

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERSIDE HEALTH &amp; REHABILITAT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>745 MAIN ST EAST HARTFORD, CT 06108</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, review of Center for Disease Control (CDC) guidelines, and interviews for 4 of 4 staff members, (RN #1, LPN #1, NA#1, and NA #2) reviewed for infection control practices, the facility failed to ensure proper personal protective equipment (PPE) was utilized according to CDC guidelines. The finding includes: a. Observation on 5/25/20 at 9:25AM identified Registered Nurse (RN) #1 was standing immediately outside of a resident's room on Unit 3 C, which was identified as a COVID-19 positive unit. RN #1 was wearing a gown, face shield, and blue surgical mask. Interview with RN #1 at this time identified that she was getting ready to give the resident his/her medications, and that she was aware the resident was COVID-19 positive and Unit 3 was a COVID-19 positive unit. RN#1 further identified that she did not wear an N-95 mask while on the unit because she did not get fit tested for one and did not know where to get one. b. Observation on 5/25/20 at 9:40 AM identified Nursing Assistant (NA) #1 was standing in the hallway of Unit 3 C/D (COVID-19 positive unit), documenting on the computer, wearing a blue surgical face mask underneath a N95 mask. NA #1 indicated that she had not been instructed by the facility to wear the mask this way, but stated that the mask made her skin itch and she did not like the feeling of the N95 mask on her skin. NA #1 was instructed at this time by RN #2 to wash her hands, correct the placement of the N95 mask and that wearing the blue face mask underneath the N95 mask was not the proper way to wear the N95 mask. c. Observation on 5/25/2020 at 9:55 AM identified Licensed Practical Nurse (LPN) #1 was preparing medication for a resident on Unit #2 C/D (COVID-19 positive unit). LPN #1 was wearing a gown, faceshield, and blue surgical mask. LPN #1 identified that she did not have an N95 mask on the COVID-19 positive unit, and she was not sure how to obtain one. LPN #1 further stated that she had been wearing the blue surgical mask most of the day and was in and out of COVID-19 positive resident rooms wearing the blue surgical mask. d. Observation on 5/25/2020 at 10:02 AM identified NA #2 sitting at the nurse's station on Unit 2 C/D (COVID-19 positive unit), documenting on the computer, wearing double blue surgical masks. NA #2 identified she did not have an N95 mask and did not know that she needed to wear one all the time on the unit. Interview with the Director of Nursing (DNS) at the time, identified that it was her impression was that N95 masks were only to be worn during aerosolized treatments, and that the facility did not currently have residents with aerosolized treatments. She indicated the guidance for the wearing of the N95 masks had been very difficult to track and keep current on the CDC guidelines. The DNS further identified that they did have N95 masks and KN95 masks in the building and that education would be provided to staff starting 5/25/20. Review of PPE stock revealed that the facility had 5300 N95 masks and 6500 KN95 masks in supply in the building. Review of CDC guidelines dated 5/18/2020 identified that a N95 respirator (or higher level respirator) or facemask (if a respirator is not available) should be put on before entry into the patient room or care area, if not already wearing one as part of extended use or reuse. The guidelines indicated when the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19.</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.