

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2020
NAME OF PROVIDER OF SUPPLIER MARLBOROUGH HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 85 STAGE HARBOR ROAD MARLBOROUGH, CT 06447	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and staff interviews the facility failed to ensure that appropriate infection control practices were implemented and followed to prevent and control the spread of infection. The findings include: a. Observations on 5/2/20 at 9 AM upon entering the facility identified a dietary staff member at the front desk. The dietary staff was observed to walk onto the resident care unit without a mask on or checking her temperature as per facility policy. Surveyor inquiry at that time with the dietary aide stated that there were no masks and the thermometer was missing, I have to get one. At that time, an oral thermometer was observed at the front desk on the counter, no masks were observed. The dietary aide was observed to walk into the supervisors office and returned to the desk. Further observation at 9:05 AM noted the RN Supervisor come to the front desk and take the dietary staff's temperature with the oral thermometer. The RN Supervisor failed to cleanse the probe before taking the temperature and after use. Interview at that time with the RN Supervisor stated that she did not clean the thermometer before or after because the surveyor was speaking to the Supervisor. (Surveyor was standing to the side making observations and having no interaction with the staff while the supervisor was taking the dietary staff's temperature). Review of observations and interview with the DON on 5/2/20 at 10:20 AM stated that when staff enter the building they are to have their temperature taken, answer all questions, and apply a face mask when the questions are completed. The DON stated that all staff are to wear masks at all times while in the building unless they are on their break. Review of facility policy for resident care equipment identified reusable equipment is to be cleaned between use and reprocessed appropriately. The facility must protect indirect transmission through decontamination of an object to render it safe for handling. Review of facility policy for Healthcare Personnel Symptom Screening identified temperature screening and surveillance questionnaire will be completed upon arrival to facility and prior to entering the work area. b. Observations on 5/2/20 at 9:12 AM noted a housekeeper folding gowns and placing them on a cart at the entry to the units. A plastic bag was observed on the floor with yellow gowns in the bag. Upon surveyor inquiry, the housekeeper stated that the gowns were soiled and normally they have a hamper to place them in, but she brought it to the laundry and hadn't brought it back yet. The housekeeper was observed to go over to the plastic bag that was on the floor, pick it up, shake it and touch the soiled/used gowns without the benefit of wearing gloves. The housekeeper was then observed to put the bag back on the floor and return to folding the clean gowns. Upon surveyor inquiry regarding if hands should be washed after touching soiled gowns, the staff stopped folding gowns, took the two gowns she had just folded and walked away. A few minutes later the housekeeper was observed to return to the area with a hamper for the soiled gowns with gloves on. The housekeeper removed the gloves sanitized her hands, placed new gloves on and began folding the clean gowns again. Interview with the DON on 5/2/20 at 10:20 AM stated that the housekeeper should have applied gloves before touching the soiled gowns, removed the gloves and washed her hands when finished. c. Observations on 5/2/20 at 9:13 AM noted NA # 1 exit the front doors with a gown and mask on. The NA was observed to re-enter the building at 9:27 AM still with a mask and gown on. Upon surveyor inquiry the NA stated that she should have removed the gown and mask when she left the building and got a new one when coming back into the building. Interview with the DON at 10:20 AM stated that the staff should have removed the gown and mask when exiting the facility and applied a new mask and gown upon coming back into the building. d. Observations on 5/2/20 at 9:15 AM identified the receptionist walk in the building, walk behind the reception desk, place a mask on her face and walk out onto the unit into the supervisors office without the benefit of taking her temperature or answering the questions related to COVID. Upon return the receptionist stated that she was looking for the digital thermometer. At 9:20 AM LPN # 1 came to the desk holding the digital thermometer, asked for a wipe and began wiping down the thermometer without the benefit of gloves on. Upon surveyor inquiry the LPN stated that she was using the thermometer to temp all her residents. When asked what unit the nurse worked on, LPN # 1 replied not the COVID unit. Interview at that time with the DON stated that the thermometer is to be cleaned in between each use and gloves are to be worn.</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.