

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTERN REHABILITATION CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>107 OSBORNE STREET DANBURY, CT 06810</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 observations, review of facility documentation, review of facility policy, and interviews for one of two nursing units reviewed for infection control, the facility failed to ensure the appropriate transmission-based precaution signage was utilized on the designated COVID-19 positive unit. The findings include: Observations on 5/24/2020 at 10:40 A.M. on the designated COVID-19 positive unit identified on two COVID-19 positive resident rooms did not have any transmission-based precaution signage posted. In addition, although signage was posted on the outside doors of twenty-four resident rooms identified as COVID-19 positives it did not direct staff, visitors, or outside providers to follow droplet precautions. In fact the signage directed to stop on contact isolation wear a gown and gloves before entering the room. Interview and observation with Nurse Aide ( NA #1) on 5/24/2020 at 10:45 A.M. NA #1 indicated contact and droplet precautions are supposed to be implemented for all COVID-19 positive residents. NA #1 could not explain why the current signage posted failed to direct everyone that a mask must be worn when entering the resident rooms. NA #1 indicated in addition to gown and gloves he/she wears an N-95 mask, face shield or goggles prior to entering the resident rooms. Interview with Licensed Practical Nurse ( LPN #2)) on 5/24/2020 at 10:48 A.M. LPN # 2 indicated when a resident is identified or presumed positive for COVID-19 contact isolation is immediately implemented. LPN #2 identified prior to entering the resident room he/she dons a gown, N-95 mask, face shield, and gloves. LPN #2 could not explain why the signage posted was for contact isolation directing to put on gown and gloves prior to entering the room. Interview with the Assistant Director of Nursing Services ( ADNS) on 5/24/2020 at 11:40 A.M. identified he/she is responsible for Infection prevention and control program. The ADNS identified the current signage posted on the resident room doors of the designated positive COVID-19 unit has a stop sign on it and is for contact isolation. In addition, the ADNS identified the signage posted directs staff to don a gown and gloves prior to entering the room. The ADNS indicated any resident with COVID-19 positive, pending, or presumed positive is placed on contact precautions. The ADNS also further indicated staff are aware a mask is be worn prior to entering the resident rooms. The ADNS could not explain why the signage currently posted on the designated COVID-19 positive unit failed to direct anyone entering the room to stop and see nurse as gown, gloves, and a mask was to be worn before entering the resident room. Interview with the Director of Nursing Services ( DNS) on 5/24/2020 at 11:45 A.M. indicated the facility has posted red contact isolation signs on the doors to alert staff when a resident is on contact isolation. The DNS identified any resident on any type of transmission-based precautions should have the appropriate signage posted on the doors directing staff on what Personal Protective Equipment PPE is required. Subsequent to surveyor inquiry, the DNS implemented a plan to remove the current transmission-based precaution signage and ensure the resident rooms that did not have signage get the appropriate transmission-based precautions signage posted. The DNS also identified he/she and the ADNS were now printing the appropriate signage to indicate the appropriate transmission- based precautions are implemented for contact and droplet precautions indicating everyone must wear a mask, gloves, eye protection, and gowns before entering the resident room. Review of facility Isolation notice of transmission-based policy identified when transmission-based precautions are implemented the Infection Preventionist (or designee) determines the appropriate notification to be placed on the room entrance door and on the front of the resident's chart. This process is to ensure personnel and visitors are aware of the need for and type of precautions. Contact and Droplet precautions place a notice at the doorway instructing visitors to report to the nurses' station before entering the room and a sign indicating contact droplet precautions on the door of the resident's room.</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.