

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGALCARE AT WATERBURY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>177 WHITEWOOD ROAD WATERBURY, CT 06708</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 clinical record reviews, observations, facility documentation review, facility policy review and interviews for two of eleven sampled residents (R #1 and R #7), the facility failed to follow Infection Control Guidelines and/or the Centers for Disease Control and Prevention (CDC) guidance related to isolation precautions signage, and for 8 sampled residents (R #2, #3, #5, #6, #8, #9, #10 and #11), the facility failed to follow Infection Control Guidelines and/or the Centers for Disease Control and Prevention (CDC) guidance related to COVID-19 isolation precautions, and the facility failed to ensure that staff followed Personal Protective Equipment (PPE) use in accordance to CDC guidance and facility practice/policy. The findings included: 1. Observation and interview with Registered Nurse (RN #1) on 6/7/2020 at 10:00 A.M. identified a sign on R #1's open door that read self-quarantine for 14 days, keep door closed. No isolation precautions sign, or PPE was observed near R #1's door. RN #1 verbalized that she did not know what the self-quarantine sign meant. Interview with RN #1 and Licensed Practical Nurse (LPN #1) on 6/7/2020 at 10:05 A.M. identified R #1 should not have a sign on the door identifying R #1 required self-quarantine. Review of the clinical record identified R #1 was COVID-19 negative and had not left the facility in the last 14 days that would require isolation precautions. Subsequent to surveyor inquiry, the sign was removed from R #1's door. Interview with the Director of Nursing (DON) identified there was no facility policy regarding posting self-quarantine signs for surveyor review, however the expectation was that a self-quarantine sign would not be posted for a COVID-19 negative resident. a. Interview and observation with the DON on 6/7/2020 at 10:49 AM identified an isolation cart outside R #7's door. Additional observations failed to identify any isolation sign posted and/or any tape markings on the floor to alert staff of precautions. R #7 was listed on the line list as COVID-19 negative. The DON indicated the isolation cart should not be outside the room, and R #7 had been swabbed for COVID-19 on 5/28/2020 with results that were insufficient, and although a repeat test was completed the DON was not aware of the results. Interview and clinical record review with LPN #3 on 6/7/2020 at 10:50 AM identified R #7's COVID-19 test obtained on 5/28/2020 was inconclusive and a repeat test was obtained on 6/4/2020. She indicated R #7 was on isolation precautions pending the results of a COVID-19 test, a sign should have been posted to alert staff. Subsequent to surveyor inquiry, LPN #3 taped an isolation sign outside R #7's door to alert staff that precautions were required. Interview with the DON on 6/7/2020 at 10:59 AM identified a sign should have been posted outside R #7's door to alert staff that precautions were required. Interview with LPN #3, NA #1 and NA #2 on 6/7/2020 at 11:15 AM identified there was no isolation sign posted outside R #7's door today, yesterday, or in the last few days. Review of facility COVID-19 Policy dated 3/2020, directed in part, droplet and contact precautions will be implemented with any resident under investigation for respirator infection and to place signage outside the room. Review of CDC Guidelines (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) directed in part to place signage at the entrance to the COVID-19 unit that instructs staff they must wear protection. 2. Observation of the West 1 resident lounges on 6/7/2020 at 10:05 A.M. identified R #2 was sitting in a wheelchair in front of a table without the benefit of a face mask. R #3 was observed wearing a face mask and walking around the table and within an arm's length of R #2. Interview and observation on 6/7/2020 at the time of the observation with LPN #1 identified R #2 should have a mask on and that R #2 usually wears a mask. Subsequent to surveyor inquiry, R #2 was provided with a face mask. Interview with the Administrator and (DON) on 6/7/2020 at 12:10 PM identified R #2 was able to tolerate wearing a face mask and should have been wearing a face mask when in the resident lounge. No facility policy was provided for surveyor