STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075158	A. BUILDING _____ B. WING _____	**04/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NEW LONDON SUB-ACUTE AND NURSING	**88 CLARK LANE WATERFORD, CT 06385**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, review of facility documentation, review of facility policy, and interviews, the facility failed to ensure staff were performing proper handwashing techniques and/or for three sampled residents (Residents #1, #2 and #3) reviewed for infection prevention during the Covid 19 pandemic, the facility failed to ensure a COVID 19 exposed resident was maintained on transmission based precautions following the exposure, and/or the facility failed to ensure appropriate signs were posted outside of COVID positive resident rooms. The findings include: a1. Observation and interview with the Acting Director of Nurses (DNS) on the Pavilion Unit on 4/28/2020 at 2:40 PM identified Nurse Aide (NA) #1 exit Resident #4's door wheeling a vital sign cart and then closed the door, doing so by pulling the handle. The Acting DNS asked NA #1 to place her face shield. NA #1 was observed to walk approximately 35 feet from the resident's room, to the nurse's station, and placed his/her face shield without the benefit of washing or sanitizing his/her hands. NA #1 was then observed to return to the vital sign cart and opened Resident #5's door using the doorknob and prepared to enter a different resident's room. NA #1 was stopped by the surveyor. NA #1 identified that he/she should have washed his/her hands per the facility policy. 2. Observation and interview with the Acting DNS on the West Unit on 4/28/2020 at 3:40 PM identified Registered Nurse (RN) #1 responding to a resident in respiratory distress exhibiting COVID 19 symptoms. RN #1 was observed leaving the resident's room, pulling the door handle, used the telephone at the nurse's station, lifted the key pad concealed on the wall, activated the exit code, opened the unit door, walked by a hand sanitizer dispenser located on the wall outside the unit, reached into his/her pocket, withdrew the keys and opened the oxygen room door without the benefit of washing or sanitizing his/her hands. The DNS identified that even though there was an emergency, RN #1 should have washed or sanitized his/her hands. 3. Observation and interview with the Administrator on the West Unit on 4/28/2020 at 3:45 PM identified Housekeeper #1 left the shower room after cleaning the area, removed the top layer of a double layer of gloves and replaced the outer (second pair) of gloves without the benefit of removing the first pair, and without washing or sanitizing her hands. Housekeeper #1 was entering Resident #6 and #7's room, (both Resident's COVID 19 virus positive) and was stopped by the surveyor. Housekeeper #1 identified that although he/she had been educated on proper handwashing and sanitizing before and after glove removal, not double gloving and not wearing dirty gloves in the hall he/she felt that double gloving offered [MEDICAL CONDITION] protection. The Administrator identified that the Housekeeper should not have double gloves, should have removed both pairs of her gloves, washed or sanitized his/her hands, and should not have been wearing dirty gloves in the hall. b. 1. Resident #1's [DIAGNOSES REDACTED]. The five-day Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 without cognitive impairment and required one staff physical assistance with bed mobility, transfers, eating, and hygiene. The Resident Care Plan (RCP) dated 4/13/2020 identified a risk for infection related to COVID 19 pandemic. Interventions directed to maintain special precautions for 14 days, monitor and chart signs and symptoms of shortness of breath, cough, sore throat, loss of appetite, and take temperatures twice daily. A physician's orders [REDACTED]. The nurse's note dated 4/24/2020 at 7:10 AM identified that Resident #1 had an occasional cough. Continued review from 4/24/2020 through 4/28/2020 identified vital signs were stable, the resident did not have a temperature, and he/she had no further change of condition. Observation and interview with Licensed Practical Nurse (LPN) #1 on 4/28/2020 at 6:35 PM identified that Resident #1's roommate had been sent to the hospital, tested positive for the COVID 19 virus, and would be moved on his/her return to the facility. LPN #1 identified that although Resident #1 shared a room with a COVID 19 positive resident, he/she was not placed on droplet precautions which would have included a sign on the door indicating precautions and Personal Protective Equipment (PPE). 2. Resident #2's [DIAGNOSES REDACTED]. The MDS dated [DATE] identified Resident #2 was moderately cognitively impaired and was totally dependent on staff for bed mobility, transfers, eating, and personal hygiene. The RCP dated 4/14/2020 identified Resident #2 was diagnosed with [REDACTED]. Interventions directed to maintain special precautions for COVID 19. Observation on 4/28/2020 at 6:10 PM identified that Resident #2, according to the facility bed board and interim DNS, had tested positive for the COVID 19 virus. Resident #2 did not have signage on the door indicating that he/she was on contact/droplet precautions. 3. Resident #3's [DIAGNOSES REDACTED]. The MDS dated [DATE] identified Resident #3 was moderately cognitively impaired, was independent with bed mobility and transfers, and required supervision with dressing and personal hygiene. The RCP dated 4/18/2020 identified Resident #3 was diagnosed with [REDACTED]. The nurse's note dated 4/22/2020 at 10:04 PM identified Resident #3 presented with shortness of breath, increased fatigue and a decreased oxygen saturation of 74 percent on room air. Resident #3 was placed on oxygen at 4 liters per minute and his/her oxygen saturation increased to 90 percent. Resident #3 was also noted to have a temperature of 102.2 degrees Farenheit. Resident #3 was sent to the Emergency Department (ED) and admitted with COVID 19 pneumonia. Observation on 4/28/2020 at 6:15 PM identified that Resident #3, according to the facility bed board and acting DNS, had tested positive for the COVID 19 virus. Resident #3 did not have signage on the door indicating that he/she was on contact/enhanced droplet precautions. Interview and review of facility policy with the Administrator and Acting DNS on 4/28/2020 at 7:35 PM identified that all residents who have been potentially exposed to the COVID 19 virus (including Resident #1) should have appropriate signs outside of the door indicating appropriate precautions to take when entering the resident's room, and that PPE should have been available. Additionally, all residents who are COVID 19 positive should have signs designating contact/enhanced droplet precautions outside of the door to ensure anyone who enters the room is taking appropriate precautions.

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.