STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075270	A. BUILDING _____ B. WING _____	**04/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GROTON REGENCY CENTER	**1145 POQUONNOCK RD GROTON, CT 06340**

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, review of facility documentation, and interviews the facility failed to ensure hand hygiene was completed with the movement of a food service cart. The findings include: Observation and interview with the Dietary Manager on 4/28/20 at 1:35 PM identified he had just returned to the facility from being outside and proceeded to the facility's conference room to collect his face mask and goggles from a paper storage bag. He identified the dietary staff stored their personal protective equipment (PPE) in an area of the conference room separate from other facility departments and currently the only PPE being stored in the bags by departments were the reusable eyewear of goggles or face shields. The Dietary Manager was observed leaving the conference room, without the benefit of hand hygiene, with his face mask and goggles continued onto the unit that provided care for residents with transmission-based infection prevention precautions. Once on the unit he collected a meal service cart, transferring this meal cart through two sets of closed doors from the nursing unit to the kitchen, delivering it to the kitchen staff, without the benefit of hand sanitation. The manager identified that sanitation of the meal cart was completed after the dishes and trays were removed. Interview with the Director of Nursing Services on 4/28/20 at 1:45 PM identified liquid hand sanitizer dispensers where conveniently placed on the walls near the doors for hand hygiene and the Dietary Manager was provided re-education.

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