

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2020
NAME OF PROVIDER OF SUPPLIER MIDDLESEX HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 RANDOLPH RD MIDDLETOWN, CT 06457	
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 for two of three staff who were observed outside in the designated smoking area, the staff failed to adhere to infection control practice during a pandemic and remove the personal protective equipment prior to leaving the unit for their smoke break and then reentered the nursing unit with the same personal protective equipment. The findings include: Observations on 5/16/20 at 9:15AM a nurse aide, Nurse Aide (NA) #1, was seen sitting on a bench in the designated staff smoking area smoking a cigarette while wearing a white Tyvek suit, shoe covers, and a hair cover. After extinguishing the cigarette NA #1 placed a mask over her face, sanitize her hands, reenter the building and went onto a nursing unit to retrieve a thermometer. Interview with NA #1 on 5/16/20 at 9:20 AM she indicated the shoe covers were worn for her personal protection and she did not have an answer as to why she wore Personal Protective Equipment (PPE) outside during break. NA #1 identified that she did not receive any education regarding personal protective equipment. Observations on 5/16/20 at 9:25 AM NA #2 was noted to be leaving the designated smoke area wearing shoe covers and two surgical masks. NA #2 entered the building with the masks below her nose resting on her chin, passed by a surveyor and proceeded towards the nursing unit. Interview with NA #2 at that time she indicated the shoe coverings were wore for her protection and she could not recall getting any education on the proper use of personal protective equipment. During an interview with the Director of Nursing (DON) on 5/16/20 at 9:45 AM she indicated the facility staff were educated on several occasion regarding the proper use of personal protective equipment. The DON identified that staff should remove the Tyvek gown and shoe covers when leaving the unit and the personal protective equipment should not be worn outside the building. The DON stated that NA #1 and NA #2 were educated on the proper use of personal protective equipment and they are aware that PPE should not be worn outside. Review of facility documentation indicated the facility staff were educated on the proper usage of PPE and the attendance list was signed by NA #1 and NA #2 identifying that NA #1 received education on 4/1/20 and NA #2 received education on 4/2/20 and again on 4/3/20. NA #1 and NA #2 failed to adhere to infection control practice regarding personal protective equipment.		
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.