STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075244	A. BUILDING _____ B. WING _____	**05/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVON HEALTH CENTER	**652 WEST AVON RD AVON, CT 06001**

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 clinical record review, facility documentation, interviews, observations and policy review, the facility failed to ensure that precautions were taken for a resident who had a pending COVID-19 test that was in the same room as a COVID-19 resident, and that face shields were stored in an appropriate manner. The findings include: a) Tour of the facility, observation and interview with the Director of Nurses (DON) on 5/3/20 at 9:15 AM identified a droplet precaution sign outside of a resident room. The curtain between the two residents was not drawn. The DON identified that a resident in that room had been placed on droplet precautions, as he/she had a pending COVID-19 test taken over the weekend due to a change in mental status. The DON further identified that the roommate had recently had a negative COVID-19 test. The DON further identified that the curtain should have been drawn around the COVID-19 pending resident. Subsequent to surveyor inquiry the curtain was pulled around the COVID pending resident. Subsequent to surveyor inquiry, the facility started immediately education to staff. Review of the facility COVID-19 precautions guidelines identified that a resident with a COVID pending test should have the curtain drawn around them at all times.

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