

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075404	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2020
NAME OF PROVIDER OF SUPPLIER MAEFAIR HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 21 MAEFAIR COURT TRUMBULL, CT 06611	
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 the N95 mask in a manner that optimized effectiveness of the mask and the facility failed to wear Personal Protective Equipment (PPE) appropriately (i.e the donning of a gown and face shield while providing patient care to residents on a Covid 19 positive unit. The findings include: 1. During observation on 5/17/20 at 9:35AM on one of the Covid 19 positive units, two nursing assistants (NA#1 and NA#2 were observed wearing a surgical mask under a N95 mask. During an interview with both NA#1 and NA#2 at that time indicated that they placed the surgical masks under the N95 for a better fit. During an interview with the Director of Nursing (DNS) on 5/17/20 at 10:15AM identified all staff were educated on the proper way to wear masks. S/he further identified the staff are permitted to place a surgical mask over the N95 however s/he did identify that on 5/15/20 when a Covid 19 survey was conducted, there was a staff member wearing the surgical mask under the N95 mask. S/he identified the staff had been in-service had begun to re-educate all of the staff. 2. During observation on 5/17/20 at 9:45 AM NA#3 was observed on the designated COVID unit emerging from several resident 's room wearing only a N95 mask and gloves. During an interview with NA#3 on 5/17/20 at the time of the observation, s/he identified s/he was collecting breakfast trays from the resident's rooms and not providing care at that time. During an interview with the DNS on 5/17/20 at 10:20AM identified all staff entering the designated COVID unit should always wear masks, goggles and gowns. S/he further identified NA#3 should not enter resident 's room without the appropriate PPE.		
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.