STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075438	A. BUILDING _____ B. WING _____	**05/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ORCHARD GROVE SPECIALTY CARE CENTER, LLC	**5 RICHARD BROWN DRIVE UNCASVILLE, CT 06382**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, a review of the facilties documentation and staff interviews for 4 of 8 residents (Resident #1, #2, #3, and #4) reviewed for transmission based precautions, the facilty failed to properly dispose of personal protective equipment and/or failed to consistently implement signage for droplet precautions in accordance with the standards of practice and infection control guidelines. The findings include: a. Resident (R) #1 was admitted to the facilty on 5/28/20 with [DIAGNOSES REDACTED]. Review R #1's laboratory test dated 5/28/20 identified COVID-19 was not detected. The physicians order dated 5/28/20 directed to place R #1 on droplet precautions for 14 days. Observation on 5/31/20 at 10:20 AM identified an uncovered wastebasket inside R #1's doorway that was full of used disposable gowns that overflowed onto the floor. Interview with NA #1 on 5/31/20 at 10:25 AM identified staff were instructed to discard used gowns in the wastebasket inside the room prior to exiting. NA #1 indicated she did not observe the full wastebasket this morning and if she had, she would have emptied it. Additionally, NA #1 indicated it was the responsibility of the nurse aide on each shift to empty the wastebasket and she did not know why this was not done. Observation and interview with RN #1 (Nurse Supervisor) on 5/31/20 at 10:30 AM identified a covered bin inside R #1's bathroom. RN #1 identified the covered bin was a Personal Protective Equipment (PPE) disposal bin for the gowns and should not be inside the bathroom. RN #1 indicated the bin should be inside each resident's doorway so staff can dispose of their gowns before leaving R #1's room. Subsequently, RN #1 moved the PPE bin from the bathroom to inside the doorway, placed the wastebasket in the bathroom and disposed of the gowns that were overflowed. Furthermore, RN #1 did not know why PPE disposal bins were not located inside the resident doorway and indicated the wastebasket should have been emptied by the staff before it overflowed. Interview with RN #2 (Infection Control Nurse) on 5/31/20 at 3:00 PM identified she was new to the infection control role and did not know it was required to have a covered PPE disposal bin at the doorway of each isolation room. Although requested, a policy for PPE disposal was not provided. b. R # 2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. physician's orders [REDACTED]. R #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. physician's orders [REDACTED]. R #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. physician's orders [REDACTED]. Tour of the observation unit on 5/31/20 at 10:20 AM identified R #2, #3 and #4 had PPE carts outside of their room absent a visible sign that identified droplet transmission-based precautions. Interview with NA # 1 on 5/31/20 at 10:25 AM identified R #2, #3 and # 4 were on droplet precautions because they were new admissions to the facilty. Additionally, NA #1 indicated signs should have been posted outside on the door or PPE cart and were not. Interview with RN #1 identified the facilty process for identification of transmission-based precaution was to place a droplet precaution sign on the top of the PPE cart in the hallway. Additionally, RN #1 indicated a sign was placed on the door frame that directed staff to see a nurse before entering the room. RN #1 did not know why R #2, #3 and #4 did not have a droplet precautions signs. Although requested, RN #2 indicated the facilty did not have a policy for room signage for transmission-based precautions.

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.