

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAPLE VIEW MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>856 MAPLE ST ROCKY HILL, CT 06067</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, facility policy reviews, and interviews of infection control practices as it related to COVID-19, the facility failed to follow infection control guidelines/facility policy for visitor screening upon entrance to a facility. The finding includes: 1. Observation on 6/7/2020 at 8:42 AM, identified Radiology Technician #1 entered the facility and proceeded onto the patient care unit without the benefit of having temperature taken and screening for potential COVID exposure. Observation on 6/7/2020 at 8:59 AM identified Radiology Technician #1 exiting the nursing unit and entering facility lobby. Interview at this time identified, Radiology Technician #1 had entered the nursing unit, performed an x-ray on one resident. Radiology Technician #1 indicated she was never approached or asked to have her temperature taken or screened for COVID related symptoms or exposure, and then left the unit when her task was completed. Radiology Technician #1 further stated other times she has entered the building her temperature is obtained before entering, and she was not sure where anyone was when she entered the building. Radiology Technician #1 indicated she was provided access to the building through the front entrance by a Nursing Assistant (NA). 2. Observation on 6/7/2020 at 8:45 AM, identified Phlebotomist #1 entered the facility and proceeded to enter the first floor nursing unit without the benefit of having temperature taken and screening for potential COVID exposure. Interview with Phlebotomist #1 on 6/7/2020 at 9:15 AM with the Nursing supervisor identified that no one had taken her temperature upon entry and that she did not get her temperature taken until she entered the nursing unit and informed the nurse that she still needed her temperature taken because no one was in the lobby when she entered. Interview with the Nursing Supervisor on 6/7/2020 at 9:00 AM identified that temperatures were to be completed on everyone entering the building. She further identified that she had been informed by staff that this State Agency (SA) Nurse Consultant, and the national guardsmen were both screened, and temperatures were taken upon entrance. This SA Nurse Consultant informed the Nursing Supervisor that was not the case, and that Radiology Technician #1 and Phlebotomist #1 were also let into the building without temperatures or additional evaluation complete. Nursing Supervisor identified that she had been busy taking care of a resident on the second floor of the building at the time Radiology Technician #1, and Phlebotomist #1 entered the building. Interview with the Infection Control Registered Nurse (ICRN) #1 and Administrator at 6/7/2020 at 9:40 AM identified that temperatures and screening for everyone entering the building should be completed upon entrance, and that there should have been a nursing assistant present in the lobby to take temperatures that day prior to the receptionist arriving and assuming that duty. Policy for Resident and Healthcare Personnel Symptom Screening dated 5/1/20 identified temperature screening and surveillance questionnaire would be completed upon arrival to facility and prior to entering work areas.</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.