review regarding resident face masks. Review of CDC Guidelines Preparing for COVID-19 in Nursing Homes (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) directed in part, residents should wear a cloth face covering or facemask if tolerated whenever they leave their room. 3. Observation and interview with RN #1 on 6/7/2020 at 10:18 AM identified although the facility had 23 empty beds, the East 1 unit had four (4) residents that were COVID-19 negative and eighteen (18) COVID-19 exposed/unknown residents. Interview and clinical record review and facility documentation review with the Administrator and DON on 6/7/2020 at 12:10 PM identified although the facility had 23 empty beds to facilitate cohorting COVID-19 positive, negative, and exposed residents, the East 1 unit had 18 COVID-19 exposed residents and four (4) COVID-19 negative residents. R #8 was admitted to the facility on [DATE] with COVID-19 negative results and placed on the East 1 COVID-19 exposed unit for isolation precautions for 14 days (18 COVID-19 exposed residents on the unit). Although the isolation precautions were discontinued on 5/20/2020 and R #8 was considered negative, R #8 was not moved from the COVID-19 exposed to a COVID-19 negative unit. R #9 was admitted to the facility on [DATE] with COVID-19 negative results and placed on the exposed unit for isolation for 14 days (18 COVID-19 exposed residents on the unit). Although the isolation precautions were discontinued on 5/1/2020 and R #9 was considered negative, R #9 was not moved from the COVID-19 exposed to a COVID-19 negative unit. R #10 and R #11 were on the East 1 exposed unit and were both COVID-19 negative. Interview with the Administrator and DON on 6/7/2020 at 12:10 PM identified although the facility had 23 empty beds available to enable cohorting residents based on COVID-19 positive, negative or exposed, R #8 and #9 were not moved because they were admitted as short-term residents onto the rehabilitation unit, and the facility did not want to place them on a unit with long-term residents. Interview further identified that R #10 and R #11 were not moved to a COVID-19 negative unit because they were long-term residents and the facility did not want to move them out of their existing rooms. a. Observation and interview of the West 2 unit with the DON on 6/7/2020 at 10:30 AM identified although the facility had 23 empty beds, the West 2 unit had COVID-19 negative, COVID-19 positive and exposed residents located on the same unit: twenty-one (21) COVID-19 negative residents, one (1) COVID-19 positive resident, and one (1) COVID-19 exposed resident. R #5 was COVID-19 positive (swab on 5/28/2020 and R #6 was exposed (his/her roommate was COVID-19 positive and moved to another room). The DON indicated although the facility had space available and planned to cohort COVID-19 positive/negative/exposed residents, R #5 (COVID-19 positive) refused to move to a COVID-19 positive unit and R #6 (COVID-19 exposed) was not moved to a COVID-19 exposed unit. Observation of the unit identified R #6 was in the second room on the unit and there were two rooms with COVID-19 negative residents located between R #6's room and R #5. Interview with the Administrator and DON on 6/7/2020 at 12:10 PM identified the facility had one unit with all COVID-19 negative residents, and three units that were a mix of COVID-19 positive, negative or exposed/unknown residents. The facility also had 23 empty beds that could allow for units to be COVID-19 positive, negative or exposed. Interview identified the facility did not move the residents observed that were located on East 1 and West 2 units in an attempt to cohort COVID-19 residents together in accordance with CDC guidelines and as directed previously by the State Epidemiologist. Although the Administrator was aware residents should be cohorted for COVID-19 status and had discussed cohorting residents with epidemiology, the interview identified the facility did not want to move short term residents to long term units, and did not want to move long term residents to new rooms. Review of facility Guidance for Care for Covid-19 Patient, dated 3/2020, directed in part, to designate an area within the building to accept admissions or current residents with symptoms of COVID-19. Review of CDC Guidelines Responding to COVID-19 in Nursing Homes, Resident Cohorting,</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.

