

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075441	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2020
NAME OF PROVIDER OF SUPPLIER SPRINGS AT WATERMARK EAST HILL, THE		STREET ADDRESS, CITY, STATE, ZIP 611 EAST HILL ROAD SOUTHURY, CT 06488	
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 observation, review of facility documentation and interviews for one of two units reviewed for infection control, the facility failed to properly use and dispose of disposable Personal Protective Equipment PPE to prevent and reduce the possible transmission of COVID-19. The findings include: Observation on 5/17/2020 at 8:10 AM identified in 6 resident rooms a clothesline containing numerous yellow disposable gowns hung by clothespins with white envelopes with names on them. Interview and observation with Registered Nurse (RN #1) on 5/17/2020 at 8:15 A.M. RN #1 indicated every 7 days staff are provided with a yellow disposable gown which the staff label with their name on the white envelopes. RN #1 further indicated the gowns are placed in the resident rooms and used for that specific resident. RN #1 identified that staff are re-using the disposable gowns to provide care to the resident then hung up for the next time the staff member provides resident care. RN #1 indicated re-use of the disposable gowns has been the procedure since the start of COVID-19. Interview with Licensed Practical Nurse (LPN #1) on 5/17/2020 at 9:00 A.M. LPN #1 identified he/she re-uses the disposable gowns to provide care to the residents he/she indicated the disposable gown is left in the resident room and used for that specific resident a 7-day period. Interview with the Administrator on 5/17/2020 at 9:55 A.M. he/she identified the facility is following the conservation protocol per CDC recommendations for the use of disposable gowns by providing staff members with a gown every 7 days. The Administrator identified the gowns are hung inside the specific resident room labeled with staff's name. The Administrator indicated staff are to re-use the gown when providing care to the resident for 7 days unless the gown becomes ripped, torn, or soiled. In addition, the Administrator indicated the facility is not using gowns as extended use only re-use protocol. Interview with the Director of Nursing Services (DNS) on 5/17/2020 at 10:20 AM he/she identified the facility has 813 disposable yellow gowns. The DNS identified he/she was re-using disposable gowns to conserve PPE. The DNS indicated the plan of action was to immediately remove the yellow disposable gowns that have been re-used in the 6 resident rooms and to cease the re-use protocol of disposable gowns. The DNS identified he/she would educate staff on the one time use of disposable gowns. Review of facility COVID-19 Isolation Gown Conservation Policy identified the re-use protocol of gowns disposable or cloth consider the best option for your isolation situation/zone to hang gowns between uses at the door of the resident immediately inside would be the best location if unable to accommodate use 3M hooks immediately outside the door to hang gowns. Follow the 3 D's discard if damaged, dirty, or damp.		
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.