

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075390</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEACON BROOK HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>89 WIED DRIVE NAUGATUCK, CT 06770</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, facility documentation review, facility policy review, and interviews for infection control review, the facility failed to ensure infection control standards related to COVID-19 were followed, in accordance with CDC guidelines. The findings include: a. Interview with NA #1 on 10/13/2020 at 11:30 AM identified she wears goggles while at work, and at the end of her shift she takes the used goggles out to her car, places them in a paper bag and takes them home. She stated that when she gets home she takes the goggles and cleans them with either an alcohol wipe or liquid alcohol, whichever she has a supply of at home. She then places them in a clean paper bag and puts them back in her car. b. Interview and observation with Unit Secretary #1 on 10/13/2020 at 11:35 AM identified she was wearing a surgical mask and goggles. She indicated that at the end of her shift she washes the goggles with hand sanitizer (demonstrated obtained from sanitizer mounted on the wall) and places them in a paper bag. She further indicated that she removes her surgical mask and puts it in a paper bag for reuse the next day and stores the paper bag on the unit. She demonstrated the paper bag was under the counter at the nurses station and the paper bag contained an N95 mask. Unit Secretary #1 indicated that at the end of her shift she puts the surgical face mask that she has been wearing in the same paper bag with the N95 face mask. c. Interview and observation with NA #2 on 10/13/2020 at 11:55 AM identified that she was working on the COVID-19 positive and exposed unit. She was observed wearing an N95 mask, a surgical face mask and goggles she indicated that at the end of her shift she washed her goggles with hot soapy water and also used hand sanitizer mounted on the wall on the goggles. She stated that she then places the goggles in a paper bag and leaves them in the facility. d. Interview and observation with Housekeeper #1 on 10/13/2020 at 11:58 AM with the Administrator, the DON and RN #1 identified Housekeeper #1 was wearing a face shield and a surgical mask. She indicated that although she knew she should clean the face shield with alcohol, she did not know where to obtain disinfectant to clean her face shield at the end of her shift. She demonstrated that at the end of her shift she puts the face shield in a file drawer located in the laundry office. She opened the drawer and the drawer was observed to contain 2 boxes of tampax, a bottle of nail polish remover, a roll of plastic bags, and a box of band aides. The drawer also contained six face shields, four were observed to have staff names on them, and Housekeeper #1 indicated that she did not know if staff disinfected the face shields prior to placing in the drawer. The face shields were not contained in any bags, and had no dividers between the face shields; they were in the drawer with the outside of the face shields touching the inside of the face shield next to it. Continued interview and observation with the Administrator, the DON and RN #1 identified that the face shields should not be stored in the drawer without the benefit of disinfection and paper bags. Subsequent to surveyor inquiry, the Administrator discarded the six face shields located in the drawer. e. Interview and observation with Dietary Aide (DA) #1 and RN #1 on 10/13/2020 at 1:12 PM identified at the end of his shift he cleans his goggles with hand sanitizer mounted on the wall, and then tucks them folded in the front of his shirt or puts them back on and takes them out to his car. He indicated that when he gets to his car he leaves them on the middle console of the car for reuse the next shift. f. Interview with NA #3 and RN #1 on 10/13/2020 at 1:18 PM identified NA #3 takes her goggles home at the end of her shift. She stated that she cleans them with alcohol wipes in the facility, then at home she cleans them with either alcohol wipes or liquid bleach, whichever she has at home. She then puts the goggles in a zip lock plastic bag, places that bag in a paper bag, and then puts the bag in her car trunk. She stated that although the facility had paper bags in the break room for PPE storage, that storage was only for N95 masks and not for goggles or face shields. g. Interview with Housekeeper #2 and RN #1 on 10/13/2020 at 1:35 PM identified at the end of Housekeeper #2's shift he puts his face shield in a back pack, without the benefit of a bag, takes his face shield home and cleans his face shield with anything that he has with 70% alcohol. He further indicated that he had stored an extra face shield in the laundry office drawer. Interview and observation with the Administrator, the DON, RN #1 and RN #2 on 10/13/2020 at 1:49 PM identified face shields and goggles should be disinfected with disinfectant wipes, placed in paper bags and stored in the staff break room. The disinfectant used is required to contain a minimum of 70% alcohol. The hand sanitizer mounted on the wall was labeled kills 99.99 % of germs and the Administrator was unable to open the wall mounting to read the back of the label. RN #2 opened the wall mount, and stated the label identified 70% alcohol. Review of manufacture Safety Data Sheet dated 8/2/2020 identified the hand sanitizer contained &gt;60 and &lt;70% alcohol. the Administrator stated due to the conflicting information regarding the amount of alcohol contained in the hand sanitizer, and that staff do not have access to the label on the back of the hand sanitizer, that staff should use a disinfectant wipe to disinfect used face shields and goggles. Interview further identified that PPE for reuse should be stored on site, in the facility for reuse during staff's next shift. Although the Facility did not provide a policy for surveyor review regarding PPE reuse and disinfecting, interview with the Administrator identified there the expectation was that PPE would be disinfected using a disinfectant with 70% alcohol and stored in paper bags at the facility. Review of CDC Guidelines, Recommended Guidance for Extended Use and Limited Reuse of N05 Filtering Facepiece Respirators in Healthcare Settings directed in part, respirator reuse recommendations included to store the mask in a clean breathable container such as a paper bag between uses. Review of CDC Guidelines, Strategies for Optimizing the Supply of Eye Protection, directed in part, While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue. Fully dry (air dry or use clean absorbent towels). Remove gloves and perform hand hygiene.</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.