STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075221	A. BUILDING _____ B. WING _____	**05/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PINES AT BRISTOL FOR NURSING & REHABILITATION, THE	**61 BELLEVUE AVENUE BRISTOL, CT 06010**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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: a) Review of the census list dated 5/3/20 identified that Resident #1 and Resident #2 resided in the same semi-private room. Review of Resident #1's COVID-19 laboratory results dated [DATE] at 4:41 PM identified that the resident had tested positive for COVID-19. Review of Resident #2's laboratory results dated [DATE] at 4:41 PM identified that the resident had tested negative for COVID-19. Observation of Resident #1 and Resident #2 on 5/4/2020 at 1:40 PM identified that the residents remained in the same room, and the curtain was only partially drawn between the two residents. Further observation at 1:45 PM identified that Resident #2 had walked over to Resident #1's side of the room and the residents were having a conversation with each other behind the curtain. Subsequent to surveyor inquiry the residents were separated. Interview with the Director of Nurses (DON) on 5/4/2020 at 1:45 PM identified that up until Friday 4/30/20 the facility did not have any positive COVID-19 residents. On 4/30/20 the facility received a number of positive COVID-19 results and at that time the facility cohorted residents with positive COVID-19 test results. The DON identified that it was not noted until the morning of 5/4/20 that Resident #1 and Resident #2 remained in the same room despite Resident #1 having a positive result and Resident #2 having a negative test result, and that it had been an oversight on the part of the facility that the two residents were not separated on 4/30/20. It was noted that a room was available for Resident #2 to move to on 4/30/20. The DNS further stated that although it had been identified on the morning of 5/4/20 that Resident #2 needed to be moved, he/she had not yet been moved because the room he/she was moving to had not yet been terminally cleaned (the resident who previously resided in that room was COVID-19 positive), and she was unsure why the terminal cleaning had not yet been completed. Interview with the housekeeping supervisor on 5/3/20 at 1:50 PM identified that the room that Resident #2 was to move into had not been terminally cleaned yet because he was under the impression that it had not yet been decided if that move was to happen. The facility began the terminal cleaning of the room, and stated that Resident #2 would be moved as soon as the terminal cleaning was completed. The COVID-19 policy identified that if residents are COVID-19 positive, those residents should be housed in the same room, and patients with known COVID-19 negative results should be housed in the same room. b) Observation and interview on 5/4/20 at 1:00 PM on the facility tour with the DON identified a room with a droplet precaution sign on the door. The room housed two residents, and the curtain between the two residents was not pulled. The DON identified that one of the residents in that room had exhibited a temperature over the weekend and was placed on droplet precautions as a precautionary measure. She further identified that the resident's roommate was asymptomatic, therefore the curtain should have been pulled around the symptomatic resident. Subsequent to surveyor inquiry the curtain was pulled around the symptomatic resident. Review of the COVID-19 policy identified that residents with unknown COVID-19 status who are symptomatic will be placed in a private room, but if a private room is unavailable, physical distance will be created by pulling the curtain between the residents.

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.