

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER WOODLAKE AT TOLLAND REHABILITATION & NURSING CENTE		STREET ADDRESS, CITY, STATE, ZIP 26 SHENIPSIT LAKE ROAD TOLLAND, CT 06084	
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, a review of the clinical record and staff interviews for two sampled residents (Resident #1, and #2), the facility failed to implement droplet precautions for admissions and readmission who were under quarantine for COVID-19. The findings include: Resident (R) #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The care plan dated 5/7/20 identified R #1 was at risk for COVID-19 and was placed on quarantine. Review of the lab test results dated 5/2/20 identified R #1 tested negative for COVID-19. Review of the lab test dated 5/4/2020 (three days prior to admission to the facility) identified R #1 tested negative for COVID -19. Observation of R #1's room on 5/21/20 at 2:34 PM identified a sign posted on the frame of the door that directed to quarantine for 14 days. Additionally, the sign included dates of the quarantine, 5/15/20-5/21/20 and directed the resident and the staff to wear a mask while staff members were in the residents's room. Resident (R) #2 was readmitted to the facility from an acute care hospital on [DATE] with [DIAGNOSES REDACTED]. The care plan dated 5/15/20 identified R #2 had the potential for COVID-19 [DIAGNOSES REDACTED].</p> <p>Review of the laboratory results dated [DATE] identified R #2 had a single COVID-19 test collected 2 days prior to admission and identified COVID-19 was not detected. Observation of R #1's room on 5/21/20 at 2:34 PM identified a sign posted on the frame of the door that directed to quarantine for 14 days. Additionally, the sign included dates of the quarantine, 5/15/20-5/29/20 and directed the resident and the staff to wear a mask while the staff member was in the residents's room. Interview with RN #1 (infection control nurse), on 5/21/20 at 2:34 PM identified all new admissions are placed on quarantine in their room for 14 days and must wear a mask when staff are in the room. The staff were not wearing full Personal Protective Equipment (PPE) on this unit including the use of gowns. Droplet precautions were not implemented if the admission and/or readmission tested negative for COVID -19 prior to admission. RN #1 indicated the facility policy required each new admission to have at least one negative COVID-19 test prior to admission and 2 negative tests were preferred when possible. RN#1 did not know the testing status of each resident placed on quarantine. Review of the facility policy for COVID-19 entitled Cohorting Positive, Negative and Exposed residents directed in part that all residents admitted or readmitted to the facility are placed on a 2-week quarantine and should remain in his/her room. Additionally, if the resident needed to leave his/her room for any reason a mask or facial covering must be worn, and 6-foot distancing is required. The facility failed to implement droplet precautions for new admissions and readmissions who were placed on quarantine and never had [DIAGNOSES REDACTED].</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.