

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2020
NAME OF PROVIDER OF SUPPLIER MATTATUCK HEALTH CARE FAC		STREET ADDRESS, CITY, STATE, ZIP 9 CLIFF ST WATERBURY, CT 06710	
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	Provide and implement an infection prevention and control program. Based on observations, review of facility documentation, facility policies, and interview, the facility failed to ensure residents wore facemasks when outside of their rooms and when healthcare professionals provided direct care to residents. The findings include: Observations during a tour of the facility on 5/23/20 at 9:30 AM, identified residents walking throughout the facility without the benefit of wearing a facemask or when they received direct care from healthcare professionals. Healthcare professionals were seen wearing facemasks when they provided direct care to residents and while moving about the facility. An interview with the Director of Nursing (DON) on 5/23/20 at 9:50 AM identified that residents were not required to wear facemasks as the facility had no COVID-19 positive residents, residents had not presented with signs or symptoms of COVID-19 and a majority of the residents would refuse to wear a facemask due to their psychological conditions. Subsequent to surveyor inquiry, the DON implemented a plan to educate the residents on wearing facemasks. Review of facility policy which was provided by the Center for Disease Control entitled Preparing for COVID-19 in Long Term Care facilities identified residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms, some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections are likely to contribute to COVID-19 transmission in long term care settings. The Center for Disease Control recommended source control for everyone in healthcare settings such as encouraging residents to remain in their rooms, if they leave their rooms, they should wear a facemask and limit their movement within the facility. Residents should be wearing facemasks when healthcare professionals enter their rooms and provide direct resident care.		

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.