

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2020
NAME OF PROVIDER OF SUPPLIER HEBREW CENTER FOR HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1 ABRAHMS BLVD WEST HARTFORD, CT 06117	
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, tour of the facility, and interviews, the facility failed to ensure staff working on a unit with confirmed positive COVID-19 residents utilized personal protective equipment (PPE) as recommended by Center for Disease Control and Prevention (CDC) to safeguard staff and residents from risk of infection. The findings include: An investigation and inventory of the facility's supply of Personal Protective equipment on 5/23/20 at 9:15 AM identified the facility was in possession of 3,465 single use isolation gowns and 100 washable gowns. Tour of the facility with the Director of Nursing (DNS) on 5/23/2020 at 9:55 AM identified staff on two units doffing and hanging isolation gowns for reuse after caring for residents with presumed and confirmed COVID-19 infections. Residents on the 4 North unit were treated as presumed positive and residents on the 1 North unit were confirmed positive. Interview with LPN #1 (7AM to 3PM charge nurse 1 North) on 5/23/2020 at 10:50 AM, identified that one isolation gown was used and then reused for each COVID-19 positive resident and discarded at the end of each shift. Interview with the DNS on 5/23/2020 at 11:00 AM identified that it was the practice of the facility to issue one gown per resident which was used by each staff member caring for the COVID-19 positive resident. The DNS stated that gowns were doffed and hung in the resident's room and reused by staff each time care was rendered to the resident throughout the shift. The DNS indicated that the gowns were laundered after being used for one shift. A CDC document titled strategies for optimizing the supply of isolation gowns- Crisis capacity strategies was reviewed with the DNS on 5/23/2020 at 12:05 PM. The document indicated that for care of patients with suspected or confirmed COVID-19, the risk from reuse of cloth isolation gowns among 1 single Health Care Practitioner (HCP) caring for multiple patients or using one gown among multiple HCP gown without laundering was unclear. The document additionally indicated the goal of the strategy was to minimize exposure to HCP's between patients.		
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.