

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WITHERELL, NATHANIEL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>70 PARSONAGE RD GREENWICH, CT 06830</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, review of facility documentation, interviews and CDC recommendations, the facility failed to ensure staff wore eye protection on an observation cohort where the Covid status of the residents was unknown. The findings include: Observation on 10/7/20 at 12:45 PM of the observation cohort identified 16 newly admitted residents (between day 2 - 13) who were on quarantine/droplet precautions. Intermittent observations identified that nursing staff, providing care to residents within their rooms, were without the benefit of eye protection. None of the nursing staff on the unit were noted to wear eye protection when caring for the residents. Interview on 10/7/20 at 12:50 PM with the charge nurses on the unit, (LPN #1 and LPN #2) identified they have not worn eye protection while working on the observation unit because they were never issued eye protection. Interview with the Administrator and DNS on 10/7/20 at 2:15 PM indicated that they were not aware that staff on the observation cohort were not wearing eye protection to perform resident care because they were not aware that it was required on that unit. The Administrator and DNS indicated that the facility has adequate supply of all PPE, including eye protection. Although requested, a policy on PPE was not provided. According to the CDC; Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.		

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.