

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER LUTHERAN HOME OF SOUTHBURY INC		STREET ADDRESS, CITY, STATE, ZIP 990 NORTH MAIN STREET SOUTHBURY, CT 06488	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, review of facility policy, and interviews the facility failed to to ensure appropriate infection control practices were implemented to prevent and control the transmission of COVID-19. The findings include: Observation on 5/20/2020 at 10:33 A.M. on the facility's designated COVID-19 exposed unit identified one yellow plastic rain poncho hanging up on a hook inside a resident room. Observation on 5/20/2020 at 10:34 A.M. identified multiple yellow plastic rain poncho's hanging from the corner of the bathroom door of a resident room. Interview with Nurse Aide (NA #1) on 5/20/20 at 10:35 A.M. NA #1 indicated he/she receives a plastic like long sleeve rain poncho for his/her shift which he/she dons to provide resident care then doffs it prior to exiting the resident room. NA #1 indicated he/she hangs the poncho on the hook inside the resident room for the duration of the shift donning and doffing as needed to provide care. NA #1 identified the poncho is sprayed with a disinfectant at the end of shift and re-used the next time he/she reports to work unless the poncho gets torn or ripped. Interview with Licensed Practical Nurse (LPN #1) on 5/20/20 at 10:50 A.M. LPN #1 identified he/she dons a disposable gown prior to entering a resident room he/she then removes the gown and hangs it to re-use through out his/her shift. LPN #1 indicated at the end of the shift he/she discards the disposable gown. An interview with the Director of Nursing Services (DNS) and Administrator on 5/20/20 at 11:05 A.M. identified the facility was using the disposable gowns and rain ponchos' in a conservation strategy due to the limited supply. The DNS indicated staff are to use the disposable gowns for only one shift then discard. Subsequent to surveyor inquiry, the DNS immediately removed the rain poncho's hanging in the two resident rooms and discarded the poncho's. The DNS indicated the facility will no longer re-use rain poncho's or the disposable gowns. A review of the facility Optimizing supply of Isolation Gowns policy identified currently the facility is operating between 'conventional capacity and contingency capacity'. Conventional capacity use isolation gown alternatives such as rain coats long sleeves, snap front with hood. Contingency capacity shift from gown use to cloth isolation gowns if possible (reusable, washable gowns made of polyester or polyester cotton fabrics).</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.