

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER MIDDLESEX HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 RANDOLPH RD MIDDLETOWN, CT 06457	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, a review of the clinical record, staff interviews, a review of facility documentation and interviews for 2 of 6 residents (Resident #1 and #2) reviewed for infection control, the facility failed to appropriately cohort a resident with known COVID-19 infection and an asymptomatic or non-infected resident to prevent potential exposure to COVID-19. The findings include: 1. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The annual Minimum Data Set (MDS) assessment dated [DATE] identified moderate cognitive impairment, independent with bed mobility, transfers and toilet use. The resident care plan dated 1/22/20 identified a potential for disruptive behavior, noncompliance and agitation. Interventions directed staff to emphasize a positive calm approach. The physician order [REDACTED]. Review of nurse's note dated 4/7/19 identified Resident #1 complained of pain and shortness of breath. Further review identified the resident was on precautions due to COVID-19 test pending. Review of the laboratory result test dated 4/12/20 identified Resident #1 tested positive for COVID-19 infection. The care plan dated 4/16/20 identified Resident #1 with COVID-19 infection. Interventions directed Droplet precautions as ordered. Review of social service note dated 4/21/20 identified the social worker spoke with the resident on 4/15/20 regarding moving to another room secondary to COVID-19 directive. The note further identified the resident refused to move to another room and was able to demonstrate understanding. 2. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] identified moderate cognitive impairment, independent with bed mobility and transfers, required extensive assistance with toilet use and personal hygiene. The care plan dated 3/16/20 identified the resident often refused to let staff assist with personal hygiene and was noncompliant with recommendations for transfers and ambulation. Interventions included verbalization of noncompliance, provide positive feedback for compliance, document refusals and notify nurse of non-compliance. The care plan dated 4/3/20 identified the resident was at risk for COVID-19 exposure. Interventions directed staff to implement transmission-based precautions as indicated and to reduce or eliminate out of room activities unless medically indicated. Observation and interview with the Director of Nursing (DNS) on 4/22/20 at 1:40 PM identified Resident #1 was resting in bed with a commode placed near his/her bed and a precaution sign outside his/her room. Further observation identified Resident #2 resting in bed in the next room. Both rooms for Resident #1 and #2 had a shared bathroom. The DNS identified Resident #1 had respiratory symptoms, tested positive for COVID-19 and transmission-based precautions were implemented. The facility staff entering Resident #1's room were wearing N95 respirators with surgical masks, face shields, hazmat suits with disposable gowns over it, and disposable gloves. The DNS identified Resident #1 was using the commode in his/her room to protect non-infected Resident #2 in the next room from exposure to COVID-19 while using the bathroom shared between both rooms. Interview with LPN #1 on 4/22/20 at 1:45 PM identified Resident #1 refused to use the commode in his/her room and was independently using the bathroom that he/she shared with Resident #2. LPN #1 further identified that Resident #2 was noncompliant to call for assist and was independently using the same bathroom. LPN #2 identified that staff had multiple discussions related both resident's noncompliance, but changes were not implemented. Interview with NA #1 on 4/22/20 at 2:00 PM identified Resident #1 and Resident #2 were noncompliant and they were both using the same bathroom. NA #1 further identified that housekeeping cleaned and disinfected the bathroom once a day. Interview and review of social service notes with SW #1 on 4/24/20 at 3:19 PM identified Resident #2 was without symptoms of COVID-19 infection. Resident #2 was transferred into the room that adjoined Resident #1's bathroom on 4/15/20. Subsequent to surveyor inquiry on 4/22/20 Resident #2 was transferred to another unit because he/she was sharing a bathroom with a COVID-19 positive resident for seven days. The facility procedure from the Centers for Disease Control (CDC) and American Health Care Association guidelines on cohousing residents to prevent the spread of COVID-19 directed keeping residents who are COVID-19 positive or are suspected to have COVID-19 in the same space (wing, floor, etc.) that is separate from those who are COVID-19 negative.</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.