

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075403</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APPLE REHAB WEST HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>308 SAVIN AVENUE WEST HAVEN, CT 06516</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, review of facility documentation, facility policy and interviews the facility failed to ensure appropriate screening practices were in place for staff and visitors entering the building in accordance with facility policy and CDC recommendations to mitigate the transmission of Covid 19. The findings include: Observation on 7/5/20 at 9:00 AM identified upon surveyor ringing bell at ambulance entrance to facility, a buzz sound allowed surveyor to enter the building on the 2nd floor entrance on the West side. Upon entering the facility on 2nd floor West side a nurse aide directed surveyor to go down the hall to nurse's station for screening (temperature). Observation identified RN #1 in the process of sending a resident to the hospital, and LPN #1 was in the process of medication administration. Interview with NA #1 on 7/5/20 at 9:03 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the day supervisor took her temperature. NA #1 indicated Monday through Friday there is someone at the ambulance entrance for screening. NA #1 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get be screened. Interview with LPN #1 on 7/5/20 at 9:05 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the supervisor took her temperature. LPN #1 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature at the beginning of the day shift. LPN #1 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Interview with NA #2 on 7/5/20 at 9:11 AM identified she came in at 6:40 AM and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the supervisor did not take her temperature. NA #2 indicated her temperature was not taken today. NA #2 indicated on the weekend there is no one at the entrance and her temperature does not get taken on the weekend. Interview with NA #3 on 7/5/20 at 9:14 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the supervisor took her temperature. NA #3 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature at the beginning of the day shift. NA #3 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Interview with RN #1 on 7/5/20 at 9:17 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the supervisor took her temperature. RN #1 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken by a supervisor. Interview with NA #4 on 7/5/20 at 9:20 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the supervisor took her temperature. NA #4 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature at the beginning of the day shift. NA #4 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Subsequent to surveyor inquiry at 9:21 AM identified RN #1 monitored surveyor's temperature and asked screening questions. Interview with LPN #2 on 7/5/20 at 9:39 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the time clock and punched in and went upstairs to the 3rd floor to work and did not get her temperature taken. LPN #2 identified she work the evening shift and she enters the building through the main entrance, and the receptionist will take her temperature. LPN #2 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. LPN #2 indicated she does not know why she did not get her temperature taken that morning. Interview with NA #5 on 7/5/20 at 9:44 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the time clock punched in and went straight upstairs to the 3rd floor to work and did not get her temperature taken. NA #5 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature. NA #5 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. NA #5 indicated she does not know why she did not get her temperature taken this morning. Interview with NA #6 on 7/5/20 at 9:47 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the supervisor took her temperature and she filled out the staff screen questionnaire. NA #6 indicated Monday through Friday she come to work at 8:00 AM and enter the building through the main entrance where the receptionist would take her temperature. NA #6 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Interview with NA #7 on 7/5/20 at 9:49 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where she took her own temperature and filled out the staff screen questionnaire. NA #7 indicated she only works on the weekends. NA #7 indicated on the weekends there is no one at the ambulance entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. NA #7 indicated she took her own temperature because the supervisor was busy. Interview with NA #8 on 7/5/20 at 9:54 AM identified she came in this morning and entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where she took her own temperature because the supervisor was getting report. NA #8 indicated she did not write her temperature down. NA #8 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature. NA #8 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Interview with LPN #3 on 7/5/20 at 9:58 AM identified she came into the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station where the night supervisor took her temperature. LPN #3 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature. LPN #3 indicated on the weekend there is no one at the entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Interview with NA #9 on 7/5/02 at 11:07 AM identified she entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the time clock and punched in and went to work. NA #9 indicated her temperature was not taking today. NA #9 indicated Monday through Friday there is someone at the ambulance entrance monitoring the staff temperature. NA #9 indicated on the weekend there is no one at the ambulance entrance and the staff must go down the hallway to the nurse's station to get their temperature taken. Interview with NA #10 on 7/5/02 at 11:14 AM identified she entered the building through the ambulance entrance on the 2nd floor West unit (negative unit) and went down the hallway to the nurse's station and took her own temperature and filled out the staff screen questionnaire. NA #10 indicated Monday through Friday sometime there is someone at the ambulance entrance monitoring the staff temperature</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.

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 1)</p> <p>and when there is no one there the staff has to take their own temperature. NA #10 indicated on the weekend there is no one at the ambulance entrance and the staff must go down the hallway to the nurse's station to get their temperature taken.</p> <p>Interview on 7/5/20 at 12:06 PM with the DNS identified she was not aware the staff were entering the facility through the unit entrance before their temperatures were taken. The DNS indicated the receptionist would be the staff member responsible to screen the staff members during her working hours. The DNS indicated there should have been a staff member at the ambulance entrance on the weekends to monitor the temperature. The DNS indicated an in-service/education will be given to all facility staff. Review of the Staff Screen policy identified please in-service your screen staff of the below that any yes on the screen must be reviewed by IP/DNS/Designee immediately before staff or visitor proceed into the facility. Review of the Center for Disease Control (CDC) guidelines in response to Covid-19 identified that upon entry into the facility all visitors will be screened for fevers over 100.0 degrees Fahrenheit and questioned about possible symptoms and exposure to Covid-19. The facility failed to ensure staff and visitors were screened before entering the building and/or the unit where residents reside.</p>		