

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 06/12/2020
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	Provide and implement an infection prevention and control program. Based on observations, review of facility documentation, and interviews, the facility failed to ensure staff and residents were protected from risk of infection when staff working on a wing of the facility with COVID-19 positive, COVID-19 negative and COVID-19 recovered residents failed to don the appropriate Personal Protective Equipment (PPE), and failed to appropriately doffed PPE prior to exiting a room with a COVID-19. The findings include: Tour of the facility on 6/12/20 at 12:30 PM identified trash cans in the hallways of both wings of the facility. Observation of contents in the trash cans identified used PPE including gowns and gloves. In an interview with LPN #1 on 6/12/20 at 12:45 PM LPN #1 stated trash cans used to hold used gowns were always located in the hallways on the resident wings. During a tour of the facility on 6/12/20 at 1:PM NA #1 was observed entering Resident #1's room wearing a surgical mask without the benefits of a face shield and later exiting Resident #1's room, doffed gown outside the resident's room and placed the used gown in a trash can that was located in the hallway outside Resident #1's room. A review of the facility's Resident COVID-19 Line List identified Resident #1 was tested positive for COVID 19 on 6/4/20. In an interview with the Director of Nursing Services (DNS) on 6/12/20 at 1:30 PM, the DNS indicated that all staff were in-serviced on donning and doffing, and it was the expectation that staff doff and discard single use gowns just prior to exiting rooms. Subsequent to surveyor's observations and investigation, the DNS moved trash cans to inside the residents' rooms and initiated re-in-servicing of staff on appropriate donning and doffing.		
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.