STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075374	A. BUILDING _____ B. WING _____	**05/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MONSIGNOR BOJNOWSKI MANOR	**50 PULASKI STREET NEW BRITAIN, CT 06053**

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, facility policy, and interview for review of infection control practices related to COVID-19, the facility failed to ensure that staff had proper access to personal protective equipment (PPE) and that proper PPE (facemasks) was utilized when providing care in an isolation room according to Center for Disease Control (CDC) guidelines. The finding includes: An observation on 5/17/2020 at 9:15 AM identified Resident (R) #1 was on isolation precautions after being admitted to facility on 5/16/20 from the hospital. S/he had tested negative for Covid-19 while in the hospital. Present outside of R #1's door was a stop sign, donning/doffing signage, a PPE laundry bin, garbage bin, and a 3-bin plastic container that contained gloves and cloth facemasks. A subsequent observation on 5/17/20 on 9:30 AM identified laundered, reusable, cloth face masks were present in a first floor storage room, on a shelf, along with laundered, reusable, fabric yellow gowns. Interview with RN Supervisor at that time identified that staff were directed to wear the cloth facemasks when providing direct care to residents on isolation precautions, and then discard the cloth masks into the laundry bin outside the resident's room. The cloth face masks would then be laundered and returned for further use. The Registered Nurse (RN) Supervisor further indicated that the cloth face masks were all that was available to her, The RN Supervisor indicated that she had not been present when R #1 was admitted on [DATE], therefore she was not sure if the nurse on duty had inquired about facemask use on the unit. The RN Supervisor further indicated that staff are provided with one surgical mask a week and these masks are to be reused. The surgical mask was removed and the cloth face mask was utilized when providing care to the isolation resident. The RN Supervisor further indicated cloth face masks and cloth gowns were all that were available on the unit at that time of R#1's admission, and that PPE equipment was kept in an office. Interview with Nursing Assistant (NA) #1 on 5/17/20 at 9:30 AM identified that she received one blue surgical face mask a week at the facility and was not sure if they could get another one quickly if the one she was wearing became soiled. NA#1 indicated that she utilized the cloth face mask when providing care to R #1. Interview with the Administrator on 5/17/2020 at 9:45 AM identified that the PPE was kept in his office under lock and key due to constant theft of products in the building. Administrator was aware of the admission of R #1 and further stated that the staff should be using blue surgical face mask when providing care and that he was not contacted by staff about needing any additional face masks when Resident #1 was admitted . the Administrator indicated he lived close by and would come to building to get more PPE quickly if needed. The Administrator further indicated that one of the Nuns, who lived on the third floor of the Facility, had a key to all of the rooms in the building (including his office). When asked if the Nursing Supervisor was aware how to access more PPE he indicated he was not aware if the Nursing Supervisor knew that information. Interview with Infection Control Registered Nurse (ICRN) on 5/17/20 at 9:55 AM identified that she was not aware of R#1's admission, but that staff were provided with a blue surgical mask weekly and could have it replaced if needed. ICRN further indicated that a resident admitted from a hospital on 14 day watch should be placed on isolation precautions, further clarified it to be droplet precautions, and staff should utilize a gown, mask, gloves and monitor temp and oxygen saturations. The ICRN stated that the CDC had previously visited the building with the Department of Public health (DPH) and gave permission to have staff wear cloth facemasks with filter inside due to shortages of available masks. During a subsequent interview with the Administrator on 5/17/20 at 11:55AM he identified that the cloth face masks contained coffee filters that get replaced after laundering, and that the staff has not been fit tested for N-95 face masks as of yet because the the building was COVID-19 negative. Further interview, for clarification, with the Administrator (name and date of CDC visit) identified that the Administrator felt the ICRN has misspoken and it was the National Guard that had visited the building previously and indicated it was allowable for staff to wear cloth face masks. Although attempted, the Director of Nursing (DNS) was not available by phone at the time of this survey. Review of facility policy for Covid Prevention and response identified that facility would promote easy and correct use of personal protective equipment (PPE) by: posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE, make PPE, including facemask, eye protection, gowns, and gloves, available immediately outside of the resident's room, and position a trash can near the exit inside any resident room to make it easy to discard PPE. Current COVID-19 CDC guidelines indicate in settings where facemasks are not available, Health Care Providers (HCP) might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

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