STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075334	A. BUILDING _____ B. WING _____	**05/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VERNON MANOR HEALTH CARE CENTER	**180 REGAN ROAD VERNON, CT 06066**

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 staff interviews, the facility failed to ensure appropriate infection control practices were implemented to prevent and control the spread of infection during the COVID-19 pandemic. The findings include: Interview and observation on the facility's designated observation units, 1 North and 1 West, with the Assistant Director of Nursing (ADON) on 5/20/20 at 9:30 AM identified signage posted on the wall next to resident's rooms that directed staff to wear gloves, a mask and a face shield for residents on observation without the benefit of donning an isolation gown. Interview with the Administrator and ADON indicated residents who were admitted to the facility were placed on 14-day observational status. Staff were directed to wear gloves, a mask and a face shield while caring for a resident who were on the 14-day observational unit. Interview with ADON on 5/20/20 at 3:15 PM identified on 5/18/20 the facility recommended that newly admitted residents would be placed on modified precautions instead of droplet precautions. The modified precautions consisted of newly admitted residents on 14-day observation unit and included the donning of gloves, mask and a face shield to care for the residents. The ADON indicated the Medical Director recommended not to utilize full Personal Protective Equipment (PPE) as residents admitted to the facility had two COVID-19 negative tests, one on admission to the hospital and the second test prior to discharge from the hospital. The ADON identified the Medical Director recommended modified precautions to conserve the PPE for future use.

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