

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075082	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER HUGHES HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 29 HIGHLAND ST WEST HARTFORD, CT 06119	
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 and interviews with staff, the facility failed to ensure that appropriate infection control practices were implemented to prevent and control the spread of infection. The findings include: a. Observation on 5/28/20 at 11:30 AM identified a Nurse Aide (NA) #1 taking a yellow disposable gown out of a brown paper bag, don the gown and enter a droplet precaution room. The unit was noted to have positive COVID-19 and negative COVID-19 residents. Observation on 5/28/20 at 11:35 AM identified several brown paper bags on carts throughout the unit in front of droplet precaution rooms that contained disposable isolation gowns, the bags were labeled with staff names. Interview with NA #2 on 5/28/20 at 11:35 AM identified that she gets one isolation gown per resident that is on droplet precautions per day, she removes the gown once she leaves the room and places it in the paper bag, when she has to re-enter the droplet precaution room she takes the gown out and puts it back on to enter the room, but discards it at the end of the day. Interview with the administrator and the infection control nurse on 5/28/20 at 1:00 PM identified that the yellow gowns were disposable, and the facility had an adequate supply of gowns. The administrator further identified that the staff should not be re-using the gowns, and should be discarding the gown after use, not putting it back on. Review of Centers for Disease Control guidelines identified that disposable gowns should be discarded in a trash receptacle once doffed. b. Observation of NA #2 on 5/28/20 at 11:45 AM identified that she exited a room where the patient had a COVID-19 negative status. Interview with NA #2 on 5/28/20 at 11:45 AM identified that she cared for 2 COVID-19 positive residents prior to caring for the COVID-19 negative resident. She identified that she had the proper PPE on when caring for the 2 positive residents, and had doffed the PPE after caring for those residents, and then moved on to care for the COVID-19 negative resident. NA#2 identified that she had not been trained to care for the COVID-19 negative residents prior to taking care of the positive residents. Interview with NA #3 on 5/28/20 at 11:50 AM identified that she did not have any COVID-19 positive residents on her assignment currently, but had cared for COVID-19 positive and negative residents on her assignment recently, and had not been trained to care for the negative residents prior to the positive residents. Interview with the Infection Control Nurse on 5/28/20 at 1:30 PM identified that staff should be caring for the negative residents prior to the positive residents. He further identified that although he had educated the staff verbally to provide care to the negative residents prior to providing care to the positive residents, he had not done any formal education/in-servicing. Review of CDC guidelines in responding to COVID-19 in nursing homes directed in part to assign dedicated health care professionals to work only on the COVID-19 designated unit.		
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.