

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER VANDERMAN PLACE		STREET ADDRESS, CITY, STATE, ZIP 595 VALLEY STREET WILLIMANTIC, CT 06226	
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, staff interviews, and a review of the facility policy for 2 of 2 residents (Resident #1, and #2) reviewed for transmission-based precautions, the facility failed to implement droplet precautions for new admissions who were under quarantine for COVID -19. The findings include: Resident (R) #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of laboratory data dated 4/30/20 and 5/13/20 identified COVID-19 was not detected. Observation with the Director of Nursing (DNS) on 5/21/20 at 10:12 AM identified R #1 sitting in his/her room on the observation unit absent transmission-based precaution signage posted on the door and without a Personal Protective Equipment (PPE) cart set up outside of the room. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a single laboratory test from the hospital dated 5/16/20 identified COVID-19 was not detected. Observation with the DNS on 5/21/20 at 10:14 AM identified R #2 sitting in his/her room on the observation unit absent transmission-based precaution signage posted on the door and without a PPE cart set up outside of the room. Interview with the DNS on 5/21/20 at 10:12 AM indicated R #1 and R#2 were new admissions that were placed on quarantine for 14 days which included keeping R #1 and R #2 in his/her private room and providing a mask should R #1 or R #2 need to leave their room. Additionally, the DNS identified the residents were assessed twice a day for signs and symptoms of COVID-19. Furthermore, the DNS indicated all new admissions and readmissions are required to have at least one negative test prior to admission and did not require droplet precautions if they tested negative. Subsequent to surveyor inquiry, the care plan dated 5/22/20, for R #1 and R #2 identified both residents were recently admitted to the facility and at risk for being exposed to COVID-19 in the community and would be placed on droplet precautions for 14 days and monitored for symptoms of COVID -19. Review of the facility policy entitled Use of PPE for Persons with Suspected or Confirmed COVID-19, directed in part Personal Protective Equipment for a resident who has suspected or confirmed COVID-19 would include, eye protection, a facemask, an isolation gown and gloves. The policy failed to identify that droplet precaution signage would be posted on the door of the residents that required that type of precaution.</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.