

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER VILLA MARIA NURSING & REHAB COMMUNITY, INC		STREET ADDRESS, CITY, STATE, ZIP 20 BABCOCK AVENUE PLAINFIELD, CT 06374	
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, review of facility documentation, and interviews reviewed for infection prevention/infection control strategies, the facility failed to ensure reusable protective personnel equipment (PPE) face masks were stored in a sanitary manner to prevent potential cross contamination with the clean linens cart and protective eye wear was available for use if needed. The findings include: Tour of the facility on 5/7/20 identified new admissions to the facility were placed on a (14) day quarantine observation period in accordance with coronavirus (COVID-19) infection prevention strategies. The new admissions resided in private rooms on a wing separate from the other facility residential rooms. Staff providing care for Residents in the quarantined room were required to wear PPE for droplet transmission-based precautions. Inspection of the PPE supplies identified they were stored in a device that hung over the door to the Resident's room. The supplies included disposable isolation gowns, disposable procedure/surgical masks, and gloves. The supplies failed to identify protective eye wear was available for use. Review of facility documentation dated 5/1/20 identified staff were in-serviced on the new admission quarantine protocol that included the use of full PPE for droplet transmission-based precautions. The PPE required included gown, mask, glove, and eye protection. The in-service identified staff were educated on the protocol for reuse of their face mask. The protocol directed staff to take off (doff) their mask and place the mask in a brown paper bag before entering a quarantined room and to put on (don) a clean disposable mask when entering the quarantined room. The procedure further identified the disposable mask was doffed and discarded prior to exiting the quarantined room. The staff were to replace their personal mask stored in the brown paper bag. Observation of LPN #1 on 5/7/20 at 11:40 AM identified her personal use cloth face mask was doffed and placed outside down on top of the linens cart. The LPN donned disposable PPE of gown, mask, and gloves to provide a quarantined Resident with medications without the benefit of protective eye wear. After doffing the disposable PPE and completing hand hygiene LPN #1 retrieved her mask from the linens cart and replaced the mask to her face. Interview with LPN #1 on 5/7/20 at 11:45 AM, in the presence of the Director of Nursing Services (DNS), identified LPN #1 was aware she had forgotten the brown paper bag and without another surface available outside the Resident's room to place her mask, the top of the linen cart was considered a clean place to place it. Subsequent to surveyor inquiry the LPN was provided instruction on where new brown paper bags were stored and provided a bag for her use. Further review of facility in-service documentation dated 5/1/20 identified eye protection was used when needed i.e. cough present/at all times. Subsequent to Surveyor inquiry and reference to the 5/1/20 in-service with the DNS, identified the information about use of eye protection was not clear. Staff were re-educated on protective eyewear, PPE and supplies for disposable mask with eye protection made available in the PPE supplies provided outside the quarantined resident rooms.		

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.