STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075386	A. BUILDING _____ B. WING _____	**04/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SHADY KNOLL	**41 SKOKORAT STREET SEYMOUR, CT 06483**

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, review of clinical records, facility documentation, facility policy, and interviews for 2 of 38 residents (Resident # 1 and Resident #2) reviewed for infection control, the facility failed to isolate residents with known COVID-19 from residents that were not confirmed to have COVID-19 and failed to develop and implement policies related to the extended use of Personal Protective Equipment (PPE) in a facility with residents known to have COVID-19 in accordance to Centers for Disease Control and Prevention (CDC). The findings included: 1. a. Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set Assessment ((MDS) dated [DATE] identified Resident #1 had moderate cognitive impairment and required extensive assist with personal care. The care plan dated 4/20/20 identified Resident #1 had a [DIAGNOSES REDACTED]. A review of the facility COVID-19 tracking surveillance identified Resident #1 had not been identified as testing positive for COVID-19 on 4/23/20. b. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. The (MDS) assessment dated [DATE] identified Resident #2 was severely cognitively impaired and required extensive assist with personal care. The care plan dated 4/20/20 identified Resident #2 was cognitively impaired with interventions. Intervention included to use simple direction and to encourage socialization. A review of the facility COVID-19 tracking surveillance identified Resident #2 tested positive for COVID-19 4/23/20. An observation and interview with the Director of Nursing Services (DNS) on 4/29/20 at 9:00 A.M. identified Resident #1 and Resident #2 were both placed in a semi-private room with another resident. According to the DNS, the residents remained together as they had already previously been exposed prior to learning of the diagnosis. The DNS also indicated the facility had taken measure to pull the curtains and monitor for symptoms of COVID-19. She indicated Resident #1 had been tested and was negative for COVID-19. The facility failed to ensure that resident's with identified COVID-19 were not cohorting with non-COVID-19 resident. Although a facility policy for co-horting Residents with COVID -19 was requested, none was provided. The Centers for Disease Control and Prevention (CDC) guidance noted those who are at highest risk of complication of infection include those in long-term care facilities with symptoms and should be rapidly identified and appropriately triaged. Patient placement include a single-person room with the door closed, Additionally, it may not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection. 2 An observation on 4/29/20 at 9:25 A.M. on a unit where residents were described as suspected of COVID-19 or under quarantine. Staff were observed donned in (PPE) that included an eye shield, face mask and a Hazmat suit. The same staff were observed exiting a resident room and using bleach disinfectant located on PPE tables set up in the hallway. Staff were then observed to have donned a short sleeve cloth Johnny coat over the Hazmat suit before entering another resident room. The facility protocol implemented 4/12/20 for the extended use of the Hazmat suit reviewed on 4/29/20 directed staff to don a labeled suit in a designated shower room and to wear the entire shift. Staff may not come off the floor wearing a Hazmat suit. A Johnny coat must be worn over the Hazmat suit so only the exposed areas of the suit require disinfecting. The protocol directed disinfected Hazmat suit should be hung in the shower room at the end of the shift on hangers provided. The hangers require disinfecting as well. An interview on 4/29/20 at with Registered Nurse (RN #1) at 9:50 A.M. identified the same Hazmat suit was used between residents throughout the day and disinfected with bleach between residents. Hand hygiene was performed, and a new Johnny coat was donned over the Hazmat suit between residents. An Interview with DNS 10:32 A.M. identified that while s/he did not know about the manufacturer guideline for the cleaning of Hazmat suits, direction was provided by the facility corporate office to disinfect with bleach between residents and to wear a new Johnny coat in between. The DNS also indicated the Hazmat suits were being changed every two weeks. Further, the Hazmat suits were implemented within the last two weeks when efforts to obtain sleeves for cloth Johnny coats were unsuccessful. The DNS indicated the facility was waiting on a shipment of washable isolation gowns. She indicated the facility anticipated delivery will be the following week. Standard of care strategies for extended use of PPE recommend the same gown is worn by the same health care provider (HCP) when interacting with more than one patient known to be infected with the same infectious disease, when these patients are housed in the same location.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE