

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER MADISON HOUSE		STREET ADDRESS, CITY, STATE, ZIP 34 WILDWOOD AVENUE MADISON, CT 06443	
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 observations, clinical record review, review of facility documentation, review of facility policy, and interviews, for one sampled residents (Resident #1) reviewed for infection prevention during the COVID 19 pandemic, the facility failed to ensure safe infection control measures to [MEDICAL CONDITION] transmission were implemented. The findings include:</p> <p>Resident #1's [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 required limited assistance with dressing and personal hygiene. A physician's orders [REDACTED]. A physician's orders [REDACTED]. The nurse's note dated 4/20/2020 at 9:00 AM identified that Resident #1 had a temperature of 100.5 degrees Fahrenheit, the Advanced Practice Registered Nurse (APRN) was notified, and orders were obtained to swab for COVID 19. Observation on 4/20/2020 at 2:40 PM with the Director of Nurses (DNS) identified Licensed Practical Nurse (LPN) #1 exited Resident #1's room and removed her face shield placing it on top of a personal protective equipment (PPE) cart and partially on mail stored on the PPE cart. LPN #1 appropriately cleansed her hands, cleansed the face shield, and left the vicinity. The DNS identified that LPN #1 should not have placed the face shield on the PPE cart and envelope and should have kept the face shield in his/her hand prior to cleaning. Additionally the DNS identified that since LPN #1 had placed the face shield on the PPE cart, he/she should have cleansed the top and bagged the letter. The DNS subsequently placed the envelope in a plastic container for removal at a later time. The DNS cleansed the top of the PPE cart with disinfectant. Interview with LPN #1 identified that he/she had placed the face shield on the PPE cart and mail because he/she had a urine sample in a bag in the other hand. The facility COVID 19 policy directed that contact and droplet precautions will be implemented for patients suspected or confirmed to have COVID 19 based on the Centers for Disease Prevention and Control to prevent transmission of infectious agents by droplets or contact.</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.