STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075356	A. BUILDING _____ B. WING _____	**05/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NOTRE DAME CONVALESCENT HOME I	**76 WEST ROCKS ROAD NORWALK, CT 06851**

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 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy review, and interviews for one of two nursing units, the facility failed to ensure the facility was free of potential hazards. The findings include: Observations and interview with Registered Nurse (RN #1) and Nurse Aide (NA #1) on 5/7/2020 at 11:55 AM identified the hallway before approaching rooms [ROOM NUMBERS] had heavy plastic sheeting that extended across the width of the hall. It was taped to the walls on both sides, taped on the ceiling and on the floor. It was heavy opaque plastic (similar to plastic sheeting used to control dust at a construction site). The plastic sheet had a zipper from the top of the plastic near the ceiling to the floor on both the right and left sides of the plastic that extended across the hall. NA #1 was in the hallway on the other side of the closed zippers in the plastic. NA #1 unzipped the plastic, and moved back the plastic sheeting to show the resident lounge at the far end of the hall (beyond rooms [ROOM NUMBERS]) which had the same type of plastic sheeting extending across the resident lounge doorway entrance with zippers to enable access into the lounge. Interview with the Administrator, Director of Nursing , RN #1 and Person #1 on 5/7/2020 at 12:35 PM identified although rooms [ROOM NUMBERS] are negative pressure rooms, the plastic sheeting was installed in the hallways after the first two residents in the building tested positive for COVID 19. They further indicated the plastic sheet was an attempt to decrease air movement in the facility an isolate [MEDICAL CONDITION] from the rest of the facility. He stated that he was not aware that use of plastic sheeting was not within the CDC guidelines, and the facility did not consult with DPH prior to the installation of the plastic sheeting. The Administrator stated the plastic sheeting would be removed. Subsequent to surveyor inquiry, the plastic sheeting across the hallway before rooms [ROOM NUMBERS], and across the doorway into the resident lounge were removed. The facility did not provide a fire hazard policy for surveyor review.
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, facility policy review, and interviews for one of two nursing units, the facility failed to ensure isolation procedures were implemented within acceptable infection control practices. The findings include: a. Observations and interview with RN #1 and NA #1 on 5/7/2020 at 11:55 A.M. identified the hallway before approaching rooms [ROOM NUMBERS] had heavy plastic sheeting that extended across the width of the hall. The plastic sheeting was taped to the walls on both sides, taped on the ceiling and taped at the floor. It was a heavy opaque plastic (similar to plastic sheeting used to control dust at a construction site). The plastic sheet had a zipper from the top of the plastic near the ceiling to the floor on both the right and left sides of the plastic that extended across the hall. Further observation on 5/7/20 identified NA #1 in the hallway on the other side of the plastic and the zippers were closed. NA #1 unzipped the plastic, and she/he was noted wearing a yellow isolation gown over her uniform, gloves, a mask and a face shield. When NA #1 unzipped the zipper, the plastic sheeting was observed to touch her hands, arms, yellow gown, and body. She asked if RN #1 and surveyor if they wanted to come in (surveyor did not walk through the plastic sheeting). NA #1 stated that she was assigned to provide care for two COVID 19 positive residents inside the plastic area. NA #1 moved back the plastic sheeting to show that the resident lounge at the far end of the hall (beyond rooms [ROOM NUMBERS]) also had the same type of plastic sheeting extending across the resident lounge doorway entrance with zippers to enable access into the lounge. NA #1 and RN #1 stated NA #1 stays on the inside of the plastic area all day and does not come out unless to provide care for three other residents on her assignment in nearby rooms outside the plastic sheeting that are positive for COVID 19. RN #1 stated that the facility limits NA #1's movements and indicated she had provided NA #1 with a refrigerator for her lunch, NA #1 was not allowed to use facility bathrooms and the facility provided NA #1 with a port-a-potty outside. NA #1 stated that she had everything she needed within the plastic area - she had PPE, hand sanitizer, refrigerator for her lunch, and a port-a-potty. b. Observation on 5/7/2020 at 12:10 PM with RN #1 of the outdoor entrance to the end of the hallway, where NA #1 was working identified a ramp that lead up to an exterior door that was an access into the area behind the plastic sheeting. At the bottom of the ramp was a port-a-potty - it was clean inside and had a hand sanitizer attached to the wall inside the port-a-potty. The hand sanitizer was empty. At the top of the ramp, was a sink on a small stand. The sink had running water - RN #1 stated it had cold and warm water, and RN #1 demonstrated use of the sink. There was a roll of paper towels on the bottom open shelf approximately four inches off the cement floor. A towel with debris on the towel from nearby trees was located on the cement floor nearby, and another towel was draped over a waist high cement wall to the left of the sink. The gray water from the sink discharged through a white PVC-like pipe directly onto the ground next to the ramp creating a muddy area next to the ramp. The door to enter the building was locked. RN #1 stated if the NA came out to use the port-a-potty she had to prop the door open with a cinder block. RN #1 went back into the unit and directed NA #1 to open the door. Observations inside the hall inside the plastic sheeting identified two resident rooms, reported by RN #1 as negative pressure rooms. RN #1 then unzipped the plastic sheeting from the other side, walked through the plastic sheeting and entered the hall inside the plastic sheeting. As RN #1 walked though the plastic sheeting without any gown or gloves, the sheeting contacted her hands, arms, body and head. Review of NA #1 ' s assignment identified she provided care to R #5 and #6 whose rooms were inside the plastic sheeting wall, and R #7, #8 and #9 whose rooms were outside the plastic sheeting wall. Interview with the Administrator, DON, RN #1 and Owner #1 on 5/7/2020 at 12:35 PM identified although rooms [ROOM NUMBERS] are negative pressure rooms, the plastic sheeting was installed in the hallways after the first two residents tested positive for COVID 19 in an attempt to decrease air movement in the facility an isolate [MEDICAL CONDITION] from the rest of the facility. The Administrator stated the facility had nine (9) additional residents on both nursing units that tested positive for COVID 19 since the plastic sheeting was installed and they have had seven (7) staff test positive for COVID 19. He stated that he was not aware that use of plastic sheeting was not within the CDC guidelines, and the facility did not consult with DPH prior to the installation of the plastic sheeting. RN #1 stated the plastic sheeting was disinfected daily. The Administrator stated the plastic sheeting would be removed. Subsequent to surveyor inquiry, the plastic sheeting across the hallway before rooms [ROOM NUMBERS], and across the doorway into the resident lounge were removed. Review of facility Pandemic Planning and Operational Protocol Policy, dated 5/8/2020, identified in part, on page 14, a containment plan will be developed to cohort and/or isolate like symptomatic residents within the facility. The policy further directed that the facility had created an isolation area within the facility, four rooms had been turned into negative pressure areas, and the adjacent lounge area on the unit was a staging area to don PPE. A nurse and NA would be assigned to the area and would have limited access to the rest of the facility.

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.