STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075351	A. BUILDING _____ B. WING _____	**04/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ABBOTT TERR HEALTH CTR	**44 ABBOTT TERR WATERBURY, CT 06702**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, review of facility documentation, review of facility policy, and interviews, for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3) reviewed for infection control for Covid-19, the facility failed to ensure residents wore masks when outside room and maintain social distancing. The findings include: Resident #1 had [DIAGNOSES REDACTED]. Resident #2 had [DIAGNOSES REDACTED]. Resident #3 has [DIAGNOSES REDACTED]. Observation on 4/29/2020 at 10:35 AM identified Resident #1, Resident #2, and Resident #3 were sitting across from the nurse station in his/her wheelchairs side by side within 6 inches of one another. An interview with Occupational Therapist (OT) #1 on 4/29/20 at 10:40 AM indicated the residents were all Covid-19 negative and did not require to be 6 feet apart. OT #1 further identified Resident #1, Resident #2, and Resident #3 did not need to don masks because they were negative for Covid-19. An interview with Licensed Practical Nurse (LPN) #1 on 4/29/20 at 10:45 AM indicated Resident #2 was positive for Covid-19, Resident #1 and Resident #3 were negative for Covid-19. LPN #1 identified Resident #1, Resident #2, and Resident #3 were dependent in use of the wheelchair and he/she along with LPN #4 placed the residents across from the nurse station. LPN #1 was unable to explain why the residents were not donning masks nor why they were not placed 6 feet apart. An interview with the Director of Nurses (DNS) on 4/29/20 at 11:00 AM indicated Resident #2 was confirmed positive for Covid-19 on 4/8/20 and had been afebrile for the last 72 hours. The DNS identified he/she would expect staff to place all residents 6 feet apart in addition the DNS indicated residents should be donning masks when outside of his/room. The facility did not provide a resident mask or social distancing policy.

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.