STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075438	A. BUILDING _____ B. WING _____	**07/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ORCHARD GROVE SPECIALTY CARE CENTER, LLC	**5 RICHARD BROWN DRIVE UNCASVILLE, CT 06382**

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, review of facility documentation and staff interviews for three of three sampled residents who participated in outdoor visits (Residents #1, #2 and #3), the facility failed to implement the necessary COVID-19 screening measures prior to the visitations. The findings include: Resident #1, who was admitted to the facility on [DATE], had [DIAGNOSES REDACTED]. Review of a laboratory report dated 6/1/2020 identified that Resident #1 had tested negative for COVID-19. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a laboratory report dated 6/1/2020 identified that Resident #2 had tested negative for COVID -19. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a laboratory report dated 6/1/2020 identified Resident #2 had tested negative for COVID -19. The facility's infection control line list identified that the rooms of Residents #1, #2 and #3 were in an area of the building designated for residents who had tested negative for COVID-19. Observation on 7/1/2020 at 11:00 AM identified that Resident #1, Resident #2 and Resident #3 were sitting in three separate areas designated for visitation outside the front of the facility. The residents who each had one visitor were sitting at a distance of at least six feet from others and were wearing masks. Interview with the Director of Recreation on 7/1/20 at 11:45 AM identified outdoor visits had been started on 6/4/2020, and screening had been conducted from 6/4/20 through 6/10/20 to determine if the visitors had an elevated temperature or other signs or symptoms of COVID-19. The Recreation Director further indicated that although the facility had conducted seventy-nine (79) outdoor resident and family visits since 6/10/2020, the visitors were not screened for a temperature or other signs and symptoms of COVID-19 since corporate staff had indicated the screening was not necessary when the visits occurred outside the building. Review of a letter dated 6/26/20 from the State of Connecticut Office of the Long-term Care Ombudsman and the Commissioner of the Department of Public Health identified that visitors must be screened in accordance with facility policy, and the visitors were not permitteed to enter the interior of the building. Review of the facility's policy entitled Visitation identified all nursing home residents would be screened per facility policy and would not be allowed to enter the interior of the building. Subsequent to surveyor inquiry on 7/1/20 at 11:45 AM, review of an In-service Education form dated 7/1/2020 identified the Administrator of the facility had educated the staff who were on duty regarding the outdoor visitation policy that required the screening of visitors.

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