

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER WOODLAKE AT TOLLAND REHABILITATION & NURSING CENTE		STREET ADDRESS, CITY, STATE, ZIP 26 SHENIPSIT LAKE ROAD TOLLAND, CT 06084	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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 clinical record review, review of facility documentation, interviews, for review of infection control, the facility failed to use personal protective equipment in accordance infection control standards, failed to properly store eye protection and for one sampled resident (Resident #1), the facility failed to ensure that an aerosolized medication was administered to the resident in a manner consistent with current Infection Control Standards. The findings include: 1. Observation during the facility tour on 10/20/20 at 10:17 AM in the first-floor hallway identified a shield inside a ripped plastic bag labelled gowns and was stored in a plastic caddy attached to the wall. Additionally, NA#1 had goggles on top of his/her head and when questioned removed the goggles and tucked them in the v neck collar of his/ her uniform top. Interview NA #1 on 10/20/2020 at identified NA #1 used eye protection when in the isolation rooms and cleaned the goggles with disinfectant wipes upon leaving each room. Additionally, when NA #1 was not wearing the goggles he/she kept them on his/her head or in her shirt. Further, NA#1 identified staff could place the face shields and goggles in a bag and store them in the caddies that were on the wall, however she did not have a bag. Interview with the Infection Preventionist (RN # 1) on 10/20/2020 at 10:43AM identified extended use of eye protection was acceptable and staff should discard visibly soiled or deteriorated face shields. Additionally, staff could store the eye protection in a paper bag and carry it with them or place the bag on top of the clean isolation cart when not in use. Additionally, RN#1 identified she would not expect staff to store eye protection in a ripped gown bag would discard the eye protection if it was left uncovered. Further RN #1 identified the facility did not have one designated area to store the face shields and goggles and would work to identify a new process. The transmission-based precaution sign posted outside the door of all quarantine rooms directed staff to store mask and eye protection in designated area. Review of the policy entitled Coronavirus Policy identified staff will follow the CDC guidelines for the correct procedure to don and doff personal protective equipment, remove eye protection and clean with hospital disinfectant and save for reuse. 2. a.R#1 admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. The resident care plan dated 10/15/2020 identified a problem of potential for mood decline due to visitor restrictions and facility preventative measure for COVID 19 and indicated R #1 was placed on 14 days of quarantine following a hospital stay. The physicians order dated 10/13/2020 directed quarantine and droplet precautions for 14 days. The laboratory results dated [DATE] identified COVID-19 was not detected. Observation on 10/20/2020 at 10:20 AM identified housekeeper #1 walking into R#1's room without a gown, or protective eye wear. The isolation precaution sign posted on the door directed staff to perform hand hygiene and to wear a gown, mask, eye protection and gloves prior to entering the room. Interview with Housekeeper #1 and the ADNS who translated on 10/20/2020 at 10:22 AM identified Housekeeper #1 had cleaned R#1's room which included the bathroom and dusting and then later returned to the room to get supplies without wearing PPE. Additionally, Housekeeper #1 identified she did not wear eye protection in the room because she did not know it was required. Subsequently, the ADNS educated housekeeper #1 on the proper PPE to wear when cleaning resident isolation rooms. b. Observation on 10/20/2020 at 10:35 AM identified Housekeeper #1 obtained a new package of eye goggles, pulled down his/her mask and opened the package with his/her teeth, placed the on the goggles on her face, then pulled the mask up and sanitized his/her hands. Review of In-service training form dated 9/9/2020 signed by housekeeper #1 entitled Covid cleaning refresher identified training on the required personal protective equipment for cleaning rooms which included the use of a facemask, gown, gloves and face shield or goggles. Additionally, the training was written in English, although housekeeper #1's primary language was Spanish. Interview with the ADNS on 10/20/2020 at 10:42 AM-identified housekeeper #1 should have not used her mouth to open the package of protective eye wear and he/she should have worn a gown and eye protection while in R #1's room at all times. Review of the policy entitled Coronavirus identified the facility would identify and isolate patients who potentially had symptoms and implement standard, contact, droplet and airborne precautions. Additionally, staff were required to wear personal protective equipment every time they enter a patient's room that is on precautions and staff would follow the CDC guidelines for the correct procedure to don and doff personal protective equipment. 3. R#2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident care plan dated 5/24/2020 identified a problem of alteration in respiratory status and interventions included to administer nebulizer treatments as ordered. The physician's orders [REDACTED]. The laboratory results dated [DATE] identified COVID-19 was not detected. Observation on 10/20/2020 at 10:55AM identified resident #2 was lying in bed and a nebulizer treatment was being administered and the room door was not closed. Additionally, LPN #1 entered the room without the benefit of wearing an N95 face mask, removed the nebulizer mask from R#2's face without the benefit of donning gloves, left the room and sanitized hands. Interview with LPN#1 on 10/20/2020 at 10:57 AM identified she did not know that she needed to wear a N95 mask and ensure the room door was closed during the administration of aerosolized nebulizer treatments because she was not educated. Interview with the Infection Prevention Nurse (RN #1) on 10/20/2020 at 11:19AM identified the facility did not have a policy in place for use of N95 mask during aerosolized treatments, for residents in the negative cohort because she did not know that was required. Additionally, R#2 had a roommate and was not moved to a private room because she was not aware that it was a CDC recommendation. Further, review of the census form dated 10/20/20 with RN #1 identified room [ROOM NUMBER] was an available private room not in use. Review of the policy entitled Coronavirus Policy identified to perform any aerosol procedures in a negative pressure room and use a N95 mask, eye protection, gown and gloves. Additionally, the policy identified it was preferable to place the resident in a private room and close the door.</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.