

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER BICKFORD HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 14 MAIN STREET WINDSOR LOCKS, CT 06096	
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 observations, review of facility documentation, interviews, review of glucometer manufacturer's cleaning and disinfecting recommendations, and review of policy, the facility failed to update the glucometer policy to reflect a change in product use, failed to ensure staff was educated and utilized the appropriate cleaning and disinfecting of the Prism Multi Blood Glucose Monitoring System between testing to safeguard against the transmission of bloodborne pathogens and failed to ensure staff donned the appropriate and recommended personal protective equipment (PPE) when caring for residents with confirmed positive COVID-19, residents on surveillance for COVID-19, and residents who tested negative for COVID-19 to safeguard staff and residents from risk of infection. The findings include: a. A tour and observation of the facility on 5/19/20 at 12:30 PM identified that the facility utilized the Prism Multi Blood Glucose Monitoring System. It was further identified that the facility did not have DPI super Sani- cloth (purple top containers) on medication carts, in medication rooms, or at any storage areas within the facility. One container of Clorox wipes was identified on medication cart #2 and a second container of Clorox wipes at the nurse's desk. Interview with LPN #1 (7AM -3PM change nurse - West wing) on 5/19/2020 at 12:50 PM, LPN #1 identified that she utilized alcohol wipes to clean and disinfect the glucometer between residents when testing blood glucose levels. LPN #1 identified she last used alcohol wipes to clean and disinfect the glucometer at 11:30 AM on 5/19/20. LPN #1 further identified the facility recommended the use of purple top wipes for cleaning and disinfecting the glucometer between use. However, she stated the facility had not provided the recommended wipes in over 2 weeks. Interview with LPN #2 (7AM- 3PM charge nurse- East wing) on 5/19/2020 at 12:55PM identified she cleaned and disinfected the glucometer with Clorox and alcohol wipes between blood glucose testing. LPN #2 stated the facility did not provide the purple top wipes recommended for cleaning and disinfecting the glucometer between use. A review of clinical records with LPN #2 on 5/19/20 at 12:40 PM identified six residents with physician orders for monitoring of blood glucose levels using the glucometer. Further review indicated four residents required glucose checks at 11:30 AM. Review of the Medication Administration Record [REDACTED]. Interview with the Director of Nursing (DNS) and the Assistant Director of Nursing/Infection Control nurse (ADNS/ICRN) on 5/19/2020 at 1:15 PM identified that the manufacturer's recommended PDI- Super Sani-Cloth (purple top) wipes were on back order and the facility was using the Clorox germicidal wipes which was also recommended by the manufacturer of the Assure Prism glucometer. Review of the facility policy for the Assure Prism Glucometer directed to clean and disinfect the glucometer with PDI Super Sani-cloth (purple top Container) 3 wipes horizontally, 3 wipes vertically after each time it is used. Review of the manufacturer recommendations for cleaning and disinfecting of the glucometer identified that both the PDI Super Sani-Cloth germicidal disposable wipes and the Clorox germicidal wipes -12 could be used. Subsequent to surveyor's observations the ADNS revised the glucometer policy to include the Clorox germicidal wipes for cleaning and disinfecting the meter, initiated education of staff, and provided a plan of correction to include re-education of all staff on cleansing and disinfecting of glucose meters with Clorox germicidal wipes with random audits to be completed weekly x 3 months then monthly x 3 months. b. Tour of the facility on 5/16/20 at 2:15 PM identified 2 rooms at end of the West wing unit with residents identified as being under surveillance for exposure to COVID-19 and adjacent to these rooms were 2 rooms with residents who tested negative for COVID-19. Interview with RN #1 on 5/16/20 at 2:20 PM identified that when he cared for the COVID-19 exposed residents, he would remove his lab coat that he wore (donned) when he cared for the COVID-19 positive residents. He would then provide care to the COVID-19 exposed resident wearing a mask, gloves and a face shield, as he would when caring for a COVID-19 negative resident. Review of Resident #1 and Resident #2's clinical records identified they were under surveillance for COVID-19 exposure. Resident #1 was exposed between 5/11/20 and 5/13/20, developed a poor appetite on 5/12/20 and placed in a private room on 5/14/20. Resident #2 was exposed between 5/11/2020 and 5/13/2020, relocated to a private room on 5/14/2020 and developed loose stools on 5/15/2020. Interview with the ADNS/Infection Control Nurse on 5/16/2020 at 3:15PM identified that resident's who were exposed to COVID-19, developed symptoms and who were on surveillance should be treated as COVID-19 positive and the appropriate personal protective equipment (PPE) is to be donned when entering their rooms.</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.