STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075274	A. BUILDING _____ B. WING _____	**05/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTERN REHABILITATION CARE CENTER	**107 OSBORNE STREET DANBURY, CT 06810**

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 observation and interview, for two observed kitchen staff, the facility failed to ensure staff wore masks when working in the kitchen. The findings include: Observation on 5/13/20 at 9:20 AM identified Cook #1 standing in front of the stove/food grill with a mask situated under his/her chin, not covering his/her mouth or nose. Further observation identified Dietary Aide #1 in the kitchen without a mask. Interview with Dietary Aide #1 on 5/13/20 at 12:05 PM identified that he/she had thought that he/she did not need to wear a mask when he/she was in the kitchen, and had not been told to wear a maks in the kitchen until being told today. Interview with Cook #1 on 5/13/20 at 12:10 PM identified that while he/she would always wear a mask while serving food, he/she had not been instructed to wear a mask when in the kitchen. Cook #1 further identfied that he/she did wear a mask when cooking. Interview with the Food Service Director on 5/13/20 at 12:35 PM identified that all staff should have masks on in the kitchen and masks should not be worn under the chin, the mask should cover the mouth and nose. Interview with the Director of Nurses (DNS) on 5/13/20 at 1:00 PM identified that there is no policy for staff wearing masks in the facility. The DNS identified the facility practice and expectation is that all staff will wear masks in the facility unless they are in a break room and sitting at least six feet apart.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE