STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075252	A. BUILDING _____ B. WING _____	07/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTSIDE CARE CENTER	**349 BIDWELL STREET MANCHESTER, CT 06040**

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a clinical record review, observations, staff interviews, and a review of the facility policy for four of six residents reviewed infection control (Resident #2, #3, #4 and #5), the facility failed to conduct risk assessments for the use of masks and failed to apply or reapply the facemask in accordance with the plan of care on a locked dementia unit and/or for two sampled residents (Resident #1 and #6), the facility failed to cohort a resident timely when COVID-19 was identified. The findings include: a. Resident (R) #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The care plan dated 4/5/20 identified R#2 chose not to wear his/her mask or did not understand why he/she should wear a mask or stay in his or her room. Interventions included offering an escort back to the residents room and assist with hand washing. A laboratory test dated 5/9/20 identified R#2 had COVID -19. The quarterly Minimum Data Set ((MDS) dated [DATE] identified severe cognitive impairment, required supervision while walking in his/her room and had wandering behaviors. Observation on 7/14/20 at 10:05 AM identified R#2 leaving his/her room with NA #2 without the benefit of a face mask. R#2 proceeded to walk down the hall toward the nurse's station. Interview with NA #2 identified R#2 was not wearing a mask because NA#2 did not apply it, however R#2 constantly removed the mask. Additionally, NA #2 identified she had assisted R#2 to change his/her incontinent brief and R#2 did not have a mask available in his/her room and she did not obtain a mask. b. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The care plan dated 4/5/20 identified R#3 chose not to wear his/her mask or did not understand why he/she should wear a mask or stay in his or her room. Interventions included to offer to escort R#2 back to his/her room and assist with hand washing and approach regularly to offer help back to R#3's room. The quarterly MDS dated [DATE] identified severe cognitive impairment, ambulated by him/herself and wandered daily. The laboratory test dated 5/16/20 identified R#3 tested positive for COVID 19. Observation on 7/14/20 at 8:55 AM identified R#3 was walking in the hallway near the nurse's station without the benefit of a mask. R#1 was in the hallway with RN #1 who did not attempt to apply a facemask or redirect R#1 back to his/her room. Interview with RN #1 on 7/14/20 at 9:00 AM identified R#3 refused to wear a mask and was not safe to utilize a mask as he/she chewed the mask. Review of the clinical record with RN #1 identified a safety risk assessment was not conducted for appropriateness and safety of mask use. Additionally, RN #1 indicated the facility had not completed documented risk assessments for mask use on the dementia unit. c. R#4 was admitted on [DATE] with [DIAGNOSES REDACTED]. The care plan dated 4/5/20 identified R#4 chose not to wear his/her mask or did not understand why he/she should wear a mask or stay in his or her room. Interventions included to offer to escort R#4 back to his/her room and assist with hand washing. The qurterly MDS dated [DATE] identified cognitive impairment, ambulated in the room and hallway by him/herself and wandered daily. A laboratory result dated 5/2/20 identified R#2 tested positive for COVID 19. d. R#5 was admitted [DATE] with [DIAGNOSES REDACTED]. The quarterly MDS dated [DATE] identified R#5 had cognitive impairment ambulated in the room and hallway with supervsion and wandered daily. The care plan dated 4/5/20 identified R#5 chose not to wear his/her mask or did not understand why he/she should wear a mask or stay in his or her room. Interventions included to offer to escort R#5 back to his/her room, assist with hand washing and approach regularly to offer help back to R#4's room. The lab test dated 5/30/2020 identified R#5 did not have COVID 19. Observation of R#4 and R#5 on 7/14/20 at 9:40 AM identified R#4 was sitting in a chair across from the nurse's station without the benefit of a face mask. R#5 walked up to and stood directly beside R#4 without the benefit of a face mask. NA #1 was standing in the hallway near R#4 and R#5 and did not attempt to apply a face mask or redirect either resident back to his/her room. NA # 1 walked away and