

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT WATERBURY		STREET ADDRESS, CITY, STATE, ZIP 177 WHITEWOOD ROAD WATERBURY, CT 06708	
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. Based on observation, review of facility documentation and interviews, the facility failed to ensure that acceptable infection control practices were implemented. The findings include: Observation and interview with the ADNS on 4/29/2020 at 10:45 AM identified two resident rooms on the first floor where residents who were readmitted and placed on a 14 -day observation per CDC guidelines. The ADNS stated that the facility was not placing the residents on contact precautions but only closing the Resident's door and requiring the Resident to wear a face mask if they leave their room. Observation and interview on 4/29/2020 at 11:00 AM with the DNS and ADNS identified that on the West 2 unit, three resident rooms that required contact precautions due to Covid-19 positive residents, Covid-19 pending residents or presumed Covid-19 residents in those rooms lacked appropriate signage to identify that the residents were on contact precautions. The identified resident rooms were inter-dispersed amongst resident rooms that did not necessitate any precautions to be in place. Interview with LPN #1 on 4/29/2020 at 11:15 AM identified that LPN #1 was unaware of the exact location of the Covid-19 positive, Covid-19 pending or Covid-19 presumed residents on the West 2 unit. Infection control standards of practice direct to post visible signage to identify precautions in place so that those entering the room understands what necessary precautions to utilize when providing resident care. The Center for Disease Control and Prevention (CDC) document Preparing for COVID-19: Long-term Care Facilities, Nursing directs to create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID- All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated. The facility failed to post appropriate signage for resident rooms where contact precautions were in place and failed to establish contact precautions for resident's under observation as per CDC guidance.		
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.