

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER CASSENA CARE AT STAMFORD		STREET ADDRESS, CITY, STATE, ZIP 53 COURTLAND AVENUE STAMFORD, CT 06902	
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 observation, review facility documentation and interviews, staff failed to provide care according facility policy in an environment with known COVID 19. The findings include: Observation and interview with LPN #1 on 9/15/20 at 11:07AM identified she was assigned to both the negative cohort and positive cohort. According to LPN #1, she began the medication administration on the positive cohort before administering medications to residents on the negative cohort. Interview with RN #1 on 9/15/20 at 11:00AM identified staff education directed that care be provided to residents on the negative cohort before moving onto the positive cohort. Facility in-service documentation dated 9/14/20 for Appropriate Cohorting for COVID 19 infection control directed all clean (negative) residents are required to be given their medication first (before moving to another unit). The in-service was signed by LPN #1. The facility failed to ensure resident care was provided according to facility procedures in an environment with known COVID 19.		

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.