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F 0880  <b>Level of harm - Minimal harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>(<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) directed in part, to create a location of COVID-19 care unit and create a staffing plan. Ideally the unit should be physically separated from other rooms or units without confirmed COVID-19; the COVID-19 care unit could be a separate floor, wing or cluster of rooms. Assign dedicated staff to work only on the COVID-19 unit. Review of CDC Guidelines Responding to COVID-19 in Nursing Homes, Resident Cohorting, (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) directed in part, to create a location of COVID-19 care unit and create a staffing plan. Ideally the unit should be physically separated from other rooms or units without confirmed COVID-19; the COVID-19 care unit could be a separate floor, wing or cluster of rooms. Assign dedicated staff to work only on the COVID-19 unit. Place signage at the entrance to the COVID-19 unit that instructs staff they must wear protection. 4. Interview and review of Nurse Aide assignment with NA #1 on 6/7/2020 at 10:40 AM on West 2 unit identified she was assigned to provide care for R #6 (COVID-19 exposed) and for COVID-19 negative residents. NA #1 stated R #6 was one of the first residents I did and that she wore PPE when providing care. Interview and review of facility documentation with the DON on 6/7/2020 at 11:55 AM identified staff should provide care for COVID-19 negative residents prior to providing care to COVID-19 exposed or positive residents. The DON stated that staff had been directed in the past to provide care for COVID-19 residents first and that she would re-educate staff. a. Interview and review of nurse aide assignment with NA #2 on 6/7/2020 at 10:59 AM identified R #7 was her resident. Interview identified R #7 was on isolation precautions for COVID-19 exposure, and while wearing PPE she provided care for R #7 first, and then gave care to her COVID-19 negative residents. She indicated that she was aware R #7 was on precautions based on information provided by LPN #3. Interview and review of facility documentation with the DON on 6/7/2020 at 11:55 AM identified staff should provide care for COVID-19 negative residents prior to providing care to COVID-19 exposed or positive residents. The DON stated that staff had been directed in the past to provide care for COVID-19 residents first and that she would re-educate staff. 1. Interview with Housekeeper #1 on 6/7/2020 at 11:03 AM identified she emptied the garbage from R #7's room (COVID-19 exposed), and then proceeded to empty garbage from rooms [ROOM NUMBER] which were all COVID-19 negative rooms. Interview</p> <p>with the Administrator and DON on 6/7/2020 at 2:30 PM identified housekeeping should enter the COVID-19 positive rooms or isolation rooms after all the COVID-19 negative rooms are completed. b. Interview with the DON and NA #3 and N #4 on 6/7/2020 on the East 2 unit at 11:25 AM identified that three (3) NAs were assigned to work on the East 2 unit, and all three NAs were assigned to provide care to COVID-19 negative and positive residents. NA #3 and #4 reported they provided care for all their COVID-19 positive residents first (wearing PPE), and then gave care to their COVID-19 negative residents. Interview with the DON on 6/7/2020 at 11:55 AM identified nursing staff should not provide care to COVID-19 positive residents and then COVID-19 negative residents; staff should provide care to the negative residents first. She further identified that one NA should provide care for all the COVID-19 positive residents on the unit. The DON stated that staff had been directed in the past to provide care for COVID-19 residents first and that she would re-educate staff. Review of facility Cohorting Residents and PPE Use policy, dated 4/2020, directed in part, the facility will cohort residents with the 3-tier approach aligned with recommendations of the State of CT and CDC guidelines (COVID-19 positive, negative, and exposed). Each cohort should have dedicated staff, minimizing movement across cohorts. When movement across cohorts is necessary, staff should move from negative to exposed to positive where possible. Review of CDC Guidelines Responding to COVID-19 in Nursing Homes (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) directed in part, to assign dedicated health care professionals to work only on the COVID-19 care unit and to restrict ancillary personnel. Review of CDC Guidelines Responding to COVID-19 in Nursing Homes, Resident Cohorting, (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) directed in part, to create a location of COVID-19 care unit and create a staffing plan. Ideally the unit should be physically separated from other rooms or