

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER MARLBOROUGH HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 85 STAGE HARBOR ROAD MARLBOROUGH, CT 06447	
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 observations, review of facility documentation and interviews the facility failed to adhere to infection control practice during a pandemic (COVID-19) to ensure garbage was placed in an appropriate receptacles, and not on the floor in the patient care areas. The finding includes: During a tour of the facility with the Administrator and the Director of Nursing (DON) on 5/20/20 between 8:30-9:15AM, Two large, clear, plastic bags containing garbage were observed on the floor next to the clean linen cart. In addition during a tour of the COVID-19 recovery/exposed unit an open plastic container containing garbage was observed beside a clean isolation cart outside room [ROOM NUMBER], and a large clear plastic bag containing garbage was also observed on the floor outside room [ROOM NUMBER]. During an interview on 5/20/20 at 8:40 AM with the Administrator he indicated that the garbage dumpster was located just outside the building and staff should have disposed of the garbage in the dumpster and not on the floor in the hallway either beside the clean linen cart or clean isolation cart. During an interview with the Director of Nursing on 5/20/20 at 8:45AM she indicated that she was not aware of the reason the garbage was left on the floor in the hallway. She further indicated that staff should have placed the plastic bags containing garbage in an appropriate bin and not on the floor. During a subsequent interview with the DON on 5/21/20 at 1:47 PM she indicated that the facility does not have a specific policy to address proper placement of plastic bags containing garbage.</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.