

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER WITHERELL, NATHANIEL		STREET ADDRESS, CITY, STATE, ZIP 70 PARSONAGE RD GREENWICH, CT 06830	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, clinical record review, review of facility documentation, review of facility policy, and interviews. for two of three sampled residents (Resident #1 and Resident #2) reviewed for infection prevention during the COVID 19 pandemic, the facility failed to place appropriate signage outside of two suspected COVID 19 positive resident's doors. The findings include: a. Resident #2's [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 with long and short term memory impairment, required extensive assistance with bed mobility, dressing, and eating, and was totally dependent on staff for transfers and toileting. The Resident Care Plan (RCP) dated 4/23/2020 identified that Resident #2 may have been exposed to the COVID 19 virus and that surveillance identified that Resident #2 should be tested for the COVID 19 virus. Interventions directed to apply preventative measures to end transmission, follow facility plan for preventative action, monitor for symptoms, and notify family of COVID 19 test taken. The nurse's note dated 4/21/2020 at 5:08 PM identified that Resident #2 looked weak, was asymptomatic, and that isolation precautions were maintained. A physician's orders [REDACTED]. The nurse's note dated 4/23/2020 at 9:48 AM identified that the physician was notified of the resident's symptoms, ordered a COVID 19 swab, the swab had been obtained, and the resident representative was notified. Observation on 4/23/2020 at 11:28 AM of Resident #2's door failed to identify signage indicating that a COVID 19 test was pending. b. Resident #1's [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had short term memory impairment and required limited assistance with transfers, toileting and dressing. The Resident Care Plan (RCP) dated 4/23/2020 identified that Resident #1 may have been exposed to the COVID 19 virus and that surveillance identified that Resident #1 should be tested for the COVID 19 virus. Interventions directed to apply preventative measures to end transmission, follow facility plan for preventative action, monitor for symptoms, and notify family of COVID 19 test taken. The nurse's note dated 4/21/2020 identified Resident #1 had increased tremors, was having difficulty feeding him/herself, looked anxious, and was having word finding difficulty. A physician's orders [REDACTED]. The nurse's note dated 4/23/2020 at 9:51 AM identified that the physician visited, ordered a COVID 19 swab, the swab had been obtained, and the resident representative was notified. Observations on 4/23/2020 at 11:31 AM identified a staff member, in the room, standing in front of the Resident #1 instructing him/her on donning and doffing footwear. Although the staff member had donned a facemask, face shield and gloves, she was noted to be wearing street clothes without the benefit of a protective gown. Interview with the Director of Nurses (DNS) on 4/23/2020 at 11:32 AM identified that both residents were suspected as positive and had been swabbed for testing that morning. Additionally the DNS identified that all of the residents who were positive should have positive signs, all residents who were pending should have pending signs, and those residents who were recovering should have recovering signs posted on the door to alert staff and others of the resident's COVID 19 status. The DNS was unable to identify why neither Resident #1 nor Resident #2 had a sign posted. Interview with Occupational Therapist (OT) #1 on 4/23/2020 at 11:30 AM identified that he/she was unaware that the resident had been swabbed for COVID 19 testing that morning. OT #1 identified that he/she was usually given that information from his/her boss but had not been informed. Further, OT #1 identified that he/she should have checked with the nurse as to Resident #1's COVID status prior to entering the resident's room. OT #1 identified that if he/she had seen a sign or been made aware Resident #1's status, she would have worn a personal protective gown. Interview with Registered Nurse (RN) #1 on 4/23/2020 at 11:35 AM identified that both Resident #1 and Resident #2 had been swabbed for the COVID 19 virus at 8:45 AM on 4/23/2020. RN #1 identified that he/she could not find any signs to post outside Resident #1 and #2's doors that would have indicated both Resident #1 and Resident #2 were pending COVID 19 test results. RN #1 identified that he/she had requested the signs from the Supervisor, but had not received them as yet. Subsequent to surveyor inquiry pending signs were added to both Resident #1 and #2's doors and the residents were added as pending to the facility's bed board. Review of the facility COVID 19 pending/suspected resident policy identified that residents who were identified as suspected should be considered as positive and that appropriate personal protective equipment (PPE) should be worn, and to post the appropriate precaution sign.</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.