STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075396	A. BUILDING _____ B. WING _____	**05/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CHERRY BROOK HEALTH CARE CENTE	**102 DYER AVENUE COLLINSVILLE, CT 06022**

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 observation, a review of facility documentation and interview, the facility failed to ensure staff utilized recommended personal protective equipment when caring for Covid-19 positive residents. The findings include: An observation on 5/16/20 at 1:50 PM identified CNA #1 and CNA #2 assisting Resident #1 with a transfer via a Hoyer lift. Resident #1 had previously tested positive for the Covid-19 virus and was cohorted in the facility ' s Covid-19 positive unit. A further observation identified CNA #1 and CNA #2 were not wearing eye protection. Facility signage posted outside Resident #1 ' s bedroom identified s/he was on droplet precautions which included the use of a face shield and/or goggles. A review of facility documentation titled Covid-19 Preparedness Plan identified for a resident with known or suspected Covid-19: staff wear gloves, isolation gown, eye protection, and an N95 face mask. An interview with the Nursing Supervisor on 5/16/20 at 1:55 PM identified it was the facility policy for staff to wear face shield when working with Covid-19 positive residents. She further identified CNA #1 and CNA #2 should have be wearing eye protection and could not identify why they were not. An interview with CNA #1 on 5/16/20 at 2:10 PM identified she was assigned a face shield and left it at the facility overnight to discover it was not in the utility room when she arrived in the morning. She further identified she never requested another face shield from the Nurse Manager because she wanted to get her day going. CNA #1 identified she knew she was required to wear a face shield. An interview with CNA #2 on 5/16/20 at 2:12 PM identified she was given a face shield and goggles and hers was missing from the utility room upon shift arrival. She further identified she did not request a replacement because she wanted to get on with her work. CNA #2 identified the nurse was in the unit for a while but could not say if she noticed her lack of a face shield. CNA #2 identified she knew a face shield was required.

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