physician is notified, and they are tested. The DON identified residents are moved after the test results have been obtained and, if positive, the roommate is then put on droplet precautions. The DON identified creating the third cohort of Exposed residents was not clear in the direction received from the Blast Fax.</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.