

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER WEST HARTFORD HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 130 LOOMIS DR WEST HARTFORD, CT 06107	
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, a review of the facilities policies and procedures, and staff interviews, the facility failed to ensure appropriate infection control practices were implemented to prevent and control the spread of infection during the COVID-19 pandemic. The findings include: During a tour of the facility with the Director of Nursing (DON) on 6/2/20 at 10:55 AM identified NA #1 leaving a COVID-19 positive unit wearing a single use isolation gown, gloves and a surgical mask, pushing a Hoyer lift outside of the COVID-19 designated unit. Further observation identified NA#1 obtaining a disinfecting wipe from an isolation cart placed outside of the COVID-19 designated unit and proceeded to disinfect the Hoyer lift without the benefit of doffing gloves and the single use isolation gown prior to leaving the COVID-19 positive unit. Upon surveyor inquiry NA #1 removed the gloves and single use isolation gown and washed her hands. Interview with the DON at the time of observation identified NA#1 should have removed the gloves and isolation gown prior to leaving the COVID-19 unit and performed hand hygiene. The facilities COVID-19 policy and procedure directed in part that infection control procedures would be based on latest Centers for Disease Control (CDC), Centers for Medicare and Medicaid (CMS), the State Executive Orders and the State Department of Public Health directives. The CDC guidelines for doffing Personal Protective Equipment (PPE) directed to remove gloves, remove the gown, exit the resident room and perform hand hygiene.		

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.