

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075358</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BICKFORD HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>14 MAIN STREET WINDSOR LOCKS, CT 06096</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 observations, review of facility's Personal Protective Equipment (PPE) supply, tour of the facility, and interviews, the facility failed to ensure that PPE's were available to staff and failed to ensure that staff utilized the appropriate PPE when caring for residents with COVID-19 diagnoses. The findings include: On 5/30/20 at approximately 9:00 AM, the surveyor requested entry to the facility's Personal Protective Equipment (PPE) supply storage area. The 7 AM - 3 PM Nursing Supervisor (RN #1) indicated that she did not have access to the facility's PPE storage supply. Tour of the facility on 5/30/2020 at 10:30 AM identified NA #1 wearing a fabric mask without the benefits of a face shield when caring for residents diagnosed with [REDACTED]. #1 on 5/30/2020 at 10:45 AM identified that she had been wearing her personal cloth mask when caring for residents for over two weeks. NA #1 indicated that PPE were usually locked away and the nursing supervisor may not have access to the supply when the staff run out of the ration that was left out. NA #1 further indicated she was not informed that the fabric mask was not appropriate to be used when caring for residents with COVID-19 diagnoses. Review of PPE's available on the resident units, available at the facility's entrance, and the facility's PPE storage area identified that the facility had a supply of 7,450 surgical/KN95 and 255 N95 masks on hand. Interview with RN #1 on 5/30/2020 at 10:50AM identified that as a nursing supervisor she was never given access to the PPE storage area and only had access to the supply that was left out, and further stated that the supply she had access to was not always adequate. Subsequent to surveyor's inquiry, NA #1 was provided with a KN95 mask by RN #1.</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.