

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORWICH SUB-ACUTE AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>93 WEST TOWN STREET NORWICH, CT 06360</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, review of facility documentation and staff interview, the facility failed to ensure the necessary infection control measures were performed to prevent the transmission of infection during laundry services. The findings include: 1. Observations with Registered Nurse #1 on 5/26/20 at 9:30 AM identified Laundry Staff Person #1 wearing personal protective equipment (PPE) that included a gown and gloves while transporting a receptacle of soiled linen from a location outside the facility to an outside service door. Laundry Staff #1 reached under the protective gown to retrieve keys from a uniform pocket to unlock the service door and returned the keys to the pocket of the uniform without the benefit of removing the soiled gloves or sanitizing the hands at any time. After the soiled linen was subsequently removed for processing, Laundry Staff Person #1 further failed to remove personal protective equipment or perform hand hygiene before sanitizing the receptacle. 2. Observation on 5/26/20 at 9:50 AM identified Laundry Staff #2 placing soiled laundry in a washing machine while wearing personal protective equipment that included a gown and gloves. After the washing machine was started, Laundry Staff #2 removed the soiled gloves without the benefit of performing hand hygiene afterward. The staff person subsequently touched the neckline of the gown to untie the straps. When doffing the gown, Laundry Staff #2 was observed touching the outside surfaces of the gown near the cuff of the sleeve with a bare hand. Interview and review of facility documentation with Registered Nurse #1 on 5/26/20 at 9:55 AM identified the facility had established protocols regarding the infection prevention measures that were to be implemented to prevent the transmission of COVID-19 and had provided frequent staff in-servicing on hand hygiene as well as procedures for donning/ doffing personal protective equipment. The facility's documentation identified that all facility staff from all departments had participated in the in-service training. Prior to the conclusion of the COVID-19 Focused Infection Control Survey on 5/26/20, the facility provided documentation that an immediate corrective action plan had been implemented following the surveyor's observations. The facility immediately provided re-education to laundry staff regarding the necessary infection control measures that were to be consistently implemented regarding the donning and doffing of personal protective equipment and sanitizing the hands to decrease the potential for the transmission of infection.		
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.