

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER CRESTFIELD REHABILITATION CENTER & FENWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP 565 VERNON STREET MANCHESTER, CT 06040	
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 and interviews with staff, the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection. The findings include: a) Observation and interview on 5/18/20 at 1:10 PM with the administrator and Director of Nurses (DON) identified a Nurse Aide (NA) enter a room with a droplet precaution sign on the door only wearing a face mask. The NA went into the room and drew the curtain, at that time the administrator asked the NA to come out from behind the curtain, she emerged wearing only the face mask. The DON stated that the resident that the NA was assisting had been put on droplet precautions that morning because of a fever and a cough, and the DON stated the NA should have been wearing a face shield and a gown when she entered the room. Interview with the NA at that time identified that she had entered the room without noticing the droplet precaution sign posted on the door. Review of the droplet precaution policy identified that when entering a droplet precaution room the staff member must wear a gown, mask, eye protection and gloves. b) Observation on 5/18/20 at 1:25 PM of the COVID-19 dedicated unit identified a coat rack in a lounge that had several pairs of coveralls, a Tyvek 400 suit, and a blue disposable gown hanging from the rack. Observation of housekeeper #1 identified that she removed the blue disposable gown from the rack and donned the gown. Interview with housekeeper #1 on 5/18/20 at 1:28 PM identified that she had just come back from break, and prior to her break she had taken the gown off, sprayed it with a bleach solution, hung it on the rack, went to break, and donned the gown after she returned to the unit. She further identified that she receives one gown a day and dons and doffs the gown throughout the day for her breaks. Interview with NA #1 on 5/18/20 at 1:30 PM identified that she wears a coverall all day and when she needs to leave the floor for breaks she wipes the coverall down with a bleach wipe, then removes the coverall, hangs it on the rack, and when she comes back from break she dons the same coverall. The NA stated that she discards the coverall at the end of the day. Interview with the Director of Nurses on 5/18/20 at 1:40 PM identified that the coverall was designate as single use, and that she was under the impression that the coverall could be worn all day, and donned and doffed for breaks as long as it was disposed of at the end of the day. The DON identified that the housekeeper should have disposed of the disposable gown before she left the unit and donned a new gown once she was back on the unit. The DON further identified that she did not know that the staff were disinfecting the gowns/coveralls prior to removal as they were not instructed to do so. Review of Center for Disease Control guidelines identified that coveralls can be used for extended use (refers to the practice of wearing the same coverall for repeated close contact encounters with several residents diagnosed with [REDACTED]). The coveralls should not be disinfected as the manufacturer cannot guarantee the coveralls will meet standards once disinfection is used.</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.