

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER CHESHIRE HOUSE HEALTH CARE FAC		STREET ADDRESS, CITY, STATE, ZIP 3396 E MAIN STREET WATERBURY, CT 06705	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, review of facility documentation, review of facility policy and interview, the facility failed to timely institute transmission based precautions and isolate/cohort three of nine residents with symptoms of COVID 19 (R#7, R#10, R#15) according to CDC guidelines. The finding includes: 1. Resident #7's [DIAGNOSES REDACTED]. Nursing narratives dated [DATE] noted that R#7 had a temperature of 99.4 at the start of the shift, 100.4 at 6:45 PM, and 100.6 degrees F at 8:30 PM with a dry cough. Nursing narratives dated [DATE] indicated that R #7's temp was 100.5 degrees F at 2:00 AM and the dry cough continued. Review of R#7's clinical record and interview with the IP on [DATE] at 9:43 AM identified that R#7 was not placed on isolation precautions until [DATE] when the provider assessed the resident and ordered COVID 19 testing. Results of the testing were not available as of [DATE] at the time of this focused survey. 2. Resident #10's [DIAGNOSES REDACTED]. Nursing narratives dated [DATE] identified that R#10 had a morning temperature of 100.8 degrees F, a cough, had an intermittent headache and did not feel well. Nursing narratives dated [DATE] at 2:24 PM indicated that R #10's temperature was 101.1 degrees F and did not have a cough or shortness of breath. Nursing narratives dated [DATE] identified that R#10's provider was notified of the resident's elevated temperatures, was placed on isolation precautions, and a COVID 19 test was obtained as ordered. Interview with the IP on [DATE] at 1:38 PM noted, in part, that R #10 should have been placed on isolation precautions on [DATE]. 3. Resident #15 [DIAGNOSES REDACTED]. #15 shared a room with R #16. Nursing narratives dated [DATE] at 10:50 PM identified that R#15 had a temperature of 101.4 degrees F, shaking chills, congestion and Tylenol was administered following provider notification. Nursing narratives dated [DATE] at 7:00 PM noted that R#15's temperature was 102.3 degrees F, SPO2 was 90% on room air and a chest x-ray and droplet precautions were ordered. Nursing narratives dated [DATE] at 1:09 AM identified that R #15's SPO2 was 86% the provider was notified, oxygen at 2 liters via nasal cannula was administered and a mask (surgical) was placed on the resident and tolerated. Although the facility resident COVID-19 log indicated that R#15 was placed on droplet precautions nursing narratives lacked documentation that the isolation precautions were instituted when R#15 began showing symptoms of COVID- 19 ([DATE]), following the provider droplet isolation order on [DATE], and R #15 was not isolated and/or cohorted. R#15 was tested for COVID-19 on [DATE], was positive and expired in the facility on [DATE] (had been on comfort measures only prior to infection). R#16, although asymptomatic, was tested for COVID 19 on [DATE] with results pending on [DATE]. Interview with the IP on [DATE] at 9:52 AM noted that new admissions who tested negative for COVID 19 were being isolated for 14 days alone in the semi private rooms. She further noted that she was not sure if it was safe to move roommates because this could spread the infection. The facility policy entitled COVID 19 identified that the facility will implement infection control measures, in part, to minimize the potential exposure of COVID 19 to staff and residents. The Facility policy entitled Protocol for Residents with Presumptive [MEDICAL CONDITION] or COVID 19 Symptoms noted that if a resident has an elevated temperature > 100.4 and respiratory symptoms, the room was to be placed on droplet precautions. According to the CDC (Center for Disease Control) Coronavirus Disease 2019, update [DATE], the recommendation is to isolate symptomatic patients as soon as possible, place patients with suspected or confirmed COVID 19 in private rooms with the door closed and with private bathrooms (if possible), and cohort patients with COVID 19.</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.