

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERSIDE HEALTH &amp; REHABILITAT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>745 MAIN ST EAST HARTFORD, CT 06108</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 interviews the facility failed to adhere to infection control practice and Center for Disease Control guidelines (CDC) while handling a contaminated surgical mask. The findings include: During a tour of facility and observations with the Infection Preventionist (RN#1) on 9/22/20 at 10:45 AM, Nurse Aide (NA) #1 was observed wearing a pair of disposable gloves was noted to have a blue surgical mask in her hand along with some garbage. NA#1 proceeded to place the garbage in a small bin, located in Resident (R) #1's room. NA#1 then transferred R#1's surgical mask from her one hand to the other while also handling the garbage. During the observation NA#1's contaminated gloves came into contact several times with the interior and exterior of R#1's surgical mask. NA#1 straighten the surgical mask, while still wearing the gloves, and proceeded to place the mask onto R#1's face. During an interview on 9/22/20 at 10:50 AM NA#1 indicated that she was cleaning up in R#1's room when she placed the surgical mask onto R#1's face. In an interview with the Infection Preventionist on 9/22/20 at 10:55 AM she indicated that NA#1 should have removed her dirty gloves and washed her hands prior to obtaining a clean mask for the resident. RN#1 further indicated that the mask should be held by the strings on the mask and NA#1 should not have placed her hands on the areas of the surgical mask that covered R#1's mouth and nose. Review of facility guideline for Donning Personal Protective Equipment (PPE) indicated that hand hygiene should be performed prior to putting on PPE. Based on CDC guidelines identify the front of a mask/respirator is contaminated and should not be touched. The process for removal of the mask/respirator is to grasp the bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.		

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.