STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075353	A. BUILDING _____ B. WING _____	**05/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
JEWISH SENIOR SERVICES	**4200 PARK AVENUE BRIDGEPORT, CT 06604**

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 policies and and interviews, the facility failed to ensure appropriate infection control practices were implemented to prevent and control the spread of infection during the COVID-19 pandemic. The findings include: During a tour of the facility with Registered Nurse (RN) #1 on 5/9/20 at 11:50 AM identified a droplet precaution sign was posted and an isolation cart with Personal Protective Equipment (PPE) were outside of a resident room who had pending COVID-19 test results. Observations identified a blue and a white isolation gowns were hanging from a hook in the resident's room. At this time a nurse aide, Nurse Aide (NA) #1 was observed to obtain a pair of gloves from the isolation cart and enter the resident's room and once in the room, NA #1 removed the blue isolation gown hanging from the hook and donned the gown. NA #1 fastened the snaps to close the blue isolation gown with ungloved hands, then NA #1 adjusted the isolation gown, so it fit correctly and proceeded to don the gloves without the benefit of sanitizing her hands. Interview with NA #1 at the time of observation identified that she did not wash her hands before donning gloves because she was just going to ask the resident a question. Interview with RN #1 at the time of observation identified that when working on the COVID-19 unit, staff were provided with a disposable isolation gown at the beginning of the shift and it was the practice to wear the gown when caring for residents who were on droplet precautions. RN #1 indicated that the gown would be removed after care, hung in a designated room and re-worn for the entire shift when performing care to the COVID-19 positive or COVID-19 pending residents. Interview with the Director of Nursing (DON) on 5/9/20 at 12:05 PM identified the staff were re-using isolation gowns for the shift. The DON indicated that NA #1 should have sanitized her hands before donning the gloves. Review of the process for reuse and extended use of PPE policy directed the practice of wearing the same PPE for repeated close contact encounters with a resident, removing it in between resident encounters. The PPE was to be stored in a paper bag, or the gowns on a hook in the resident room when available, between encounters to be put on again (donned) prior to the next encounter with a resident, gowns may be reused for one resident, by one staff member for one shift based on availability, avoid touching the front of the respirator, mask, face shield or goggles and gowns and also your face and perform hand hygiene before and after touching or adjusting the PPE (if necessary, for comfort or to maintain fit).

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.