

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIDE BROOK HEALTH &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>23 LIBERTY WAY NIAHTIC, CT 06357</b>	
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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, review of facility documentation and staff interviews, the facility failed to ensure a safe environment was maintained. The findings include: Observation during a tour of resident units on 6/7/20 at 8:30 AM identified a water temperature reading of 131.5 degrees Fahrenheit in room [ROOM NUMBER]. Subsequently, on 6/7/20 at 8:33 AM the water temperature in room [ROOM NUMBER] was found to be 130.5 degrees Fahrenheit with the water noted to be cloudy and brown before the color cleared after approximately three minutes. Interview with Registered Nurse (RN) #1 at 8:40 AM on 6/7/20 identified the Maintenance Director had been notified of the unsafe water temperatures. RN #1 further stated that staff were also nnformed, and all bathing/showering would be temporarily suspended to ensure the safety of the residents. Interview with the Director of Nursing Services (DNS) on 6/7/20 at 9:00 AM identified the facility's water system had been serviced during the previous week. The DNS stated that the resident rooms on the hallway where room [ROOM NUMBER] was located were currently unoccupied as part of the facility's Coronavirus Disease 2019 (COVID-19) infection prevention cohort strategy plan, and the sediment had probably occurred because the faucets were not in use. Interview and observation with Maintenance Staff #1 on 6/7/20 at 10:35 AM identified the water heating system's mixing valve required frequent adjustments. Subsequent water temperatures taken in rooms [ROOM NUMBERS] on 6/7/20 at 11:00 AM identified readings of 118.0 degrees F. Review of the facility's policy on Water Temperature Monitoring identified that faucets were to be checked throughout the facility every three days, and the recorded temperature for hot water supplied to faucets and shower heads which were accessible to facility residents should be in a range of 105 degrees Fahrenheit (F) to 120 degrees F. Review of the facility's Water Temperature Maintenance Logs identified that during the period from 5/5/20 through 6/4/20 water temperatures had been monitored daily except for weekends and holidays. Further review of the facility's water temperature logs and interview with the DNS on 6/7/20 identified all water temperatures taken from 5/5/20 through 6/4/20 were recorded at 118.0 degrees F. The DNS stated that water temperatures were monitored daily, and when indicated the mixing valve was immediately adjusted to achieve the desired temperature of 118.0 degrees F without the benefit of recording the actual water temperatures taken. On 6/7/20 the DNS further identified that the hot water system would be immediately repaired to ensure the water temperatures in areas accessible to the residents remained within a safe range at all times. The DNS subsequently stated the facility had found that a pressure releasing valve at the street level had been causing the problem and was being replaced. He further indicated that staff and residents were being informed of the possibility of elevated hot water temperatures through signs and verbal communication. He identified that water temperatures would be monitored multiple times a day until the temperatures were fully stabilized, and any necessary adjustments would be made immediately if indicated.		
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.