units without confirmed COVID-19; the COVID-19 care unit could be a separate floor, wing or cluster of rooms. Assign dedicated staff to work only on the COVID-19 unit. 4. Review of R #6's clinical record identified R #6 was admitted on [DATE] with [DIAGNOSES REDACTED]. #6 had a Brief Interview for Mental Status (BIMS) score of 00 out of fifteen, indicative of severe cognitive impairment and required limited assistance of one staff to walk in the corridor and locomotion on/off the unit. Additional review of the clinical record failed to identify an assessment for optimum placement due to COVID-19 exposure. Observation and interview with the DON on 6/7/2020 at 10:30 AM identified R #6 was COVID-19 exposed, and was located on the West 2 unit along with one (1) COVID-19 positive resident and twenty-one (21) COVID-19 negative residents. During an interview and clinical record review with the DON on 6/7/2020 at 11:55 AM the DON stated that R #6 was not moved to a COVID-19 exposed unit due to R #6 was confused. The DON was unable to provide documentation that an assessment was completed to identify R #6 was unable to be moved to an exposed unit, or required to stay in the room he/she was in. The interview identified although she discussed moving R #6 to a COVID-19 exposed unit during a department head Morning Meeting, no actual assessment had been completed. The DON stated the clinical record should include documentation regarding the optimal placement for R #6 related to COVID-19 exposure. Although no facility policy was provided during survey for surveyor review, the DON identified the expectation was that an assessment should have been performed regarding optimal placement in the facility for R #6. 5. Interview and review of nurse aide assignment with NA #1 on 6/7/2020 at 10:40 AM identified NA #1 was wearing a surgical face mask over her nose and mouth, and had an N95 face mask around her neck, hanging under her chin. NA #1 related that to be safe she wears the surgical face mask when she is not in a resident room, then when she goes into a resident's room she puts the surgical face mask under her chin, puts the N95 over her nose and mouth, and then when she exits the patient's room she again puts the N95 under her chin and reapplies the surgical face mask. Subsequent to surveyor inquiry, the DON directed NA #1 to wear only one mask at a time and to store the other mask in a paper bag and provided NA #1 with two paper bags for storing the unused masks. Interview with the Administrator and DON on 6/7/2020 at 12:10 PM identified staff should not have a face mask under their chin; NA #1 should not be wearing one mask over her face and one under her chin at the same time. Review of CDC Guidelines Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>), directed in part, healthcare personnel should wear a facemask at all times while in the healthcare facility, and to put on an N95 respirator or facemask before entry into the patient room or care area, if not already wearing one. 6. Interview with the DON, NA #1 and NA #2 on 6/7/2020 at 10:59 identified although they are provided with a new surgical mask daily, they both reuse their N95 masks. NA #1 and NA #2 identified that at the end of the day they take their N95 masks home and spray them with hydrogen peroxide and water, then place them in paper bags to dry and bring them back to the facility to reuse. Interview with the Administrator and DON on 6/7/2020 at 12:10 PM identified staff should not be taking their N95 masks home and should not be spraying N95 masks with hydrogen peroxide and water. Review of facility provided 3M Personal Safety Division Manufacturer guidelines identified in part, filtering facepiece respirators are not approved for routine decontamination, and reuse may need to be considered as a crisis capacity strategy. The CDC has published guidance on the Decontamination and Reuse of Filtering Face Piece Respirators (FFRs). Review of CDC Guidelines, Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings (<a href="https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html">https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html</a>) directed in part, respirator reuse recommendations included to store the mask in a clean breathable container such as a paper bag between uses. Review of CDC Guidelines Decontamination and Reuse of Filtering Facepiece Respirators (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html</a>) directed in part, only manufacturers can reliably provide guidance on how to decontaminate FFRs, and in the absence of manufacturer recommendations third parties may provide guidance on how to decontaminate respirators. Additional review identified although vaporous hydrogen peroxide was listed, there was no recommendation to spray masks with hydrogen peroxide and water.</p>		