proceeded to walk down the hall. Interview with NA#1 identified R#4 and R#5 have face masks however constantly remove the masks. Additionally, NA #1 indicated R# 5 lived on another wing and while NA #1 usually would redirect R#5 back she did not. Interview with the Director of Nursing (DNS) on 7/14/20 at 1:38 PM identified the expectation of the faciilty was to attempt to apply or a reapply masks to residents who refuse to wear or constantly remove masks. Additionally, the DNS identified all residents had been provided with masks and she would expect the staff to make regular attempts to reapply the mask. The DNS indicated all residents have a care plan that identify mask refusal/removal as a problem, however a risk assessment was not conducted for each resident to determine if it was appropriate or safe for the resident to wear mask and should have been. Review of the facility policy entitled Resident Education for Personal Protective Equipment directed in part that residents are provided a facemask, eye protection and all residents would be asked to apply a facemask when direct care was provided, when a resident was within six feet of someone else, and when exiting their rooms for any reason. e. R#1 was admitted to the facilty on 6/16/17 with [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE] identified severe cognitive impairment, extensive assistance of one person for bed mobility and transfers, and supervision to walk in his/her room and the hallway, and wandering behaviors. The nursing progress note dated 4/30/20 identified R#1 did not get out of bed and had a poor appetite and a COVID swab was ordered. The physicians order dated 4/30/20 directed to test R #1 for COVID-19 virus secondary to fever and lethargy. The careplan dated 5/2/20 idenified R#1 tested positive for COVID -19 and interventions included to provide R#1 with a private room as available. The laboratory test dated 5/2/20 identified R#1was diagnosed with [REDACTED]. R #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The care plan dated 5/4/20 identified R#6 had close contact with someone who had COVID- 19 and interventions included if R#6 's roommate tested positive for COVID-19, R#6 should remain in the room with the door closed and curtain drawn. The laboratory results dated [DATE], 5/30/20, 6/6/20, 6/14/20, and 7/11/20 identified R#1 (the roomate of R #6), did not test positive for COVID 19. Review of the census form dated 4/30/20 and 5/1/20 identified R#1 and R#6 were roommates. The census form dated 5/4/20 identified R#1 was moved to the COVID positive wing, 2 days after R #1 tested positive for COVID -19. Interview with RN #3 (Nursing Supervisor), on 7/19/20 identified R#1 tested positive for COVID 19 on 5/2/20 and she contacted the Director of Nursing (DNS) to notify her of the positive result. The Nursing Supervisor was not directed to move R#1 to the COVID wing. RN #3 identified room changes are usually discussed in the morning meetings that are held during the weekdays. Interview with the Infection Control Nurse (RN #1) on 7/20/20 at 2:15 PM identified R#1 and R#6 were roommates until 5/4/20. RN #1 identified R#1 tested positive for COVID 19 on 5/2/20 and was not moved or separated from his/her roommate who tested negative for COVID 19 until 5/4/20. Further, the Infection Control Nurse identified the supervisor was responsible to obtain results on the weekend and notify the infection control nurse or DNS of positive results. The Infection Control Nurse indicated she would have expected R#1 to be moved to the positive wing the day the test was available and did not know why this was not done. Interview with the DNS on 7/22/20 identified R#1 did not move until 5/4/20 when the staff discussed room changes becuase R#1's roomate had already been exposed and the facilty did not have a lot of information related to cohorting. Review of the facilty policy entitled Cohorting Strategies dated 7/8/20 directed in part that COVID positive residents would be cohorted on a separate wing. Review of the policy entitled COVD-19 identified the purpose of the policy was to minimize the potential exposure and transmission of COVID 19 to staff, visitors and residents and indicated the facilty would use risk assessment surveillance tools and clinical guidance directed from the CDC to effectively manage potential exposure and cases of COVID 19.

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.

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