

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER HARRINGTON COURT		STREET ADDRESS, CITY, STATE, ZIP 59 HARRINGTON CT COLCHESTER, CT 06415	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, a review of the facility documentation, staff interviews, and a review of the facility policies, the facility failed to ensure COVID -19 infection prevention protocols were consistently implemented. The findings include. a. Observation on 5/18/2020 at 8:45 AM identified LPN #1 in the hall wearing a blue long-sleeved disposable gown and the material was piled. LPN #1 identified the facility had provided staff with different types of disposable gowns and identified the gown she was wearing was a Proxima disposable surgical gown. LPN #1 indicated once the gown was removed it transported to the dirty utility room and placed in a hamper and then picked up by laundry staff to be washed and reused. Review of the manufacturer guidelines identified the gown was sterile, disposable and single use only. Interview with the Director of Maintenance on 5/18/2020 at 9:00 AM identified in order to maximize the supply of gowns the facility was directed to wash the disposable gowns per corporate policy. Additionally, the Director of Maintenance identified the gowns are washed on a gentle cycle and inspected daily and discarded when holes were noted. Interview with RN #1 (Infection Control Nurse) on 5/18/2020 at 9:45 AM identified the facility washed the disposable gowns due to of a limited supply of gowns. Additionally, RN #1 identified the facility had cloth Johnny gowns and did not use them as they were short sleeved. RN #1 indicated she was not aware gown arm extenders could be purchased and worn with the Johnny gowns. The staff education form entitled COVID 19 entitled Rules for Protection of Resident and Staff dated 4/22/2020 directed that all gowns no matter what color, at the end of use are to be placed in the dirty laundry bin marked for washing. Review of the facility policy for washing of disposable gowns directed to remove and place the gown in a sealed tied bag and transport it to the soiled laundry receptacle in the soiled utility room. The laundry employee would place the gowns in the a mesh bag or washer basket under the correct Ecolab gown cycle, which uses bleach as a disinfectant. Additionally, the policy directed to dry the gowns in the dryer on a cool cycle and ensure the gowns were fully dried, and inspected. Torn or damaged gowns would be discarded in the trash. b. Resident (R) #1 was readmitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. #1 had one COVID -19 test on 5/12 and [MEDICAL CONDITION] was not detected. Observation of NA #1 on 5/18/2020 at 8:40 AM identified NA#1 walked out of R #1's room with a long-sleeved cloth gown. Interview with NA #1 on 5/18/20 identified R #1 was on droplet precautions for 14 days because he had been at the hospital and all new admissions or readmissions were placed on droplet precautions for 14 days according to the facility policy. NA #1 removed her gown in the hallway, rolled it in a ball outside R #1's door and walked to the dirty utility room around the corner and disposed of the gown in a white uncovered hamper. NA #1 identified she removed the gown in the hallway because there were no bags or personal protective equipment (PPE) bins inside the room to dispose of the PPE equipment. Furthermore, the staff had been instructed by the infection control nurse to discard the gowns in the dirty utility room. NA #1 indicated she should have removed the gown inside R #1's room, placed it in a bag in the room and then transported to the dirty utility room. Interview with the Assistant Director of Nursing (ADNS) on 5/18/20 at 9:20 AM identified R #1 had returned from the emergency room and was placed on the precaution unit per facility policy for 14 days. Interview with the Infection Control Nurse, RN #1 on 5/18/2020 at 9:45 AM identified PPE disposal bins were not kept inside the isolation rooms because the facility did not have enough. Staff were instructed to remove their gowns and place them in a tied bag, transport them to the dirty utility room where they would be picked up by laundry and washed. RN #1 indicated the unit was comprised of all new admissions that have had 2 negative COVID tests prior to admission, and quarantined per facility policy for 14 days, although review of the line list identified only one test was completed per resident. RN #1 indicated staff wear the same gown from room to room on the precaution unit because all residents tested negative before admission and there was a limited gown supply. Review of the facility policy for extended use of isolation gowns identified the same gown would be worn by the same health care worker when interacting with more than one patient known to be infected by with the same infectious disease when patients are housed in the same location. Additionally, the policy directed when caring for patients without an infectious process they may wear the same gown room to room and in the hallway, and staff must change gowns when caring for residents with different or unknown infectious processes. Review of the facility procedure for care of and washing gowns identified to remove the disposable gown using proper doffing procedures, place in a tied sealed bag and transport to the appropriate identified soiled laundry receptacle in the soiled utility room.</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.