| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **075288** | A. BUILDING _____ B. WING _____ | **07/22/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **FAIRVIEW** | **235 LESTERTOWN RD GROTON, CT 06340** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review, facility documentation, observations and staff interviews for one of three sampled residents (Resident #2) reviewed for infection prevention and control, the facility failed to ensure personal protective equipment (PPE) was properly sanitized following removal (doffing) and prior to storage for reuse. The findings include:<br>Clinical record review on 7/21/20 identified Resident #2 was admitted to the facility on [DATE]. The record identified that the resident had intact cognition and required limited assistance of one staff person with activities of daily living. A Resident Care Plan dated 7/5/20 identified that Resident #2 had been admitted from an acute care hospital with potential Coronavirus Disease (COVID-19) exposure during the hospitalization . The care plan identified an intervention for infection control with transmission-based isolation precautions and a fourteen-day period of quarantine. Further review of the clinical record identified Resident #2 experienced a change in medical condition on 7/14/20 that resulted in another acute care hospitalization . The record identified Resident #2 re-entered the facility on 7/16/20 with [DIAGNOSES REDACTED]. Review of information pertaining to isolation precautions that was posted outside Resident #2's room on 7/21/20 identified the personal protective equipment required for droplet/ contact precautions included a face shield or goggles, facemask, isolation gown and gloves. Observations on 7/21/20 at 10:15 AM identified facility staff donning personal protective equipment (PPE) in the hallway outside Resident #2's room. Social Worker #1 and Social Worker #1 were observed obtaining personal protective equipment from the supplies available outside Resident #2's room. After donning the isolation gowns and gloves, Social Worker #1 and Social Worker #2 obtained protective eyewear from an isolation supply cabinet outside Resident #2's room before entering the room. Subsequent observation on 7/21/20 at 10:30 AM identified Social Worker #1 and Social Worker #2 doffed the isolation gowns and gloves before exiting Resident #2's room and returned the protective eyewear to the supply cabinet that contained personal protective equipment without the benefit of properly cleaning the eyewear after use. Interview with the Director of Nursing Services (DNS) on 7/21/20 at 10:40 AM and review of the facility's policy for Face Shield and Goggle Use in COVID Prevention identified the reprocessing of PPE eyewear (i.e. face shield or goggles) included careful removal of the eyewear by grabbing the strap and pulling upward and away from the head. The policy further directed that while wearing gloves, staff were to carefully wipe the inside of the eyewear, followed by the outside using an approved disinfectant wipe, allowing the disinfectant to fully air dry and store the eyewear in a paper bag. Further observation and interview with the Director of Nursing Services on 7/21/20 identified the DNS immediately removed the drawer from the isolation cart outside Resident #2's room to ensure the items in the drawer were properly disinfected and provided immediate in-service education to Social Worker #1 and Social Worker #2. |

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