

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER BEACON BROOK HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 89 WIED DRIVE NAUGATUCK, CT 06770	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, review of facility documentation and interviews for two of four nursing units, the facility failed to implement measures to prevent, and control the spread of infection between COVID- 19 exposed residents and COVID-19 negative/recovered residents and/or failed to ensure adequate Personal Protective Equipment (PPE) was used by the nursing staff when assisting a resident on transmission based precautions. The finding includes: 1. Observation during the tour of the facility with Registered Nurse (RN #1) Infection Preventionist, on 9/25/20 at 12:10 PM identified 3 hallways and 2 nurses on the second floor. Further observation identified that one of the hallways was a COVID-19 exposed hallway with 7 residents on transmission-based precautions. Interview with Licensed Practical Nurse (LPN #1) on 9/25/20 at 12:15 PM identified that 3 hallways were divided into 2 units, Valley View 1 and Valley View 2. LPN #1 indicated that LPN #1 and LPN #2 divided the COVID-19 exposed hallway between the 2 of them. LPN #1 identified that she had 4 residents on the COVID-19 exposed hallway who required transmission-based precautions and 20 residents on negative/recovered hallway who did not require transmission-based precautions. LPN #1 indicated that she started the medication administration with the residents on transmission-based precautions and then she continued the medication administration with residents who did not require transmission-based precautions. LPN #1 identified she started the medication administration with residents on transmission based precautions because they had medications scheduled to be administered at 9:00 AM and residents on negative/recovered hallway had medications scheduled to be administered at 10:00 AM. LPN #1 further indicated that she donned required Personal Protective Equipment (PPE) before entering the rooms of residents on transmission- based precautions to administer medications and doffed PPE between residents. Interview with LPN #2 on 9/25/20 at 12:23 PM identified that she had 3 residents on COVID-19 exposed hallway who required transmission- based precautions and 23 residents on recovered hallway who did not require transmission -based precautions. LPN #2 also indicated she started the medication administration with the residents on transmission- based precautions and then she continued to administer medication to residents who did not require transmission -based precautions. LPN #2 identified that she started the medication administration with residents on transmission- based precautions because they had medications scheduled to be administered at 9:00 AM and residents on recovered hallway had medications scheduled to be administered at 10:00 AM. Interview with DON on 9/25/20 at 2:39 PM identified that nurses on Valley View 1 and Valley View 2 units were to administer medications to the negative and recovered residents first and then administer medications to the resident on COVID-19 exposed unit who required transmission- based precautions. LPN #2 indicated that she donned required Personal Protective Equipment (PPE) before entering the rooms of residents on transmission -based precautions to administer medications and doffed PPE between residents. Emergency COVID-19 pandemic cohorting residents to prevent the spread of COVID-19 policy directed to keep residents who were COVID-19 positive or were suspected to have COVID-19 in the same space (wing, floor etc.) that was separate from those who were COVID-19 negative or did not have exposure to COVID-19. The goal of cohorting was to minimize interaction of infectious individuals from non-infected individuals as much as possible. Every interaction was a risk because it was how the COVID-19 virus spread. When able, assign specific staff to serve COVID-19 unit. This included nursing, dietary, housekeeping, maintenance and other support staff. To the best of the facility ability, the facility will adopt consistent assignments for staff caring for these residents. 2. Observation on 9/25/20 at 12:12 PM with RN #1, Infection Preventionist, identified a transmission- based precaution sign on a resident's room door alerting the staff to don appropriate Personal Protective Equipment (PPE) prior to entering resident's room, as well as a cart with PPE next to the entrance to the resident room. Further observation identified NA #1 in the resident's room wearing a surgical mask and goggles assisting the resident. NA #1 was observed placing a cup on the overbed table, placing a towel around resident's neck, then adjusting resident's bed cover and overbed table. NA#1 was observed assisting a resident on transmission- based precautions without the benefit of isolation gown and gloves. Interview with NA #1 at the time of observation identified that she brought a drink for resident and put towel around resident's neck. NA #1 then walked away from the surveyor. Interview with RN #1 at the time of observation identified that NA #1 should have had an isolation gown and gloves on when assisting a resident on transmission- based precautions. RN #1 further indicated NA #1 will receive education regarding donning appropriated PPE when assisting a resident on transmission- based precautions. The CDC guidance notes for the use of Personal Protective Equipment (PPE) during pandemic of COVID-19. PPE for any resident who had suspected or confirmed COVID-19 will include, eye protection, facemask, face shield, isolation gown and gloves.</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.