

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER DAVIS PLACE		STREET ADDRESS, CITY, STATE, ZIP 111 WESTCOTT RD DANIELSON, CT 06239	
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 - Some	<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, clinical record review, policies and procedures and staff interviews for eight of eight sampled residents reviewed for infection control (Residents #1, #2, #3, #4, #5, #6, #7, #8), the facility failed to ensure the residents were placed on the necessary transmission based precautions and further failed to ensure that infection prevention and control policies reflected current standards to prevent the transmission of COVID-19. The findings include: Observations made on 7/21/20 at 11:00 AM during a tour of a unit designated for residents with possible exposure to COVID-19 failed to identify signage at the doorway of the residents' rooms to indicate the specific precautions that were required or the presence of the necessary personal protective equipment (PPE) outside the rooms. Observations on 7/21/20 at 11:15 AM identified Laundry Staff Person #1 whose only PPE was a face mask entering the rooms of Resident #2 and Resident #3 to delivery clean laundry. Interview with Laundry Staff Person #1 immediately following the observation on 7/21/20 at 11:15 AM indicated she had been instructed that a face mask was the only PPE which was needed while delivering laundry to the rooms of the residents on the unit. Further observations on the unit at 11:23AM identified Housekeeper #1 cleaning a room (room [ROOM NUMBER]) with a face mask as the only PPE that was worn. Interview with Housekeeper #1 at the time indicated she had been instructed that a face mask was the only PPE which was necessary while cleaning resident rooms. Housekeeper #1 stated that she had not been provided any instructions on the protocol for disposing of garbage or the removal of linens from the room. Subsequent observations on 7/21/20 at 11:28 AM identified Nurse Aide (NA) #1 in Resident # 6's room assisting the resident to transfer to a chair. NA #1 failed to wear the necessary personal protective equipment (i.e. isolation gown, face shield). The nurse aide's PPE included only a face mask and gloves. Interview with NA #1 immediately following the observation indicated she had been informed that a face mask and gloves were the only PPE needed. Interview with LPN # 1 at 11:35 AM identified she was unsure of the specific residents who had recently been admitted or readmitted to the facility and required precautions. LPN # 1 stated that the facility had instructed staff to wear a mask and gloves while providing care. Interview with LPN # 2 at 11:40 AM indicated that she was not aware of specific residents who were on precautions on her unit and had been told that the only necessary PPE was a face mask. Observations on 7/21/20 at 11:50 AM identified a therapist with a mask as the only PPE working with Resident #7 in his/her room providing therapy to the resident. Interview with the Director of Nursing on 7/21/20 at 12:00 Noon indicated that the facility's infection control nurse was currently taking a leave, and the last direction provided by the nurse was that staff were to wear masks and gloves while providing care on the observational unit which was designated for residents with possible exposure to COVID-19. The Director of Nursing (DON) indicated that she was unaware of any further updates regarding the use of personal protective equipment on the observational unit. The DON stated that all residents who are admitted or readmitted to the facility reside on the observational unit for fourteen days in order to be monitored before the residents are relocated to other areas of the facility. Further interview with the Director of Nursing and review of the facility's policies and procedures for COVID 19 on 7/21/20 at 12:15 PM failed to identify that any revisions had been made since April 2020 to reflect current federal and state standards and guidelines. The Director of Nursing further identified that she thought the Infection Control Nurse was staying current and updating policies and procedures in accordance with changes in federal and state standards and guidelines. The DON stated she was not aware that on June 22, 2020 the Connecticut Department of Public Health had provided written direction that new admissions were to be placed on transmission based precautions for fourteen days and required the use of isolation gowns, gloves, a face mask and face shield. Subsequent to surveyor inquiry on 7/21/20, signs identifying the need for transmission based precautions were posted at the doorways of the eight residents, carts with personal protective equipment were placed outside the residents' rooms and trash and linen hampers were placed inside the rooms of the residents. Staff education was immediately started on the necessary protocols that were to be implemented for the use of personal protective equipment.</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.