

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2020
NAME OF PROVIDER OF SUPPLIER APPLE REHAB ROCKY HILL		STREET ADDRESS, CITY, STATE, ZIP 45 ELM STREET ROCKY HILL, CT 06067	
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 and interviews with staff, the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection. The findings include: Observation on 5/31/20 at 12:17 PM identified that the surveyor arrived at the building and the assistant administrator opened the facility door and let the surveyor into the building, then informed the surveyor that she would contact the nursing supervisor to assist with the information needed for the infection control survey. The nursing supervisor greeted the surveyor at the front desk, asked what information was needed by the surveyor and left the front lobby to obtain the information. The surveyor informed the assistant administrator that the surveyor would wait in the conference room until they gathered the required documentation. At 12:39 (22 minutes after entering the building) the surveyor approached the assistant administrator and inquired about the facility's policy on visitors entering the facility which would include temperature screening and completing the required questionnaire. Subsequent to surveyor inquiry at 12:40 PM the temperature screening and questionnaire were completed. Interview with the assistant administrator on 5/31/20 at 12:39 PM identified that although she was aware that whomever opens the door for visitors should do the screening, she was busy with other tasks and did not think to do the screening. Interview with the nursing supervisor on 5/31/20 at 12:40 PM identified that although she had thought about the screening, she was concentrating on obtaining the information requested by the surveyor. Interview with the infection control nurse on 5/31/20 at 1:30 PM identified that it is the facility policy to screen visitors upon entry into the building (that includes temperature screenings and symptom questionnaire). She further identified that the front door is locked on weekends and off shifts, and the nursing supervisor is responsible for answering the door and letting visitors in, and then is responsible for completing the screening. She stated that during business hours the receptionist completes the screening of visitors. Review of the Center for Disease Control (CDC) guidelines in response to COVID-19 identified that upon entry into the facility all visitors will be screened for fevers over 100.0 degrees Fahrenheit, and questioned about possible symptoms and exposure to COVID-19.		

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.