

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER AMBERWOODS OF FARMINGTON		STREET ADDRESS, CITY, STATE, ZIP 416 COLT HIGHWAY FARMINGTON, CT 06032	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on review of facility documentation, the facility failed to ensure that staff testing for COVID-19 was conducted in accordance with CMS and CDC guidance. The findings include: Interview with the DNS on 8/31/20 at 8:30 AM identified that the facility had stopped doing the PPS (point prevalence survey) testing of all residents and staff on 7/11/20, because the facility had tested residents and staff for 2 weeks and all results were negative. The DNS indicated that he/she felt the facility no longer needed to continue the COVID-19 testing of the residents and staff, because they had met the requirement of testing all residents and staff for the 14 days and all residents and staff were negative for COVID-19, now staff are only tested if the employee wants to be tested. Review on 8/31/20 of the individual employee punch detail reports and the DNS' tracking spread sheet of employee testing from 6/28/20 through 7/11/20 identified 36 out of 121 staff members had not been tested for COVID-19 during that time period, and had worked at least once during the period of 6/28 through 7/11/2020. Interview with the DNS on 8/31/20 at 1:45 PM indicated he/she was responsible for ensuring all the staff were tested. The DNS identified he/she and the ADNS would go around daily verbally reminding staff to go get tested by either the DNS or the ADNS based on the daily schedule. The DNS identified that testing was done Sunday through Thursday all day with no set times. The DNS further noted that he/she had not realized that so many staff members were not tested during the week of 6/28-7/11/20. A total of 36 staff members had missed one or both tests for COVID-19 during that time period and had worked during the same time period, before he/she stopped the PPS resident and staff testing for COVID-19. In addition, the DNS indicated that 4 staff members work at other facilities and may have been tested there, but he/she did not have any documentation available to identify that COVID-19 testing was done. The DNS indicated he/she had asked for the employees to bring in a copy if they were tested somewhere else, but he/she was not in possession of the testing results. The DNS indicated he/she would try to call the staff members and get a copy of their COVID-19 testing if it was done during that time period. Interview with the Administrator on 8/31/20 at 2:00 PM identified she/he was not employed at facility at that time, but when she/he was hired was informed that the facility had met the 14 day criteria and was no longer doing the testing of the staff unless an employee wanted to be tested. The Administrator indicated she/he was aware that the facility should have had 100% of the residents and staff tested for 14 days prior to the discontinuation of the COVID-19 testing. The Administrator identified that the facility would restart the COVID-19 testing on all staff right away. The testing agent's record of staff testing for COVID-19 for the week of 7/26/20 through 8/1/20 identified that only 6 staff members were tested for a rate of 4.3% that week. The DNS was unable to provide the weekly testing prior to week of 7/26/20. According to the Blast Fax 2020-87 dated September 1, the facility should have been testing at least 25% of the total staff on a weekly basis to equal 100% of staff testing at the end of a four week cycle. The facility could not provide documentation that this was completed. The facility's policy to address staff testing for COVID-19 identified that previously negative staff will be tested weekly until no new cases of COVID-19 in residents and employees are identified for 14 days. The facility had a total of 36 employees (none of which had previously tested positive for COVID-19) that were actively working in the nursing home between 6/28 through 7/11/20 and thereafter. Although staff testing was available weekly, those employees were not tested for COVID-19 in accordance with the State of Connecticut Executive Order 7AAA issued on 6/17/20.</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.