| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **075438** | A. BUILDING _____ B. WING _____ | **08/11/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **ORCHARD GROVE SPECIALTY CARE CENTER, LLC** | **5 RICHARD BROWN DRIVE UNCASVILLE, CT 06382** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | **Provide and implement an infection prevention and control program.**<br><br>Based on observations, a review of the facility documentation, staff interviews and a review of the facility policy, the facilty failed to consistently screen staff upon entering the building in accordance with infection control standards for COVID-19 and the facilty policy. The findings include: Review of the staff screen forms dated 7/27/20 through 8/10/20 that are used to identify and track possible COVID- 19 symptoms include a temperature check, and a questionnaire. The screening questions included information related to visitors or staff who may have had contact with COVID-19, or are under investigation for COVID-19. The questionnaire also inquired about recent out of state or international travel. Corporate Person #1 and Corporate Person #2 were screened on 8/3/20 and 8/4/20 only. Corporate Person #1 and #2 indicated they were in the facility seven days a week on various shifts since 7/27/20. Interview with Corporate Person #1 on 8/11/20 at 12:22 PM identified that corporate staff had visited the facilty every day since 7/27/20 on all three shifts to provide support with recruitment and retention. Corporate Person #1 indicated she came into the facilty on Saturday 8/8/20 and Sunday 8/9/20 on second and third shift and completed the COVID staff screen herself and Corporate Person #2 indicated she took her own temperature. Additionally, Corportate Person #1 left the screening form at the entrance to the facilty and was not screened or cleared by a designated staff member. Furthermore, Corporate Person #1 identified during the day shift the receptionist screened staff and visitors however, after 5:30 PM everyone was responsible to screen themselves. Corporate Person #1 was instructed to contact the Vice President of Human Resources if she had a temperature over 98 degrees or had symptoms of COVID-19. Interview with Corporate Person #2 on 8/11/20 at 12:30 PM identified he has made several visits to the facility on all shifts since 7/27/20 to provide support for recruitment and retention. Corporate Person #2 identified during the day the receptionist screens him at the entrance of the facilty and takes his temperature. Corporate Person #2 identified after 5:00 PM he was responsible to screen himself and has been instructed to complete the screen form, leave it on the screening table and call the Vice President of Human Resources if he has a temperature over 100 degrees. Corporate Person #2 identified he visited the facilty with Corporate Person #1 on 8/8/20 and 8/9/20 and they took each other's temperature and completed the screen form and left it on the screening table at the front of the facilty. Additionally, Corporate Person #2 identified he completed a self-check in and was not screened or cleared to enter the facilty by a designated staff member, or supervisor. Interview with RN #3 on 8/11/20 at 12:44 PM identified Corporate Person #1 and #2 visited the facilty on 8/8/20 and 8/9/20 and she did not screen them into the facilty because she assumed, they were already screened. Interview with Corporate Nurse #1 on 8/11/20 at 1:30 PM identified staff should check themselves into the facilty and a designated staff member of the facilty should take the temperature and review the screen form immediately upon entrance to the building and did not know why staff were self-screening. Additionally, RN #4 attempted to locate the screening forms for Corporate Person #1 and #2, and the forms could not be located. Interview with the RN #4 (Night Supervisor) on 8/11/20 at 3:36 PM identified Corporate Person #1 and #2 were in the facilty on the night shift on 8/8/20 and 8/9/20 and he did not screen them, or review their screen forms. RN #4 indicated he did not question if they had been screened because he is usually preoccupied taking care of residents and they are corporate staff that do not answer to him. Additionally, RN #4 identified all the staff on the 11:00 PM to 7:00 AM shift screen themselves, and indicated the screen forms and thermometer are on the table at the entrance of the facilty. RN#4 identified the employees take each other temperatures, complete a screening form, and leave the forms on the supervisors desk. RN#4 indicated he reviews the screens, and makes sure staff do not have symptoms of COVID -19 or a fever after he receives report. Interview with RN #5 (Infection Control Nurse), on 8/12/20 at 2:56 PM identified staff should not self-screen and check into the facilty by themselves. Additionally, RN#5 identified it was not acceptable for the supervisor to review the screen forms after shift report. RN #5 indicated the expectation was to have the supervisor or a designated staff member physically screen staff at the entrance to the facilty prior to entering the building. Review of the facility policy entitled COVID-19 Screen identified that all staff and visitors who enter the building must complete a screening process and no one is permitted to self-check and enter the building. Additionally, the policy identified an assigned staff member would check temperatures and review the screen form prior to the staff or visitor proceeding into the building. |

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