

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075390</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEACON BROOK HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>89 WIED DRIVE NAUGATUCK, CT 06770</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews, and review of the facility policy, for 9 of 9 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, and #9) reviewed for COVID-19 infection control the facility failed to ensure communal dining and residents seated next to one another in communal areas were suspended. The findings include: a. Observation on 4/23/2020 at 8:45 AM identified Resident #1, Resident #2, Resident #3, and Resident #4 seated inches apart from one another at the end of the hallway at 2 small tables. Nurse Aide (NA) #2, NA#3, and NA#4 were feeding the residents the breakfast meal. Interview with NA #2 on 4/23/2020 at 8:46 AM indicated the residents that need to be fed or supervised during meals are placed at these tables at the end of the hallway due to the dining room being closed. Interview with NA #3 on 4/23/2020 at 8:48 AM indicated he/she did assist with bringing the residents out of his/her room to the tables in the hallway to feed them the meal. NA #3 could not explain why the residents were not fed in the his/her room. Interview with NA #4 on 4/23/2020 at 8:49 AM indicated since the dining room was closed the residents that need to be fed or supervised with meals are brought out to the tables in the halls. NA #4 could not recall who instructed him/her to bring residents out in the hall for meals nor why the residents were not fed in his/her room. NA #4 identified he/she did receive education on COVID-19, infection control, social distancing, and the transmission of [MEDICAL CONDITION]. NA #4 further identified Residents #1, #2, #3, and #4 were not sitting 6 feet apart. Observation and interview with the Administrator and Director of Nurses (DNS) on 4/23/2020 at 9:10AM identified Resident #1, #2, #3, and #4 sitting at the end of the hallway on the 1st floor inches apart from one another at the table. The DNS indicated staff were educated that residents are to be fed in his/her room and he/she would expect staff to follow the policy due to COVID-19 all communal dining was stopped. b. Observation on 4/23/2020 at 8:58 AM on the 1st floor across from the nurses station in the communal resident area identified Residents #5, #6, #7, #8, and #9 were sitting close to one another and not wearing masks. Interview with Licensed Practical Nurse (LPN) #3 on 4/23/2020 at 8:59 AM indicated he/she was aware the dining room was closed due to COVID-19. LPN #3 identified the residents were just sitting in the resident communal area. Observation and Interview with the Administrator and DNS on 4/23/2020 at 9:10 AM identified Residents #5, #6, #7, #8, and #9 were seated in the communal area across from the nurse station on the 1st floor. The DNS indicated the residents should not be sitting together in the communal area and he/she would expect staff to re-direct the residents back to his/her room. Upon surveyor inquiry the DNS implemented a plan of action: all staff will be educated again that all residents need to eat in his/her room, residents can not sit close to one another in communal areas, if residents leave his/her room they will wear a mask, and residents will be educated on risks of exposure. A review of the facility Coronavirus policy identified group activities such as communal dining or recreational programs may be canceled under guidance from CMS, CDC, and local state agencies.</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.