

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT SOUTHPORT		STREET ADDRESS, CITY, STATE, ZIP 930 MILL HILL TERRACE SOUTHPORT, CT 06890	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, review of facility documentation, and interview, the facility failed to maintain soiled linen carts according to infection control standards on 2 units. The findings include: Observation on 9/9/20 at 9:15 AM with the Scheduler on B and D wings identified the following: 1. Damaged, broken and/or missing lid covers on 2 soiled/dirty linen carts on A wing. 2. Brown stains and/or dry debris noted on 2 soiled/dirty linen carts on A wing. 3. Damaged, broken and/or missing lid covers on 2 soiled/dirty linen carts on D wing. 4. Brown stains and/or dry debris noted on 2 soiled/dirty linen carts on D wing. Intermittent observations on 9/9/20 at 10:05 AM with the Administrator identified brown stains and dry brown debris on the soiled/dirty linen carts. Interview with the Administrator on 9/9/20 at 10:05 AM identified he was aware of the issue and indicated the facility will be obtaining new soiled/dirty linen carts. The Administrator indicated it is the housekeeper's responsibility to clean the linen carts. Interview with the Environmental Services Person on 9/9/20 at 10:11 AM identified he oversees the maintenance, housekeepers and the laundry departments. The Environmental Services Person identified he was not aware of the issue and indicated that housekeepers are responsible for the daily cleaning on the wings. Review of the facility housekeeping guidelines identified cleaning equipment requires attention to avoid cross-transmission of microorganisms and proliferation of microorganisms in dirty environments. The following precautions should be taken when dealing with cleaning equipment: Cleaning; equipment shall be well maintained, clean, and in good repair. Review of the director of environmental services job description identified the primary purpose of your position is to develop and implement facility maintenance, laundry and housekeeping policies and procedures in an efficient, cost-effective manner to safely meet residents needs in compliance with Federal, State and Local requirements. As the Director of Environmental Services, you are responsible for overseeing all aspects of the physical plan and assuring that all systems are running at peak performance 24 hours a day, 7 days a week. You are to assign duties to Maintenance Assistants, Laundry Aides and Housekeepers and to assure that your directions are being followed.		
F 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations, review of facility documentation and interview, the facility failed to maintain an adequate pest control program. The findings include: Observations on 9/9/20 at 9:06 AM with the Scheduler identified numerous black small insects (ants) were observed. Additionally, a moderate amount of food and/or dirt debris was on the floor in the clean utility room. A large amount of small black insects (ants), were identified on A wing in the clean utility room, and on D wing in the clean utility room. The living, small black insects (ants) were noted crawling on the walls, floors, on the counters and drawers. Intermittent observations on 9/9/20 at 9:06 AM, and 9:46 AM with RN #1, and 10:05 AM with the Administrator identified a large amount of ants were observed in the clean utility rooms. Interview and review of the repair log on A wing with LPN #1 on 9/9/20 at 9:10 AM identified she was aware of the ants on A wing. LPN #1 indicated she notified the Environmental Services Person and the Infection Control Nurse of the ants, which were in a couple of the resident rooms. LPN #1 indicated she did not document in the repair log because she had notified the Environmental Services Person and the Infection Control Nurse verbally. Interview and review of the repair log on D wing with RN #1 on 9/9/20 at 9:46 AM identified he was not aware of the ants on D wing in the clean utility room. RN #1 indicated that staff are responsible to document in the repair log when there is a concern and/or issue for the maintenance department to address. Interview with the Administrator on 9/9/20 at 10:05 AM identified he was not aware of the issue with the ants and indicated the pest control company will be notified of the issue immediately. The Administrator indicated the pest control company services the facility on a monthly bases and was last at facility on 8/19/20. Interview with the Environmental Services Person on 9/9/20 at 10:12 AM identified that he was aware of the ants on the A wing but not the D wing. The Environmental Services Person indicated he notified the pest control company in August 2020 that came to the facility in the middle of the month for a visit. Review of the pest control treatment invoices identified that pest control service inspection report initial visit was dated on 6/17/20, with follow up visits on 7/15/20 and 8/19/20. Review of the facility pest control policy identified the facility shall maintain an effective pest control program. The facility maintains an on-going pest control program to ensure that the building is kept as free as possible of insects and rodents. Pest control services are provided by contracted vendor. Maintenance services assist, when appropriate and necessary, in providing pest control services.		
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.