

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075397</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGALCARE AT NEW HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>181 CLIFTON STREET NEW HAVEN, CT 06513</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, review of facility documentation and interviews, the facility failed to ensure that acceptable infection control practices were implemented. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A quarterly MDS assessment dated [DATE] identified Resident #1 had moderate cognitive impairment, required limited assistance for bed mobility, dressing and walking. The MDS further identified that Resident #1 required extensive assist of one for transfers and extensive assist of two for hygiene and toilet use. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A quarterly MDS assessment dated [DATE] identified that Resident #2 had moderate cognitive impairment, required extensive assistance of two staff for dressing, hygiene and toilet use. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An annual MDS assessment dated [DATE] identified that Resident #3 had severe cognitive impairment, required extensive assistance for toileting and hygiene. The assessment further identified that Resident #3 was independent for bed mobility and transfers. An interview with the Infection Preventionist (IP) on 4/21/20 at 10:30 AM identified that one floor of the facility was considered the Covid-19 unit and that residents who were Covid-19 positive would be moved to that unit for cohorting purposes. In addition, the IP identified that as positive test results for Covid-19 were received the residents positive for Covid-19 who were pending transfer would be isolated in his/her room per CDC guidelines. The IP further noted while awaiting transfer the curtain would be drawn around the affected resident and the resident would be required to wear a mask until moved to the Covid-19 Unit. Observation of residents in a four bed semi-private room on 4/21/20 at 11:00 AM with the Infection Preventionist identified there were three residents who resided in the room. Resident #1 was identified to be Covid-19 positive on 4/21/20 and was being prepared to transfer to the Covid-19 unit. Resident #1 was observed to have the privacy curtain drawn around his/her bed and had a face mask in place. Resident #2 and Resident #3 were observed in their respective beds without the privacy curtain drawn and without the benefit of a face mask. Signage on the door to the room indicated that contact precautions were in place. One staff member entered the room with appropriate PPE, she stopped at bedside of Resident #1 and provided him/her water, pouring from his/her water pitcher and placing on the Resident's bedside table, she then proceeded to assist Resident #2 with sitting up at his/her side of the bed adjusting his/her bed linen. Interview and observation with the Infection Preventionist on 4/21/20 at 11:05 AM identified that Resident #1's transfer was planned and should happen as soon as possible. She further stated that previously it had taken anywhere from 2 to 24 hours to transfer the Covid-19 positive resident to the Covid Unit due to bed availability and preparation of the receiving room. She continued by identifying that room that Residents #1, #2 &amp; #3 was placed on contact precautions on 4/18/2020 when the 4th resident who had resided in the room was identified as Covid-19 positive. She further identified that when a resident is determined to be Covid-19 positive, the entire room is placed on contact precautions clarifying that all the residents in the room would be on contact precautions as the other residents in the room were exposed to the Covid-19 positive Resident. She explained that the staff would need to put on and take off PPE consistent with contact precautions including use of a N95 mask and face shield when entering and leaving the room. The staff would be expected to change gloves and wash hands between resident care but could utilize the same gown even if providing direct contact care, changing the gown only when soiled. She considered the roommates of a Covid-19 positive resident to be presumed Covid-19 as the residents would have been exposed to the Covid-19 positive resident and based on guidance for extended gown use, there was no need to change the gown between the cohorted residents. The residents who were presumed Covid-19 positive would be tested if they exhibited symptoms. Resident #2 and Resident #3 had not been tested. The Center for Disease Control and Prevention (CDC) guidance directs for extended use of isolation gowns consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same Health Care Professional when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location (i.e., Covid-19 patients residing in an isolation cohort). Resident #2 and Resident #3 were identified on 4/18/20 as suspected Covid-19 positive residents and were not known to be infected and had not been tested for Covid-19 when observed on 4/21/20. Additionally, the document entitled Healthcare Quality and Safety Branch blast fax 2020-30 directs that persons under investigation (due to exposure or suggestive symptoms) and under observation for Covid-19 or with pending [DIAGNOSES REDACTED]-CoV-2 test, should not cohort with persons with documented [DIAGNOSES REDACTED]-CoV-2 infection. Although the Covid-19 positive resident was planned for transfer, had curtain drawn and a facemask in place, appropriate infection control precautions within the room were not established at the time of Resident #1's positive Covid-19 results on 4/21/20. CDC guidelines identified that high contact resident care activities are activities that are at the highest risk of transmitting infectious pathogens, and include things like dressing, bathing or showering, transferring, providing hygiene, changing linens, assisting with toileting, device care or use of a device and wound care. Resident #2 required extensive assistance of two staff for dressing, hygiene and toilet use while Resident #3 required extensive assistance for toileting and hygiene, all high contact activities. Per interview with the Infection Preventionist, once the positive Covid-19 test results were received, plans for transfer of the positive Covid-19 resident were established but the isolation procedures prior to the transfer of the Covid-19 positive resident was not modified to require either a change of gown between the positive Covid-19 resident or the remaining Residents in the room or to care for the Residents who were not Covid-19 positive first then provide care to the Covid-19 resident. Interview with the DNS at 12:00 PM identified that suspected Covid-19 residents could be cohorted and that based on the CDC guidance for extended gown use, there was no need to change the gown between the cohorted residents. She further identified that once a Resident was Covid-19 positive, if they remain in the room until a transfer can be completed, the staff should proceed from clean to dirty, caring for the suspected Residents in the room first then proceeding to the Covid-19 positive resident if they were to need to use the same gown during care.</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.