

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER KIMBERLY HALL-SOUTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 1 EMERSON DRIVE WINDSOR, CT 06095	
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, and interviews the facility staff failed to adhere to infection control practice during a pandemic (COVID-19) with inappropriate use of personal protective equipment (PPE). The finding includes: A. During an observation on 5/21/20 at 9:10 AM Dietary Aide (DA) #1 was observed exiting the kitchen with a surgical mask covering his mouth and not his nose. Additionally DA #2 was observed in the kitchen, during meal preparation, with a mask covering her mouth and not her nose. During an interview with DA #1 on 5/21/20 at 9:10 AM he indicated that he was leaving the kitchen and was hot, therefore he removed the mask from over his nose. During an interview with the Dietary Supervisor on 5/21/20 at 9:10 AM she indicated that dietary staff should utilize the mask as per facility guidelines which indicate the mask should cover both the nose and mouth. B. During an observation on 5/21/20 at 9:25 AM Housekeeper #1 was observed wearing a surgical mask under a N95 mask. During an interview Housekeeper #1 indicated that putting the surgical mask under the N95 was her preference because it felt better that way. During an interview with the Director of Nursing (DON) on 5/21/20 at 9:40 AM she indicated that all facility staff were fit tested for N95 masks and were educated on the correct way to wear the N95 mask. C. During an observation on 5/21/20 at 9:35 AM Nurses Aide (NA) #2 was observed in the hallway wearing 2 reusable washable gowns, a surgical mask under a KN95 and a face shield. During an interview with NA #2 on 5/21/20 at 9:35 AM she indicated that she applied an extra layer of a gown and mask for added protection. She further indicated that she felt more comfortable when wearing extra personal protective equipment (PPE). During an interview with the DON on 5/21/20 at 9:40 AM she indicated facility staff were educated on the proper use of Personal Protective Equipment. Center for Disease Control (CDC) guidelines indicated respirator/facemask should be extended under chin. Both mouth and nose should be protected.		

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.