

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2020
NAME OF PROVIDER OF SUPPLIER MATULAITIS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 10 THURBER RD PUTNAM, CT 06260	
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 - Potential for minimal harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, review of facility policies and staff interviews, the facility failed to ensure the necessary measures were implemented to prevent the transmission of infection during environmental cleaning of rooms and the processing of soiled linen. The findings include: 1. Observation and interview with Housekeeper #1 on 5/31/20 at 10:25 AM identified that routine cleaning of four of the facility's eight rooms designated for residents who required transmission-based precautions had been performed prior to the cleaning of rooms that were designated for residents who did not require these precautions. Interview and review of the facility policy Cleaning Isolation Room coronavirus disease 2019 (COVID-19) with the infection prevention and infection control nurse (Registered Nurse #1) identified that rooms designated for residents who required transmission-based precautions were to be cleaned at the end of the daily schedule. Subsequent interview with Housekeeper #1 on 5/31/20 at 11:15 AM in the presence of Registered Nurse #1 indicated that on 5/31/20 during the morning she had left her assigned unit where the isolation rooms were located to assist a co-worker who was assigned to other units because she was ahead of schedule and wanted to help the co-worker keep on schedule. Housekeeper #1 stated she had received recent in-service training on infection prevention cleaning strategies and was familiar with the protocols that were to be followed including the personal protective equipment (PPE) that was to be worn while cleaning an isolation room. 2. On 5/31/20 at 10:55 AM observation and interview with Laundry Staff #2 identified soiled linens were processed without the benefit of the necessary clothing protection. Laundry Staff #2 stated she routinely wore a long sleeved button up collared shirt and gloves when taking soiled linens from a laundry shoot to the facility's soiled linen room where the items were sorted. She was observed obtaining the shirt from the handle of a mop that was stored in a bucket in a corner of the soiled laundry room. After the shirt was donned and the collar was adjusted, one button secured the shirt over the staff person's uniform although the front center sections of the uniform were visible and unprotected. When Laundry Staff #2 sorted soiled laundry, a hand, arms and various surfaces of the clothing protector were in direct contact with moist body substances on the soiled linens. Laundry Staff #2 indicated the shirt used for clothing protection was reused about four times during a shift and was washed daily for reuse. Subsequent interview with Laundry Staff #3 on 5/31/2020 at 10:57 AM identified she wore a lab coat with snaps to close the front when sorting soiled laundry. Laundry Staff #3 stated that the lab coat was reused throughout the shift and laundered daily for reuse. Further observation failed to identify that the shirt and lab coat which were worn by the laundry staff were constructed of a fluid impervious material. Interview and review of the Linen and Laundry policy with Registered Nurse #1 on 5/31/20 at 11:00 AM identified laundry staff would follow the necessary precautions including the use of gloves and clothing protection that was fluid impervious when there was the potential for direct contact with moist body substances in order to prevent the transmission of infection during the laundry process.</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.