

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER WESTERN REHABILITATION CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 107 OSBORNE STREET DANBURY, CT 06810	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, interviews, and review of facility documentation the facility failed to ensure that facility staff had been tested for COVID 19 in accordance with State of Connecticut Executive Order 7AAA dated 6/17/20. The finding includes: Review of staff schedules and the facility COVID 19 test results with the Director of Nurses (DNS) on 8/25/2020, identified 27 staff members had not been tested for COVID 19 and worked at least once during the period of 8/9/2020 through 8/15/2020. Additional review with the DNS on 8/25/ of the staff schedules 8/16/20 through 8/22/20 and facility COVID 19 test results, identified 25 staff members had not been tested for COVID 19 and worked at least once during the period of 8/16/20 through 8/22/20. Interview with the Director of Nurses on 8/25/20 at 12:00 PM identified the facility does not maintain a record of who has received COVID 19 weekly testing. The DNS identified the facility checks off who has been tested and reviews it throughout the weekly testing period to remind staff. The DNS identified when the specimens are picked up on Fridays the list goes with the specimens to the lab. The DNS identified they do not keep a copy of the list to review for employee non-compliance with testing. The DNS further identified that if an employee is not tested they should be removed from the schedule. The State of Connecticut Executive Order 7AAA dated 6/17/20 mandated that all nursing home staff who have not previously tested positive for COVID 19 shall be tested weekly until testing identifies no new cases of COVID 19 among residents or staff over at least a 14 day period.		

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.