

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SKYVIEW REHAB AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>35 MARC DRIVE WALLINGFORD, CT 06492</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<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 observation, review of facility policy, facility documentation and staff interviews, the facility failed to ensure staff utilized Personal Protective Equipment (PPE) in accordance with professional standards. The findings include:</p> <p>Resident #11 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of laboratory results dated [DATE] identified Resident #11 tested positive for Covid 19. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of laboratory results dated [DATE] identified Resident #3 tested positive for Covid 19. Resident #9 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of laboratory results dated [DATE] identified Resident #9 tested positive for Covid 19. 1. Observation on 5/26/20 at 12:20 PM on the B Unit (the B Unit is noted to have resident's with Covid 19 infection and residents without Covid 19 infection) identified the following; Housekeeper #1 was wearing a Tyvek suit during routine cleaning of Covid positive resident rooms. At 12:40 PM, Housekeeper #1 was identified to doff the Tyvek suit and place the suit on the cleaning cart. Housekeeper #1 left the unit into a clean area. At 1:05 PM, Housekeeper #1 returned to Unit B and donned the same Tyvek suit that was placed on the cleaning cart. Housekeeper #1 donned the Tyvek suit in the open hallway outside a Covid positive resident's room. Housekeeper #1 did not perform hand hygiene prior to or after donning the contaminated Tyvek suit. 2. Observation on 5/26/20 at 12:25 PM on the B Unit identified johnny coats hung on the upper corner of resident's doors. The door to Resident #3 and 9's room had a johnny coat hanging on the corner. Observation on 5/26/20 at 12:55 PM identified LPN #1 preparing medications for Resident #3. LPN #1 was observed to don the johnny coat hanging on Resident #3's door. LPN #1 did not have a face shield while administering medication's to Resident #3. Additional observations identified the johnny coat did not cover the full length of LPN #1's arms, which were exposed approximately 6 inches. Once finished, LPN #1 doffed the johnny coat and hung it on the corner of the resident's door. LPN #1 performed hand hygiene and continued with Resident #9's medication administration. LPN #1 prepared Resident #9's medication and again donned the same johnny coat, leaving his arms exposed approximately 6 inches without the benefit of sleeve protection, and performed medication administration. Interview on 5/26/20 at 12:55 PM with LPN #1 identified he didn't realize the johnny coat didn't fully cover his forearms. LPN #1 identified he uses the johnny coats on the doors as his PPE for the shift to preserve PPE for Covid positive residents. LPN #1 identified he re-uses the johnny coat for PPE with each resident interaction. 3. Observation on 5/26/20 at 1:40 PM on the C Unit (a dedicated Covid positive unit) identified LPN #2 preparing medication for administration. LPN #2 was identified to administer medication to Resident #11 in the resident's room without the benefit of a gown, gloves or face shield. Interview on 5/26/20 at 2:00 PM with LPN #2 identified he/she knew staff needed to wear PPE with Covid positive residents, but indicated it was too hot on the unit to wear all the PPE needed. LPN #2 identified he/she feels like they would faint if they wore the PPE any longer than they already do. On any other day, LPN #2 identified he/she normally wears all PPE when caring for Covid positive residents. Interview on 5/26/20 at 2:15 PM with the DNS and Administrator identified staff cannot re-apply a Tyvek suit after a single use. The DNS and Administrator identified all staff should follow proper PPE protocol and guidelines when caring for a Covid positive resident. Review of the Strategies on PPE Shortage Guidelines from the CDC identified disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between. In a situation where the gown is being used as part of standard precautions to protect HCP from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.</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.