

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT TORRINGTON		STREET ADDRESS, CITY, STATE, ZIP 80 FERN DR TORRINGTON, CT 06790	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, observations, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for infection control, the facility failed to ensure residents with potential COVID-19 exposure were cohorted in accordance with CDC guidelines. The findings include: Resident #1's [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. The Resident Care Plan (RCP) dated 7/30/2020 identified a risk for infection, signs and symptoms of COVID-19 and Shortness of Breath (SOB). Interventions directed to follow facility protocol for COVID-19 screening and precautions, and observe for signs and symptoms: fever, cough, respiratory issues, and directed send to emergency room (ER) for eval and treatment. The nurse's note dated 7/30/2020 at 7:26 PM identified Resident #1 slipped to the floor from bed due to a coughing episode, sent to ER for evaluation per Advanced Practice Registered Nurse (APRN) as cough worsened. The nurse's note dated 7/31/2020 at 4:31 AM identified Resident #1 was admitted to the hospital with [REDACTED]. The hospital Discharge Summary dated 8/2/2020 (three days after the hospital COVID-19 negative test) identified Resident #1 presented to the hospital with a cough and shortness of breath, was admitted to the hospital on [DATE]. The Discharge Summary further identified Resident #1's hospital [DIAGNOSES REDACTED]. The nurse's note dated 8/2/2020 at 5:50 PM identified Resident #1 was readmitted to the facility at 11:11 AM. The nursing admission assessment dated [DATE] identified Resident #1 was oriented to person, required limited staff assist for ADL, and breath sounds included wheezing in the lower lobes. Observations on 8/3/2020 at 9:25 AM identified Resident #1's room was on a COVID-19 negative unit, with a roommate who was COVID-19 negative. Observations identified no isolation precautions sign was posted and no Personal Protective Equipment (PPE) supplies were observed outside Resident #1's room. Interview at the time of the observation with Nurse Aide (NA #1) identified Resident #1 was not on precautions and there was no isolation cart or precautions sign posted. During an interview and observation with Licensed Practical Nurse (LPN #1), the Director of Nursing (DON) and the Administrator on 8/3/2020 at the time of the observation identified LPN #1 indicated that Resident #1 was on isolation precautions due to his/her new readmission from the hospital and potential exposure to COVID-19. LPN #1 identified that although there was no isolation cart with PPE supplies and no precautions sign posted outside Resident #1's room Resident #1 should have had PPE supplies and a sign to alert all staff. LPN #1 further indicated that she did not tell the NAs Resident #1 was on precautions because everyone should know if a resident is readmitted from the hospital the resident should be on precautions. Interview, facility documentation review and clinical record review with the DON and Administrator on 8/3/2020 at 9:50 AM identified the facility's Middle Unit was the COVID-19 exposed unit. New admissions and readmissions should be admitted to the Middle Unit for precautions and monitoring for potential COVID-19. However, review of the clinical record failed to identify an assessment for placement the resident on the non-COVID-19 unit, and the DON and Administrator indicated that Resident #1 should have been readmitted to the Middle Unit for staff to provide isolation precautions and monitoring (Resident #1 was on the COVID-19 negative unit with a COVID-19 negative roommate on 8/2/2020 during the 7-3 PM shift, the 3-11 PM shift, on 8/3/2020 during the 11-7 AM shift). Interview with Physical Therapist (P.T.) #1 on 8/3/2020 at 10:40 AM identified she provided a P.T. evaluation for Resident #1 in his/her room on the North Unit (COVID-19 negative unit) without the benefit of any PPE. PT #1 also identified because he/she was on the North Unit she thought he/she was fine and did not need precautions. Subsequent to inquiry, Resident #1 and his/her roommate, Resident #5, were moved to the COVID-19 exposed unit. Review of facility Cohorting Residents and PPE Use Policy directed in part, the facility will cohort residents with the 3-tier approach aligned with recommendations of the State of CT and CDC guidelines (positive, negative, exposed COVID-19). According to the CDC website guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, Considerations for new admission or readmissions to the facility, directed in part, https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</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.