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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075280 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/06/2020 |
| NAME OF PROVIDER OF SUPPLIER WESTPORT REHABILITATION COMPLEX | | STREET ADDRESS, CITY, STATE, ZIP 1 BURR ROAD WESTPORT, CT 06880 | |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, review of facility documentation, facility policy, and interviews, the facility failed to ensure face coverings were maintained as a matter of source control while in the facility and failed to ensure the proper use of personal protective equipment (PPE) in an area where the presence of COVID 19 was unknown. The findings include: 1. Observation on 9/6/20 at 8:55AM identified Dietary Staff #1 who was working in the kitchen had a surgical mask under his chin without the benefit of covering his nose and mouth. Interview with Dietary Staff #1 on 9/6/20 at 8:55AM identified that while the mask was observed below his chin, he felt it was being worn correctly. 2. Observation on 9/6/20 at 9:55 AM identified Housekeeper #1 entered into a resident occupied room (room [ROOM NUMBER]) on the observation unit (where the presence of COVID is unknown) without the benefit of a face shield. Interview on 9/6/20 at 9:55 AM with Housekeeper #1 identified she was only required to wear a face shield while cleaning resident bathrooms. 3. Observation on 9/6/20 at 10:15 AM identified NA #1 entered a resident occupied room (room [ROOM NUMBER]) on the observation unit (where the presence of COVID is unknown) without the benefit of a face shield. Interview with NA #1 on 9/6/20 at 10:15 AM identified she entered the room to do remove the garbage and retrieve a tray and was not providing any direct resident care. Interview on 9/6/20 at 11:00 AM with the DNS identified all staff should be wearing masks as a matter of source control, especially after being recently re-educated. The DNS indicated it was her expectation that staff wear PPE that includes eye protection when on the observation unit where the presence of COVID is unknown. Although requested, a policy regarding masks for source control and the use of eye protection related to COVID 19 was not provided. The CDC recommends that for a resident with suspected COVID-19, PPE is to be worn that includes eye protection. Additionally, CDC guidance recommends eye protection when working in an area where the presence of COVID is unknown. The facility failed to ensure face coverings were maintained as a matter of source control while in the facility, and failed to ensure the proper use of personal protective equipment (PPE) in an area where the presence of COVID 19 was unknown.</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.