

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VILLA MARIA NURSING &amp; REHAB COMMUNITY, INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>20 BABCOCK AVENUE PLAINFIELD, CT 06374</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>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, review of clinical documentation and staff interviews for review of infection control, the facility failed to post transmission-based precaution signage, properly clean and store face shields, and failed to implement proper hand hygiene. Additionally, for 1 of 5 residents Resident #1 ( R#1 ) reviewed for mask wearing, the facility failed to conduct a risk assessment for mask use. The findings include: 1. R#1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The resident care plan (RCP) dated 9/2/2020 identified R#1 was at risk for COVID 19 exposure and interventions included droplet precautions including for staff to wear a mask, shield gown and gloves and to monitor for signs and symptoms of COVID-19. The admission minimum data set assessment dated [DATE] identified severely impaired cognition and R#1 required extensive assistance of 2 staff for bed mobility and personal hygiene and was dependent on staff for bathing. The physician's order dated 10/13/2020 directed to obtain a swab to test for COVID -19 and place on isolation precautions until results were received. R#2 admitted on [DATE] with [DIAGNOSES REDACTED]. The resident care plan dated 9/8/2020 identified R#2 was at risk for exposure to COVID-19 and interventions included to monitor for signs and symptoms of COVID-19. The physician's order dated 10/13/2020 directed to obtain a swab to test for COVID 19 and place on isolation precautions until results were received. R#3 was admitted on [DATE] with [DIAGNOSES REDACTED]. The resident care plan (RCP) dated 9/8/2020 identified R#3 was at risk for exposure to COVID 19 interventions included to monitor for signs and symptoms of COVID-19. The physicians order dated 10/13/2020 directed to obtain a swab to test for COVID 19 and place on isolation precautions. Review of the daily census sheet dated 10/14/2020 identified R#1, R#2 and R#3 shared the same room. a. Observation outside R# 1, R#2 R3 's room on 10/14/2020 at 10:25AM identified an isolation cart with an isolation cart sign and there was no transmission-based precaution sign outside of the room NA #1 entered R#1 R#2 and R#3's room wearing a gown, gloves, mask and face shield and indicated she did not know the reason for the isolation precautions and did not know why a sign was not posted outside the room. NA #1 left the room [ROOM NUMBER]:35AM, removed the face shield and wiped each side clean with a bleach wipe without the benefit of wearing gloves. Additionally, NA #1 placed the wet shield in a brown paper bag and placed it on top of clean gowns in the clean PPE cart. Further, NA #1 indicated she usually cleaned the shield for 20-30 seconds although the bleach wipe container identified the time it took to kill [MEDICAL CONDITION] was 4 minutes. b. Observation on 10/14/2020 at 10:31AM identified NA#2 walked out of R#1, R#2 and R#3's room and removed his/her face shield and cleaned the front and back of the shield with a bleach wipe without wearing gloves rolled the shield and placed the wet face shield in a brown paper bag. Additionally, NA # 2 removed new face mask from the clean PPE cart and applied the mask to his/her face without the benefit of washing his/her hands. Interview with NA #2 identified him/her provided a partial bed bath to R#1 prior to leaving the room and would clean her shield between residents and used a bleach wipe for 20 seconds on each side. Additionally, NA #2 identified although a transmission-based precautions was not posted she used droplet precautions because that is always what she always used to be safe. Interview with the DNS on 10/14/2020 at 10:43 AM identified a transmission-based precaution sign should have been placed outside R#1, 2, 3's room and she did not know why this was not done. Additionally, The DNS identified NA #1 and NA #2 should not have used bleach to clean face shield because it rendered the shield unusable and NA #1 and NA #2 should have used alcohol or soap and water to clean the shield and allow it to dry before placing it in the paper bag. Further, The DNS identified she would have expected NA #2 to wash her hands after cleaning the shield and indicated she would provide education. Review of the infection control and prevention quiz dated and signed by NA #2 on 5/14/2020 identified acknowledgement that hand hygiene must be done before and after all care activities with residents. Additionally, a hand hygiene competency was conducted on 5/14/2020 and NA #2 was evaluated as competent to wash his/her hands Review of the facility policy for face shield cleaning identified after removal to put on gloves, obtain an disinfectant wipe, disinfect the front of the shield with an EPA approved disinfectant non bleach wipe and allow for appropriate dwell time, turn the shield over and wipe the inside of the shield strap or ear loops with the disinfectant wipe avoiding the foam and allow for appropriate dwell time and allow to air dry. Review of the facility policy entitled hand hygiene identified to wash hands often and well. 2. R # 5 was admitted on [DATE] with [DIAGNOSES REDACTED]. The resident care plan (RCP) dated 6/18/2020 identified R#5 was at risk for exposure to COVID -19 and interventions included for staff to encourage and assist with mask use and if the mask is declined staff will encourage resident to remain in room when possible and encourage and remind R#5 to maintain social distancing. The quarterly minimum data set assessment (MDS) dated [DATE] identified intact cognition and R#5 did not reject care. Observation on 10/14/2020 at 10:35AM identified PT #1 walking R#5 in the hallway without the benefit of a facemask. Interview with PT #1 identified he/she offered R#5 a mask and R#5 declined to wear the mask and sometimes refused to wear the mask because R#5 had [MEDICAL CONDITION] and breathing difficulty. Review of the clinical record failed to document a [DIAGNOSES REDACTED].#5 could not wear a mask. Additionally, the care plan failed to reflect that R#5 could not wear a mask secondary to breathing difficulty. Interview with the DNS on 10/14/2020 at 11:32AM identified R#5 will sometimes wear a facemask and sometime refuses secondary to breathing issues and indicated staff should encourage R #5 to wear the mask when out of his/her room. Additionally, the DNS identified a mask risk assessment was not conducted to determine if R#5 could safely wear a mask. Although requested the facility did not provide a policy related to mask use. Review of the CDC guidance identified patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow. Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.</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.