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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075345 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/06/2020 |
| NAME OF PROVIDER OF SUPPLIER APPLE REHAB COCCOMO | | STREET ADDRESS, CITY, STATE, ZIP 33 CONE AVE MERIDEN, CT 06450 | |
| 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, review of facility documentation and interviews for one of three nursing units, the facility failed to implement measures to prevent, and control the spread of infection between Covid 19 residents and their roommates (cohort), and failed to ensure the appropriate transmission based precaution signage was utilized, and failed to appropriately discard disposable single use personal protective equipment (PPE). The finding includes. A. Observations made on the facility's designated Covid 19 unit, and review of the facility Line List Tracking documentation for Covid 19 on 5/6/2020 at 10:00 AM with the Director of Nursing (DON) identified five of eighteen residents, who had tested positive for Covid 19, were sharing the room with a resident who had been exposed to [MEDICAL CONDITION], however was asymptomatic, and had not been tested for the Covid 19. During the observation it was identified the resident's who were positive did not have facemasks on and the room curtains were not closed between the beds to ensure an appropriate barrier. In an interview at the time the DON indicated that although some residents would not utilize facemasks, the curtain should be pulled to protect the roommate from contracting [MEDICAL CONDITION]. Additionally, the DON indicated that after exposure roommates were not tested for [MEDICAL CONDITION] but were identified as exposed or presumed positive and placed on precautions. Additionally, the DON indicated that the facility was in the process of moving residents to other rooms at the time of the observation. B. Observation on 5/6/2020 at 10:00 AM on the facility's designated Covid 19 unit identified that although signs were posted on the doors of Covid 19 positive residents that directed staff to see the nurse before entering, signs indicating what type of transmission-based precautions were not utilized. Interview with the DON at that time identified that residents with Covid 19 are placed on droplet precautions and signage should be present to indicate the resident is on droplet precautions. C. Observations of the staff on the designated Covid unit on 5/6/2020 at 10:00 AM identified staff moved throughout the unit wearing Tyvek suits. Interview with the DON at that time identified that all staff on the unit are provided with a Tyvek suit to wear for the shift. When entering a resident room, the staff were expected to don a disposable yellow gown over the Tyvek before entering the room to provide care to the Covid positive resident. When resident care is completed the staff were directed to hang the yellow gown on the back of the door in the room. At the end of the shift staff were directed to spray the Tyvek suit with a hydrogen peroxide solution and hang the suit in a designated room outside the unit. The Tyvek suit was then reused the next day for the same purpose and disposed of after using for numerous days. Further interview with the DON identified that although enough supplies of PPE were available, the reuse of the Tyvek suits for numerous days was an effort to conserve PPE. The facility's policy on Infection Prevention and Control Recommendations for Residents with suspected or confirmed Covid 19 identified that if a Covid positive resident is roomed with a roommate, isolate the roommate for 14 days or until test results are received, if tested. Patient placement within the facility is determined on a case to case basis. The facility's policy did not address the reuse of PPE or the posting of signage that identified the appropriate transmission based precautions. According to the CDC (Center for Disease Control) Coronavirus Disease 2019, update April 13, 2020, isolate symptomatic patients as soon as possible. Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (as possible). Additionally the CDC recommends that although Tyvek suits are designed for one time use the suits may be used for the shift on a Covid positive unit and then should be discarded.</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.