

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER WESTPORT REHABILITATION COMPLEX		STREET ADDRESS, CITY, STATE, ZIP 1 BURR ROAD WESTPORT, CT 06880	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review of facility documentation, facility policy, and interviews, the facility failed to ensure staff wore masks for source control, and failed to designate of a specific individual (with the required raining and qualification) to oversee the infection control program. The findings include: 1. Observation on 8/12/20 at 8:58 AM identified Dietary Staff #2 entered the building without the benefit of a mask for source control. A surgical mask was seen tucked under his/her chin and not covering his/her nose or mouth. Receptionist #1 screened Dietary Staff #2 upon entrance into the facility, and was within 6 feet of him/her while screening and while the mask was tucked under his/her chin. An interview on 8/12/20 at 8:58 AM with Dietary Staff #2 identified while he/she was aware staff should be wearing a surgical mask while in the building, he/she was not and therefore was not wearing the mask properly. An interview on 8/12/20 at 8:58 AM with Receptionist #1 identified while he/she was responsible for ensuring all staff entering the building were wearing proper face covering, he/she did not provide direction to Dietary staff #2 because she was also assisting with fixing a copy machine nearby. A subsequent observation on 8/12/20 at 9:10 AM of Dietary Staff #3 exiting from the main kitchen, and at 9:20 AM of Housekeeping Staff #1 in the main kitchen, identified both were without a mask for source control. Interviews on 8/12/20 at 9:20 AM with Dietary Staff #3 and Housekeeping Staff #1 identified they were on break therefore not wearing a mask. An interview on 8/12/20 at 9:20AM with the Executive Director identified it was his/her expectation that all staff wear a surgical mask while in the building. Although a policy for masking and source control was requested, none was provided. The facility failed to ensure staff wore a mask in the facility as a matter of source control. 2. Interview and review of facility documentation with the DNS on 8/12/20 at 10:40 AM identified the facility had been without an infection control nurse since 5/27/20, over 2 months. According to the DNS and Executive Director, the facility has been attempting to hire an infection control nurse, however, have been unsuccessful. The DNS indicated he/she had been functioning in the role of infection control nurse, however, does not have the required training. The DNS was informed that efforts were being made to provide him/her the required education and certification. Although requested, documentation detailing ongoing efforts to secure an infection control nurse was not provided. The facility failed to designate a specific individual, with the required training and qualifications, to oversee the infection control program since 5/27/20.</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.