STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075219	A. BUILDING _____ B. WING _____	05/28/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
REGALCARE AT WATERBURY	177 WHITEWOOD ROAD WATERBURY, CT 06708

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** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, facility documentation review, facility policy review, and interviews for interviews for infection control review, the facility failed to follow Infection Control Guidelines and/or the Centers for Disease Control and Prevention (CDC) guidance related to isolation precautions and Personal Protective Equipment(PPE) use. The findings included: 1. Interview and review of facility documentation on 5/28/2020 at 11:10 A.M. with the Director of Nursing Services (DON) identified the facility had four nursing units. The facility had one unit (West 1) that had only COVID-19 negative residents (the negative only unit had four empty beds), the facility did not have specific units for only COVID-19 negative, positive, and exposed residents. Review of the COVID-19-line list identified residents on the East 2 and West 2 units were both COVID-19 positive and negative residents. East 2 had six (6) COVID-19 negative residents, and thirteen (13) COVID-19 positive residents with seventeen (17) empty beds. West 2 had twelve (12) COVID-19 negative and ten (10) COVID-19 positive residents with thirteen (13) empty beds. In addition, residents on the East 1 unit were both COVID-19 negative and exposed/unknown. East 1 had eight (8) COVID-19 negative residents and twenty (20) exposed/unknown residents with eight (8) empty beds. The Director of Nursing Services (DON) verbalized that initially the East 2 and West 2 were specific based on COVID-19 results, and when residents converted from negative to positive or from positive to negative and indicated although the facility was aware residents should be on units based on their COVID-19 test results, the residents were not moved to another unit and the units became mixed positive and negative COVID-19. Although, the DON verbalized the negative residents were located either on one side of the hallway or near the beginning of the units, review of the West 2 map identified two positive residents were located on the negative hallway, and two additional negative residents rooms were located in between positive resident ' s rooms. Interview and observation with Licensed Practical Nurse (LPN # 1) on 5/28/2020 at 11:50 A.M. identified staff on the unit with COVID-19 negative and exposed/unknown residents are assigned to provide care to both negative and exposed residents. Interview, observation and review of facility documentation with NA #1 and the DON on 5/28/2020 at 12:20 PM identified she was assigned West 2 unit and was assigned to provide care for both COVID-19 positive and negative residents. Observations with the DON on 5/28/2020 at 12:05 PM identified although residents who were COVID-19 positive had precautions signs posted on their doors, there were no markings on the unit or on the floors to identify where the negative areas of the unit started and ended. Interview and review of facility documentation on 5/28/2020 at 3:10 PM with the Administrator, DON, and ADON identified resident units were not maintained as COVID-19 positive, negative or unknown in accordance with CDC guidelines. The DON verbalized when resident ' s COVID-19 status changed the residents were not moved to units that matched the resident ' s most recent COVID-19 test results. The Administrator stated that the mixed units existed for approximately the last four weeks, and the facility would make room changes to re-create COVID-19 positive, negative and unknow units after the results of the Point Prevalence Testing were obtained (swabs were obtained on the day of the survey). Review of CDC Guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) and CDC Guidelines, Preparing for Covid-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) directed in part, to dedicate a unit or end of a unit to cohort residents with COVID-19, a COVID-19 positive unit should be physically separated from other rooms or units housing residents without confirmed COVID-19, and assign the primary nursing assistants and nurses assigned to care for COVID-19 positive residents. 2.Observations by DPH Representative with the Administrator on 5/28/2020 at 11:15 A.M. identified Housekeeper #1 was observed cleaning a COVID-19 positive room without wearing an isolation gown or eye protection. Subsequent to observation, the Administrator directed Housekeeper #1 to don a gown and eye protection. The NA was then observed to proceed to cleaning a COVID-19 negative resident's room wearing the same clothing as in the COVID-19 positive resident's room. During an interview with the Administrator, DON and ADON on 5/28/2020 at 3:10 PM the Administrator verbalized he observed Housekeeper #1 performing housekeeping tasks in a COVID-19 positive resident's room with no protective gown or eye protection and then observed Housekeeper #1 to go into a COVID-19 negative resident ' s room. The Administrator identified he corrected Housekeeper #1 when he saw Housekeeper #1 without the appropriate PPE. The Administrator also indicated housekeeping should do the negative rooms first or have been assigned to negative/positive units. Review of CDC Guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) directed in part, a COVID-19 positive unit should be physically separated from other rooms or units housing residents without confirmed COVID-19, and to assign environmental services staff to work only on the (positive) unit. 3.Observation and interview with LPN #1, the DON, ADON and Administrator on 5/28/2020 at 11:30 A.M. identified LPN #1 was wearing a fabric isolation gown with long cuffed sleeves and a surgical face mask with an N95 mask on top of the surgical face mask. LPN #1 was working on the East 1 unit with COVID-19 negative residents and exposed/unknow residents who were on isolation precautions. LPN #1 stated the fabric isolation gown was her own personal gown and indicated she wears it as part of her uniform for her protection to try not to spread [MEDICAL CONDITION]. She also verbalized when she goes into an