

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2020
NAME OF PROVIDER OF SUPPLIER WESTSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 349 BIDWELL STREET MANCHESTER, CT 06040	
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 - Some	Provide and implement an infection prevention and control program. Based on observations, staff interviews, facility policy and review of manufacturer's recommendations, the facility failed to comply with infection control standards related to the proper use of one-piece Tyvek Suits. The findings include: On 5/11/20 at 9:30 AM, observation of the second floor Dining Room identified a dirty sign located on the left side of the room. A clothing rack was observed with 2 coat hangers, and a cart containing a disinfectant spray AIRX44Ace was noted beside the rack. Additionally, a clean sign was observed on the right side of the room and a rack with multiple white Tyvek suits were hung on clothes hangers. Interview with Housekeeper #1 on 5/11/20 at 9:30 AM identified the Tyvek suits are cleaned daily. Housekeeper #1 further identified when staff leave the unit at the end of the shift, they enter the designated room, remove the Tyvek suit and hang it on the dirty rack. Each day the suits are sprayed with the disinfectant spray inside and out and moved to the left to dry. Housekeeper #1 further identified when the suits have dried, they are moved to the clean rack and ready for the employee to wear again the next scheduled shift. Interview with Registered Nurse (RN) #1 on 5/11/20 identified the Tyvek suits are reused after sanitizing and the staff wear the one-piece suits like a second set of scrubs. RN #1 indicated the suits are for staff comfort level and psychosocial wellbeing and are not used as personal protective equipment. Additionally, RN # 1 identified all staff are required to wear a gown or cloth gown dependent on what is available, over the Tyvek Suit when providing care to a COVID positive resident. Further, RN # 1 indicated the facility had purchased washable long-sleeved gowns and hospital shirts with arm sleeves and when available the one-piece suits would be phased out. Review of the facility policy entitled One-piece suit cleaning process identified at the conclusion of the shift, staff will remove the one-piece suit and hang them on the rack labelled dirty in the designated dirty storage room. Housekeeping designee will inspect the integrity of the suit and communicate to appropriate team members id replacements are needed. Additionally, the Housekeeping designee will saturate the suits with EPA approved disinfectant according to the manufacturer's kill time and allow to dry and then spray with water and allow to dry. Dry suits will then be placed on the rack labelled clean in the designated area. Review of the manufacturer guidelines entitled Considerations for healthcare, first Responders, and occupational health professionals on the disinfection and reuse of Tyvek garments during the COVID-19 pandemic identified Tyvek industrial protective garments are single-use products and not intended for reuse. DuPont does not recommend washing or disinfecting Tyvek garments for reuse.		
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.