

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER FRESH RIVER HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 96 PROSPECT HILL RD EAST WINDSOR, CT 06088	
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 adhere to infection control practice to ensure that the medication cart was clean and sanitized when moving from COVID positive unit to a COVID negative unit during a pandemic. The findings include: During tour of the building with the Director of Nursing (DON) on 5/27/20 at 9:00 AM the charge nurse was observed transporting the medication cart from a COVID positive to a COVID negative unit. During observation the charge nurse donned (put on) and doffed (removed) personal protective equipment (PPE) between the two units, however the medication cart was not cleaned between the units. During an interview with Registered Nurse (RN) #1 on 5/27/20 at 9:35 AM she indicated that she was assigned to pass medications to residents on both the COVID positive and COVID negative units. During an interview with Licensed Practical Nurse (LPN) #2 on 5/27/20 at 12:20 PM she indicated that her assigned residents are located on two units (COVID positive and COVID negative) and one medication cart is utilized for both units. She indicated the medication cart is not cleaned between units. She further indicated that at the beginning of the shift, and at the end of the shift, she cleaned the medication cart with alcohol. In an interview with the DON on 5/29/20 at 3:52 PM she indicated that facility does not have a policy in place to address the cleaning of the medication carts between COVID positive and COVID negative units. She further indicated that subsequent to surveyor inquiry medication carts were cleaned with alcohol and education was provided to nursing staff.		
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.