isolation room, she puts her personal gown in a plastic bag and leaves it at the nurse ' s desk. She then dons a facility isolation gown to enter the isolation room and discards the isolation gown when she exits the isolation room. LPN #1 then indicated she returns to the nurse's station, removes her personal fabric isolation gown from the plastic bag and re-dons the gown. She said she follows the same process for every isolation room she enters, and redons her personal isolation gown after each room. Then at the end of the day she takes it home and washes it in her washing machine with soap and hot water. Interview with the DON on 5/28/2020 at 12:25 Pm identified she was not aware LPN #1 was wearing a personal isolation gown, storing it between rooms and redonning the gown after exiting isolation rooms. The DON verbalized LPN #1 should not be reusing her personal isolation gown. Interview with the DON identified there was no personal isolation gown facility policy for surveyor review, however the expectation was that an assessment should have been done. 4. Observation and interview with LPN #1, the DON, ADON and Administrator on 5/28/2020 at 11:30 AM identified LPN #1 was working on the East 1 unit with COVID-19 negative and exposed/unknown residents on isolation precautions. LPN #1 was observed wearing a surgical mask under her N95 mask (surgical mask between her skin and the N95). LPN #1 verbalized that she wears a surgical mask under her N95 mask because the N95 is painful. The Administrator identified that staff were all educated on how to ensure an adequate seal when apply an N95 mask, and staff can wear a surgical face mask under an N95 mask to protect the N95 mask from getting make-up on it. The ADON stated that staff were all educated on performing a seal check when apply an N95 and directed not to wear a surgical mask under an N95 mask. Observation and interview with LPN #3, the Administrator and DON on 5/28/2020 at 12:35 PM identified LPN #3 was working on East 2, a unit with both COVID-19 positive and negative units. LPN #3 was observed wearing a surgical mask under her N95 mask (between her skin and the N95). LPN #3 stated she was taught to perform a seal check when applying the N95 mask, and she was wearing a surgical mask under it to prevent irritation. She stated that when she goes into a room with a COVID-19 positive resident, she puts another surgical mask on top of the N95. The Administrator and DON stated the N95 did not have an adequate seal with the surgical mask under the N95. Subsequent to surveyor inquiry, the DON directed LPN #3 to

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) change her masks. Review of CDC Guidelines, How to Properly Put on and Take off a Disposable Respirator, (https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf) directed in part, do not allow facial hair, jewelry, glasses, clothing or anything else to prevent proper placement or come between your face and the respirator. 5. Interview with the DON, DON and Administrator on 5/28/2020 at 11:30 AM identified the facility had not performed any fit testing for N95 use and was unable to identify any fit testing was planned. Staff were educated to perform seal checks when applying N95 masks. Review of facility Transmission Based Precautions Policy, dated 3/2020, directed in part to use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 for healthcare personnel. Review of CDC Guidelines Summary for Healthcare Facilities; Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html), directed in part, to train on the use of N95 fit, and implement fit testing of employees when necessary during a pandemic. Review of CDC Guidelines, Frequently Asked Questions about Respiratory Protection, User Seal Check, (https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10XXX /NIOSHPUB 30), directed in part, a user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual. 6. Observation of LPN #2 on 5/28/2020 at 11:58 AM identified LPN #2 was walking out of a COVID-19 positive resident ' s room with a surgical face mask under her chin and no face mask over her mouth or nose. The resident was observed to not be wearing a face mask. LPN #2 was observed to leave the room, obtain supplies from a medication/treatment cart at the door and then walked back into the resident room. LPN #2 was observed to stand at the resident's bedside, within approximately one foot of the bed, and spoke with the resident. LPN #2 then returned to the door and stated she was going to close the door. Interview at the time of the incident identified LPN #2 was at the door and was noted moving her surgical mask under her chin before entering the resident ' s room. Subsequent to surveyor inquiry, LPN #2 moved her surgical face mask to cover her nose and mouth. Review of CDC Guidelines Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html), directed in part, healthcare personnel should wear a facemask at all times while in the healthcare facility, and to put on an N95 respirator or facemask before entry into the patient room or care area, if not already wearing one. 7. Observation and interview with LPN #1 on 5/28/2020 at 11:50 A.M. identified a disposable blue plastic isolation gown hanging in the metal glove box holder, with a box of gloves near the isolation gown, on the wall inside room [ROOM NUMBER] (on a unit with COVID-19 negative and exposed residents. LPN #1 verbalized that gowns are left tucked into the glove box holder for reuse by staff. Interview and observation with NAs #2, #3 and #4 on 5/28/2020 at 12:01 P.M. identified new disposable isolation gowns are hung in the glove box holders for convenient staff access and are not reused. Interview and observations of all nursing units on 5/28/2020 at 12:05 PM with the DON identified all units had disposable isolation gowns hung on the glove box holders. The DON stated the isolation gowns are reused by staff for their shift, and then disposed at the end of the shift. She stated the gowns should not be hung on the glove box holders, and identified some rooms had hooks for the gowns to be hung for reuse. She further indicated that although there should be hooks in the rooms, not all rooms had hooks to enable hanging gowns for reuse. Interview with the Administrator