

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER BRANFORD HILLS HEALTHCARE CTR		STREET ADDRESS, CITY, STATE, ZIP 189 ALPS RD BRANFORD, CT 06405	
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	Provide and implement an infection prevention and control program. Based on observations, review of facility documentation, and interviews, the facility failed to ensure staff members adhered to infection control practice during a pandemic by wearing Personal Protective Equipment (PPE) appropriately (i.e the donning of a face shield, gloves and a gown while providing patient care on a Covid 19 positive unit and an observational/exposure unit). The findings include: 1. Observation on 6/8/20 at 12:56 PM on an Observational/Exposure unit with The Administrator, The National Guard observed NA#1 coming out of a resident's room after providing care without the benefit of donning a gown and gloves before entering the resident's room. Further observation identified that NA#1's face shield was located on the top of his/her head. Interview at the time of the observation, NA#1 indicated that s/he was just delivering lunch to the resident. The Administrator completed an immediate education with NA#1 and indicated that NA#1 should have donned a gown and gloves before entering the resident's room even to drop off and set up a resident for lunch. The Administrator also indicated that the face shield was worn inappropriately and should have been worn covering his/her face. 2. Observation on 6/8/20 at 1:02 PM on an Observational/Exposure unit with The Administrator, The National Guard observed NA#2 entering in and out of resident's rooms while providing care and services without the benefit of donning a face shield and gloves. Interview at the time of the observation with NA#2 indicated that s/he should have a face shield on and gloves while working with patients who are on an Observational/Exposure unit and forgot. Interview with the Administrator indicated that any staff who work on an Observational/Exposure unit should be entering any resident's room who is on Observational/Exposure status with a face shield, gown, mask, and gloves as part of their PPE while working the residents. An immediate education was completed with the nursing assistant. 3. Observation on 6/8/20 at 1:05 PM on a Covid positive unit with The Administrator, The National Guard observed NA#3 working on a Covid Positive unit exiting a Covid positive resident's room without the benefit of donning a face shield. Interview at the time of the observation with NA#3 indicated that s/he should have a face shield on while working with patients who are Covid positive and forgot. Interview with the Administrator indicated that any staff who work on a Covid positive unit should have a face shield on as part of their PPE while working the residents. An immediate education was completed with the nursing assistant.		
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.