

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGALCARE AT WATERBURY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>177 WHITEWOOD ROAD WATERBURY, CT 06708</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 clinical record reviews, observations, staff interviews, a review of facility documentation and a review of facility policies for three of three residents (Resident #1, #2 and #3) who were recently admitted to the facility and resided on the suspected COVID-19, facility failed to ensure appropriate eye protection was worn when providing care to residents who were on transmission-based droplet precautions. The findings include: Resident #1 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #2 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #3 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Observations of the COVID-19 suspected unit on 9/14/20 at 8:40 AM identified the precaution carts on the unit had a supply of gowns, gloves and face shields, the transmission-based precaution signs entitled Droplet Precautions posted outside of Resident #1, #2 and #3's rooms directed all staff must clean their hands before entering and when leaving the room, make sure their eyes, noses, mouths were fully covered before room entry and staff were to remove face protection before exiting the room, and the diagram denoted a health care provider to wear a face shield or goggles. Observations on the COVID-19 suspected unit on 9/14/20 at 8:44 AM identified a 7-3PM nurse aide, Nurse Aide (NA) #1 had a surgical mask on, donned a disposable gown and gloves then entered Resident #1's room to deliver a breakfast tray, assisted Resident #1 with the meal set up without the benefit of a face shield or goggles and then exited the room. NA #1 was noted to don a new disposable gown and pair of gloves then enter Resident #2's room to deliver a breakfast tray without the benefit of wearing a face shield or goggles. Interview with NA #1 at the time of the observation, she identified that she does not wear a face shield or goggles when delivering a resident's meal tray. Observations of NA #2 who was assigned to the COVID-19 suspected unit on 9/14/20 at 8:55 AM identified NA #2 had a surgical mask on, donned a disposable gown and gloves then entered Resident #3's room to deliver a cup of juice without the benefit of wearing a face shield or goggles. Observations of the COVID-19 suspected unit on 9/14/20 at 9:15 AM identified NA #1 entered Resident #1's room a second time and NA #2 entered Resident #2 and #3 for one more additional time, both nurse aides were without the benefit of wearing a face shield or goggles. Interview with the Infection Preventionist Nurse on 9/14/20 at 9:40 AM, she identified that staff working on the COVID-19 suspected unit are not required to wear a face shield when entering a resident's room for an encounter such as delivering a meal tray, a nourishment or medication administration and staff would only be required to wear face shields or goggles if they were administering a nebulized medication. The Infection Preventionist Nurse indicated Resident #1, #2 and #3 were all negative for COVID-19 during their recent hospital stay, therefore staff are not required to wear eye protection when interacting with the residents. Interview with the Director of Nursing (DON) on 9/14/20 at 10:35 AM identified the facility policy for PPE (personal protective equipment) use indicated that on the COVID-19 suspected unit full precautions were required except when staff had brief interactions with residents. A review of the facility's policy for Cohorting Residents and PPE use revised on 6/20/20, identified COVID-19 suspected residents, residents newly admitted or readmitted, [MEDICAL TREATMENT] residents or residents who may have been exposed are to be cohorted on the suspected unit and follow a Tier 2 PPE use which directs each staff will wear a face shield or goggles and face shields and masks may remain in place going from room to room. The CDC (Center for Disease Control) guidance for United States Health Care Facilities for COVID-19 dated 7/12/20 directed if COVID-19 infection is suspected in a patient presented for care, health care facilities are required to follow Transmission-Based Precautions. The health care provided should wear eye protection in addition to their facemask to ensure the eyes, nose and mouth are all protected from exposure to respiratory secretions during a patient encounter. The health care provider should continue to adhere to Transmission-based precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses.</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.