and ADON on 5/28/2020 at 1:00 PM identified isolation gowns are re-used for each shift, then at the end of the shift the staff discard the isolation gown. Review of the facility PPE identified 320 disposable gowns and 200 washable gowns. The Administrator stated the facility had not yet implemented use of washable gowns and was developing a policy for their future use. He also indicated their weekly State Mutual Aid distribution will be obtained on 5/29/2020 and their weekly facility PPE order was due on 6/2/2020 with additional gowns. Review of facility Isolation Gown Strategy Guidelines directed in part, isolation gowns use can be extended to the same gown is worn by the same employee when interacting with more than one patient known to be infected with the same infectious disease when the patients are housed in the same location. The Policy further directed that re-use of disposable gowns is not typically amenable to being re-used. Review of CDC Guidelines, Strategies for Optimizing the Supply of Isolation Gowns (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html),, directed in part that the same gown can be worn when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19), and disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. The Guidelines further directed cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between. 8. Observation and interview with NA #1 and the DON on 5/28/2020 at 12:20 PM identified NA #1 was working on West 2, a unit with COVID-19 positive and negative residents. Observation of room [ROOM NUMBER] identified one COVID-19 positive resident was in the bed. A Tyvek overalls suit was observed hanging on a hook on the wall inside the resident's room to the left side of the resident ' s bed. Interview with NA #1 at the time of the observation identified she had used those overalls when providing A.M. care for the resident, and then re-uses them when she needs to provide additional care during her shift. She stated that at the end of her shift she would discard them. Review of NA #1's assignment identified she was assigned to provide personal care for three residents with no isolation precautions (COVID-19 negative), and to provide personal care for four residents on precautions for COVID-19 positive. Review of CDC Guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) and CDC Guidelines, Preparing for Covid-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) directed in part, to dedicate a unit or end of a unit to cohort residents with COVID-19, a COVID-19 positive unit should be physically separated from other rooms or units housing residents without confirmed COVID-19, and assign the primary nursing assistants and nurses assigned to care for COVID-19 positive residents. Review of State Agency Blast Fax, 5/1/2020, directed in part, coveralls are indicated for single use; not intended for reuse. 9. Interview and observation with the DON on 5/28/2020 at 2:35 PM identified an isolation sign posted on the door to room [ROOM NUMBER], and three residents shared the room (R #1, #2 and #3). Review of the facility COVID-19-line list with the DON at the time of the observation identified the list recorded only Resident #1 and #2 in the room. The line list identified Resident #1 as COVID-19 negative and Resident #2 as exposed. Interview and review of the clinical records identified Resident #1 was in room [ROOM NUMBER] when he/she left the faciity on [DATE] for a medical appointment. Resident #2 and Resident #3 were then admitted to the room as exposed residents. The DON further indicated that Resident #1 should be listed on the line list as exposed since Resident #1 left the facility for a medical appointment and should be monitored for symptoms after the appointment, in accordance with CDC Guidelines; she also indicated Resident #1 was listed incorrectly on the line list. 10. Observation with the DON on 5/28/2020 at 12:10 PM identified NA #3 in room [ROOM NUMBER], a room with residents on isolation precautions. NA #3 was observed to don a disposable isolation gown and gloves, then proceed to the bed by the window, assist the resident near the window to reposition for lunch by holding onto the residents upper body, around the back and re-positioning him/her into the center of the bed for his/her meal. NA #3 then was observed to set up the meal, return to the door, doff her PPE, don a new gown and gloves and without the benefit of hand hygiene she proceeded to the resident in the bed closest to the door. Surveyor asked NA #3 is she washed her hands before donning the gloves, and NA #3 stated no, then proceeded to serve the meal. Interview with the DON at the time of the observation identified NA #3 should have washed her hands when she removed her gloves. Review of facility Guidance for Caring for COVID-19 Patient, dated 3/2020, directed in part that staff should strictly follow basic infection control practices between patients (i.e. hand hygiene). Review of CDC Guidelines for Hand Hygiene in Healthcare Settings, (https://www.cdc.gov/handhygiene/providers/index.html) directed in part to perform hand hygiene after touching a patient or their immediate environment and after glove removal. 11. Interview with the Administrator and DON on 5/28/2020 at 11:10 AM identified although the resident ' s responsible parties are updated weekly regarding the status of COVID-19 infections in the facility, there was no formal notification of residents. The Administrator stated he speaks with some residents about it who ask him, and when social services sees residents, she also answers any questions residents may have about COVID-19 in the facility. Interview with the Administrator, DON, ADON, and the Director of Social Services on 5/28/2020 at 1:08 PM identified the facility does not provide in-house residents with any weekly updates regarding COVID-19 status in the facility. Review of State Agency Blast Fax, 4/21/2020, identified per CMS, in addition to reporting to CDC (COVID-19) facilities will be required to notify its residents and their representatives to keep them informed of the conditions inside the facility. Updates must be provided weekly and will include information on mitigating actions. The Infection Control Nurse was unavailable during the survey.