

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2020
NAME OF PROVIDER OF SUPPLIER LEDGECREST HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 154 KENSINGTON RD KENSINGTON, CT 06037	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, facility policy, and interviews for 1 of 3 Resident (Resident #1) reviewed for infection control, the facility failed to ensure that staff had proper access to personal protective equipment (PPE), and that proper donning/doffing of gowns/lab coats were conducted according to infection control standards of practice. A: Observation on 7/19/20 at 8:50 AM identified that three Residents were on precautions for COVID-19, each room had a plastic, three drawer isolation bin outside of his/her room for PPE, all three bins lacked contents of PPE. Interview with Nursing Assistant (NA) #1 on 7/19/20 at 9:05 AM identified that PPE carts were routinely left empty and that she did not know why. NA #1 could not verbalize how many times the lab coats, utilized for precaution rooms, could be worn for the same resident before discarding. Interview with Registered Nurse (RN) #1 at this time identified that the lab coats were to be worn once and placed in the laundry bin to be washed. RN#1 indicated the isolation bins did not have supplies because the staff routinely get lab coats from the closet, including in the case of an emergency. B: Observation on 7/19/20 at 9:15 AM identified NA #1 could not properly demonstrate donning and doffing of the lab coat without the benefit of contaminating herself. During two consecutive observations, NA#1 unsnapped the lab coat in the front and began shaking her left arm and shoulder. NA #1 contaminated her hand as she pulled the sleeve off her arm. On the third observation, NA #1 attempted to scoop the left wrist area, and pulled her arm free, contaminating her left hand as she reached to pull off the right arm sleeve. Interview with RN #1 at this time identified that it was her responsibility to provide the education regarding the lab coats. RN #1 identified that she began the education regarding the lab coat use on 7/16/20, but could not produce the policy, or documentation of the education at the time of the interview. RN#1 indicated NA #1 did not properly demonstrate donning and doffing of PPE and would need reeducation. Interview with the Administrator at this time identified that the lab coats had been in use on the units for approximately 2 weeks. C: Interview on 7/19/2020 at 9:35 AM identified NA #2 could not verbalize where to properly place soiled lab coats. NA #2 was caring for Resident (R) #1, who was recently admitted to the facility, and required isolation precautions for 14 days pending re-swab for Covid 19 and r, should R#1 remain asymptomatic. Signage outside of room indicated R#1 was on droplet precaution, and a donning/doffing sign was on the door. The PPE cart outside of R#1's room did not contain PPE materials. A garbage bin, and a linen bin for used lab coats were adjacent to the room. Interview with NA #2 at this time identified that her lab coat was only worn once. When she leaves the room, she takes the lab coat off, places it in a garbage bag, and walks it into the linen closet across the hall. NA #2 demonstrated at this time the location of the room in which she placed the soiled lab coat. Observation identified the room was the same room which contained clean lab coats hung on hangers. Interview with RN #1 at this time reiterated to NA #2 that soiled lab coats go in the soiled bin located outside of the door, not in the room with the clean lab coats. D: Observation on 7/19/20 at 9:55 AM identified NA #2 walking out of the door of Resident #1's room wearing gloves, and an unbuttoned lab coat. NA #2 walked down the hall, approximately 8 feet and stopped. NA #2 identified that she had been providing care to R #1, heard a call bell sounding, and wanted to see what room it was coming from. Subsequent to the conversation with the State Surveyor, NA #2 turned and returned to R#1's room without doffing clean PPE and using hand sanitizer. RN #1 identified at this time that NA #2 should not have walked out of the room wearing PPE and that the lab coat should be buttoned. RN #2 further identified that NA#2 should have removed her PPE, donned new PPE, and sanitized her hands. Interview wit Director of Nursing (DNS) on 7/19/20 at 10:05 AM identified that she could not locate the educational records to verify lab coat training, but indicated it had started on 7/16/20. The DNS further identified that donning and doffing should be completed at the door of the room, and PPE should be placed in bins outside of the room door. Interview with the Administrator at this time identified that the PPE bins should contain supplies including gloves, hand sanitizer bottles if available, and disposable gowns. \ The facility failed to ensure all staff were educated and competent in infection control practices to prevent the spread of COVID 19. Review of facility PPE donning/doffing education sign in sheets identified that NA #1 did not have a date for completion of training, and NA #2 completed training on 3/18/20. Subsequent documentation provided on 7/19/20 indicated lab coat donning and doffing procedures were provided to staff which coincided with the staffing sheet dated 7/19/20. Review of facility Pandemic Continuity of Operation Plan identified that education and training was in place to ensure all personnel, residents, and responsible parties understood the implications of basic prevention and infection control measures, and that infection control measures to prevent spread of pandemic influenza were present.</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.