STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075219	A. BUILDING _____ B. WING _____	**10/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
REGALCARE AT WATERBURY	**177 WHITEWOOD ROAD WATERBURY, CT 06708**

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, and interviews for infection control review, the facility failed to ensure fans were clean and free of debris. The findings include: Observation and interview with the DON and ADON on 10/16/2020 at 10:50 AM identified a fan on the floor at the West 1 Nurse ' s station. The fan was turned on, residents were observed in rooms surrounding the nurse ' s station. The fan was observed to be approximately two (2) foot square, with a white plastic grill in front and behind the fan blades. The white plastic grill was observed to be coated with a heavy, loose gray matter that was blowing in the breeze on the front grill. The ADON indicated that the fan should be cleaned and unplugged the fan. Interview and observation of the fan on 10/16/2020 at 10:56 AM with LPN #1, the DON, and the ADON identified the fan was on the nurse ' s station floor and turned on (blowing) since LPN #1 arrived to work at 7 AM (3 hours and 50 minutes). Subsequent to surveyor inquiry the fan was removed from the unit and the ADON directed housekeeping to clean the fan. The Facility did not provide a policy for surveyor review regarding cleaning fans, however, interview with the DON and ADON identified the expectation was that any fan used should be free of debris.
F 0886 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	Based on clinical record review, facility documentation review, facility policy review, and interviews for infection control review, the facility failed to ensure weekly COVID-19 staff testing was completed and the facility failed to ensure that staff who were not tested for COVID-19 were not working. The findings include: Interview and facility documentation review with the DON and RN #1 on 10/16/2020 at 11:37 AM identified the facility had no COVID-19 positive residents and currently had one (1) positive staff member. The interview further identified that the following staff had tested COVID-19 positive: Dietary Aide #1 on 9/14/2020, NA #4 on 9/30/2020, and Housekeeper #1 on 10/7/2020. Interview and facility documentation review with the DON, the Administrator, the ADON and RN #1 on 10/16/2020 at 12:15 PM identified that although the facility plan was to have all staff that work tested weekly for COVID-19, the facility did not track staff COVID-19 weekly testing to ensure all staff that worked were tested . The facility relied on the lab results that informed them of the percentage of staff that were actually tested . Review of facility documentation identified weekly lab summary reports indicated the following results: week ending 9/19, 64.5% staff were tested ; week ending 9/26, 52.4% staff were tested ; week ending 10/3, 44.6% staff were tested ; and the week ending 10/10/2020, 49.1% of the staff were tested for COVID-19. The interview further identified that staff who are not tested for COVID-19 are not removed from the schedule (they were allowed to continue to work). The facility was unable to provide a list of which staff were allowed to work without COVID-19 testing completed. The facility did not provide a policy regarding staff COVID-19 testing for surveyor review. Review of CT DPH Blast Fax 2020-67, dated 6/8/2020 directed in part that nursing homes may decide that staff who refuse (COVID-19) testing do not care for the negative/unexposed (COVID-19) cohort. Review of CT DPH Blast Fax 2020-87 dated 9/1/2020 directed in part, that facilities must test all actively working staff who have not previously tested positive for COVID-19.

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.