

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE GREEN OF BRISTOL REHAB & HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 23 FAIR STREET FORESTVILLE, CT 06010	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, a review of the facility documentation, staff interviews, and a review of the facility policies and procedures, the facility failed to ensure proper storage and disposal of single use isolation gowns, and/or failed to ensure the screening process was followed during visitor entry to the facility, and/or failed to ensure single use isolation gowns were not laundered and re-used on a COVID-19 exposed unit. The findings include: 1. Observation during a tour of station two with RN Supervisor #1 on 5/30/20 at 8:39 AM identified a living room area with a droplet precaution sign and an isolation cart outside the room. Further observation identified a blue plastic single use isolation gown hanging from a fire extinguisher sign on the outside of the living room entry. Interview with the RN Supervisor #1 at the time of observation indicated the single use isolation gowns were to be disposed after each use and should not have been saved. Interview with NA #1 on 5/30/20 at 8:42 AM identified the blue plastic single use isolation gown was hanging from the fire extinguisher sign when she reported for duty on the first shift on 5/30/20. Subsequent to surveyor inquiry, the single use isolation gown was disposed of by RN Supervisor #1. 2. Observation upon entering the facility on 5/30/20 at 8:15 AM, at the designated entrance failed to screen individuals for COVID-19 prior to entry. Interview with the RN Supervisor #1 on 5/30/20 at 8:20 AM indicated the receptionist was the designated person to screen all individuals upon entrance to the facility, however on weekends receptionists did not begin work until 9:00 AM. RN Supervisor #1 identified the entry door should have been locked prior to 9:00 AM. Interview with NA #2 on 5/30/20 at 8:44 AM identified she was directed to cover the front desk and screen all individuals upon entrance to the facility until the receptionist arrived and did not. NA #2 indicated she was screened by one of the nurses this morning as she walked through the entrance to the facility and the entrance door was open when she entered at 6:30 AM. Interview with the Administrator on 5/30/20 at 9:46 AM identified the designated entrance to the facility should have been locked unless there was someone at the reception desk. The facility policy entitled Active Screening Process for All Visitors and Medically Necessary Personnel policy directed in part that the facility must have a screener at the designated entrance continuously, covering a full 24-hour period. 3. Observation on Station Two, the Exposed Unit, on 5/30/20 at 8:52 AM identified a trash bin with signage on top of the lid gowns only, to be laundered with isolation gowns overflowing from the trash bin. Interview with LPN #1 at the time of observation identified the yellow isolation gowns were to be laundered. LPN #1 indicated the staff was directed to place the yellow isolation gowns in the bin after use on the exposed unit to be laundered and re-used. Interview with Laundry Attendant #1 on 5/30/20 at 9:04 AM identified she washed the yellow isolation gowns and then dried the gowns on the cool cycle. Furthermore Laundry Attendant #1 indicated she then would bring the washed yellow isolation gowns to the unit and place the washed gowns in the isolation carts. Laundry Attendant #1 indicated she had been washing the yellow isolation gowns for two to three weeks as directed per management. Review of the Medline manufacturer guidelines identified the cover gown was nonsterile, single use only. Review of the facility policy for washing of disposable gowns directed to gently remove the disposable gown as to not tear the tie string and place the gown in a sealed bag and transport it to the soiled laundry receptacle in the soiled utility room. The laundry employee would place the gowns into a mesh bag or washer basket under the correct Ecolab gown cycle, which was slower than other cycles and use bleach as a disinfectant. Additionally, the policy directed to dry the gowns in the dryer on a cool cycle and ensure the gowns were fully dried and inspected. Torn or damaged gowns would be discarded in the trash.</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.