

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGALCARE AT GREENWICH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1188 KING STREET GREENWICH, CT 06831</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interviews, review facility documentation and review of facility policies, the facility failed to ensure personal protective equipment (PPE) was utilized or stored per standard of care, failed to ensure appropriate signage was in place and, failed to ensure health care personnel (HCP) were properly fit tested for use of specialized personal protective equipment in a setting with confirmed cases of Covid-19. The findings include: 1) An observation on 5/26/20 at 9:15AM identified Housekeeping Staff #1 walking outside with PPE that included an isolation suit, hair covering and mask. A subsequent observation at 9:20AM identified Housekeeping Staff #2 walking in the hallway wearing a cloth mask with an N95 mask (specialized mask to be worn for protection from airborne contaminants such as some infectious agents) on top of his/her head. An interview with Housekeeping Staff #2 identified s/he was aware the mask should not be on his/her head but was unable to breath with it on. An interview on 5/26/20 at 9:35AM with the DNS identified staff should not have been outside with PPE and PPE provided to Housekeeping should be worn properly adding s/he was disappointed as staff were just recently re-educated on the use of PPE. A subsequent interview with the Administrator at 9:55AM regarding PPE use practices for HCP identified staff were provided one gown daily and more if needed. Staff wore the same gown while caring for residents identified as negative for Covid-19 and residents who were recent admissions to the hospitals and under observation. An interview on 5/26/20 at 10:40AM with NA #2 identified s/he was provided one gown every seven days for resident care. NA #2 indicated s/he was not assigned specifically to residents with Covid-19. Instead, his/her assignment was limited to areas where residents known to be negative or have been admitted from the hospital and under observation. NA #2 reported s/he did not change her gown between care. An interview on 5/26/20 at 10:47AM with NA #3 identified s/he was provided one gown every 3 days for resident care. NA #3 indicated s/he was not assigned specifically to residents with Covid. Instead, his/her assignment was limited to areas where residents known to be negative or have been admitted from the hospital and under observation. NA #3 reported s/he did not change her gown between care. The facility policy for Cohorting and PPE Use dated directs all residents staff don and doff when entering and exiting the room for residents with unknown. The facility policy for non-direct care staff Use of PPE dated 4/2020 directs that PPE is to be folded and facing inward and stored in a clean paper bag if to be re-used. CDC guidance for Extended Use Strategies with isolation gowns recommends consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location. The facility failed to ensure personal protective equipment (PPE) was utilized per standard of care. 2) An observation on 5/26/20 at 9:45AM identified signage outside 2 cohorted residents on precautions on a unit with known Covid-19 that read See the nurse There was no other signage visualized on the unit or wing for specific transmission-based precautions related to Covid-19. An interview with the Administrator on 5/26/20 at 9:55AM identified the signage according what s/he understood to be appropriate was to be directed to see the nurse. Although a facility policy for signage related to transmission-based precautions was requested, none was provided. Current standards of care pertaining to residents placed on transmission-based precautions related to Covid-19 recommend signage for the use of specific PPE for staff to posted in appropriate locations outside of a resident room. Subsequent to surveyor inquiry signage specific to transmission-based precautions was placed outside resident rooms with known Covid-19 The facility failed to ensure appropriate signage was in place in a setting with confirmed cases of Covid19. 3) An interview on 5/26/20 at 9:55AM with the facility Administrator regarding fit testing identified s/he was not clear on the process of fit testing and therefore had not reached out to any community resources or otherwise to secure an appointment for fit testing. The current standard of care for a resident with known or suspected Covid-19 recommends PPE to include an N95 respirator fit tested in a manner that meet OHSA's requirement that evaluates the fit of a respirator on an individual. The facility failed to ensure fit testing was conducted for staff wearing N95 masks according to standards of care. Guidance CDC guidance for Extended Use Strategies with isolation gowns recommends consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location. Doffing must occur before leaving a resident room or process to be adjusted when utilizing extended use of isolation gowns. The facility failed to develop and implement current policies for the appropriate use of personal protective equipment (PPE) per standard of care with residents suspected or known Covid-19. Current standards of care pertaining to residents placed on transmission-based precautions related to Covid-19 recommend signage for the use of specific PPE for staff to posted in appropriate locations outside of a resident room. The current standard of care for a resident with known or suspected Covid-19 recommends PPE to include an N95 respirator fit tested in a manner that meet OHSA's requirement that evaluates the fit of a respirator on an individual. The facility failed to ensure fit testing was conducted for staff wearing N95 masks according to standards of care.</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.