STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075221	A. BUILDING _____ B. WING _____	05/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PINES AT BRISTOL FOR NURSING & REHABILITATION, THE	61 BELLEVUE AVENUE BRISTOL, CT 06010

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** - Some	**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 and interviews for 3 newly admitted residents who were under observation for signs and symptoms of Coronavirus (COVID-19) (Resident #4, Resident #8, and Resident #12), the facility failed to implement the required transmission-based precautions to prevent and control the spread of COVID-19. The finding included: a. Resident #4 was admitted to the facilities Observational/Exposed unit from an Assisted Living facility on 5/23/20 with [DIAGNOSES REDACTED]. A laboratory test dated 5/19/20 identified COVID-19 was undetected (COVID-19 negative). Further review of the laboratory results identified that this result did not rule out COVID-19 in the patient, as the sensitivity of the test depended on the timing of the specimen collection and the quality of the specimen. A tour of the Observational/Exposed COVID-19 Unit with RN #1 on 5/25/20 at 9:15 AM identified Resident #4 was sitting in the chair by the bedside in his/her room. NA #1 and Physical Therapist (PT) #1 were assisting the Resident #4 without the benefit of using a gown as part of the required personal protective equipment (PPE). Further observation failed to identify that appropriate transmission-based precaution signage with instructions regarding the specific precautions that were required for the resident and isolation cart with personal protective equipment (PPE) were utilized. Interview with NA #1 and PT #1 on 5/25/20 at 9:20 AM identified that although Resident #4 was on observation for COVID-19 symptoms, the resident was not on isolation precautions (although Resident #4 only had 1 COVID-19 test completed) and no additional PPE was required to be worn. NA #1 and PT #1 both identified that they were not aware that newly admitted residents that were placed on observation for COVID-19 required transmission-based precautions that included the use of all recommended COVID-19 PPE. b. Resident #8 was admitted to the facilities Observational/Exposed unit from an acute care hospital on [DATE] with [DIAGNOSES REDACTED]. An initial laboratory test dated 5/14/20 identified COVID-19 was not detected (COVID19 negative) and included information that negative results did not preclude COVID-19 infection and should not be basis for treatment or other patient management decisions. Observation on 5/25/20 at 9:30 AM identified Resident #8 sitting in the chair in his/her room. LPN #1 was leaning over the bedside table and was administering an inhaler with a spacer to the resident without the benefit of using gloves, gown, goggles or face shield. During the observation LPN #1 was wearing a N95 mask and had goggles placed on top of her/his head. Interview with LPN #1 on 5/25/20 at 9:35 AM identified that Resident #8, who was admitted recently to the unit, and all newly admitted residents residing on the Observation/Exposed Unit were to be monitored for signs and symptoms of COVID-19 but did not require transmission-based precautions. LPN #1 identified that there was no need to use goggles/face shields while administering medications such as inhalers to the resident on observation for signs and symptoms of COVID-19 and/she forgotten that the goggles were on top of her/his head. c. Resident #12 was admitted to the facilities Observational/Exposed unit from an acute care hospital on [DATE] with [DIAGNOSES REDACTED]. A laboratory test dated 5/17/20 identified COVID-19 was not detected (COVID-19 negative) and included information that negative results did not preclude COVID-19 infection and should not be basis for treatment or other patient management decisions. Further observation during the tour of the Observation/Exposed Unit identified multiple staff members going back and forth between multiple resident rooms and assisting residents without the benefit of wearing necessary PPE and implementing recommended precautions. Interview with RN #1 on 5/26/20 at 10:00 AM identified that residents admitted to the Observational/Exposed unit were admitted within the last 14 days and did not require transmission-based precautions, signage identifying necessary isolation or isolation carts with the required PPE. RN #1 further identified that there was no need for precautions to be implemented for newly admitted residents that were co-horting or in private rooms on the unit because those residents had at least one negative COVID-19 test at the hospital and they did not require precautions unless they had COVID-19 symptoms. Subsequent to surveyor inquiry, precaution signs with specific instructions were placed on newly admitted residents doors, additional bins with PPE were strategically placed on the unit, face shields were provided to all staff members working on the observation unit and staff in-services were provided on implementing transmission based precautions. Centers for Disease Control and Prevention (CDC) guidance Responding to Coronavirus (COVID-19) in Nursing Homes identified that all recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. The guidance further directed newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COCVID-19 PPE. The facilities Cohort Guidelines COVID-19 Plan dated 5/5/20 directed upon admission or re-admission from the hospital, the resident will be placed in a designated area for fourteen days on Contact and Droplet Transmission based precautions to ensure that they are not carrying the [MEDICAL CONDITION].

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.