

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2020
NAME OF PROVIDER OF SUPPLIER ST JOSEPH'S CENTER		STREET ADDRESS, CITY, STATE, ZIP 6448 MAIN STREET TRUMBULL, CT 06611	
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, review of facility documentation, and interviews, the facility failed to ensure staff members adhered to infection control practice during a pandemic by wearing the N95 mask in a manner that optimized effectiveness of the mask and the facility failed to wear Personal Protective Equipment (PPE) appropriately (i.e. the donning of a face shield while providing patient care on a Covid 19 positive unit. The findings include: 1. During observation on 5/17/20 at 12:10 PM, RN#1 (supervisor in training) was observed wearing a surgical mask under a N95 mask. Interview at the time of the observation with RN#1 identified s/he was allergic to the N95 mask. Observation on one of the Covid 19 positive units, NA#1 was observed wearing a surgical mask under a N95 mask. During an interview with NA#1 during the time of the observation, NA#1 indicated s/he was not aware there was a problem with wearing the surgical mask and the N95 over it. Immediate training was completed by RN#2 (the nurse supervisor on duty). During an interview with the Administrator on 5/17/20 at 1:10 PM identified staff were educated on the proper way to wear masks. S/he identified that staff are permitted to place a surgical mask over the N95 mask. A re-education was provided by the facility on 5/18/20 with all of the employees on the use of proper PPE wearing. 2. During observation on 5/17/20 at 12:45 PM on two designated COVID 19 units, LPN#1 and Housekeeper #1 was observed without the benefit of a face shield on or goggles while conducting patient care and cleaning patient rooms. Interview with RN#2 identified LPN#1 should have had his/her shield on and when touring, LPN#1 noticed that the shield was off and quickly donned the face shield while providing patient care. During an interview with House Keeper #1 on 5/17/20 at 12:50 PM identified s/he had a face shield issued to him/her and s/he had forgot to put it on while cleaning patient's rooms on a designated covid unit. Further interview with RN#2 (nurse supervisor on duty) indicated that all staff entering the designated COVID units should always wear masks, face shield, gloves, and gowns. S/he identified that LPN #1 and the Housekeeper should not enter resident 's room without the appropriate PPE. The facility failed to ensure staff members adhered to infection control practice		

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.