STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075047	A. BUILDING _____ B. WING _____	**05/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HEWITT HEALTH & REHABILITATION CENTER, INC	**45 MALTBY STREET SHELTON, CT 06484**

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, a review of the facility policies and procedures and staff interviews, the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection in accordance with infection control standards and with the facilities policies and procedures. The findings include: Interview with DNS on 05/07/2020 at 12:15 PM identified Unit 1A and 2C have the majority of Covid-19 positive residents with few negatives mixed in. The DNS identified the facility does have clean units where no Covid positive residents reside and those units have bed availability in place. Observations on 05/07/2020 at 12:35 PM on Unit 1A identified numerous staff members going into Covid-19 positive rooms during the lunch/snack tray distribution. Staff noted to enter Covid to Covid rooms while offering snacks and refreshments. During this time, additional observations made identified numerous staff did not don or doff additional PPE over their Tyvex/Other Brand coverall suits after providing care to a Covid positive resident prior to next entering the nourishment room to obtain snacks for Covid positive residents. Observation on 5/07/2020 at 12:45 PM identified LPN #1 exited a Covid-19 positive resident room with a one-piece Tyvex 400 coverall suit after providing resident care. LPN #1 was noted to not don or doff additional PPE over the Tyvex 400 coverall suit prior to or after care. LPN #1 stepped into the hallway then assisted a house keeping staff member inside the medication room/supply room. LPN #1 entered the medication room/supply room with his/her contaminated PPE and assisted housekeeping staff by providing supplies needed. Observation on 05/07/2020 at 12:50 PM identified on Unit 1A an open storage room next to the nurse ' s station with numerous gowns hanging on a rack stretching into the end of the room. A sign noted on the door identifying dirty gowns to be placed in the storage room. Interview with RN #1 on 05/07/2020 at 12:55 PM identified all the gowns were being used for care prior to the facility receiving the one-time use Tyvex 400 coverall suits for care. RN #1 identified this storage room had remained in this status for approximately over a week and/or longer to his/her knowledge. Interview with the DNS on 5/07/2020 at 1:50 PM identified areas that would be considered clean in the Covid unit would be the medication cart, nurse ' s station, medication room/supply room and nourishment room. Review of the CDC Recommendation for dedicating space in the facility to monitor and care for residents with COVID-19 identified to dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Assign dedicated HCP to work only in this area of the facility. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them.

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