

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WHITNEY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 LEEDER HILL DR HAMDEN, CT 06517</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 observations, a review of the facility policies and procedures and staff interviews for one sampled resident (Resident #1) reviewed for infection control, the facility failed to ensure proper Personal Protective Equipment (PPE) was donned and doffed in accordance with infection control standards. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observation on 9/8/20 at 10:15 AM identified Resident #1's room had a sign located on the outside of the room that identified that Resident #1 was on Droplet and Modified Contact Precautions. The sign noted that staff were required to clean hands before entering and leaving the room. It further noted that a mask and gloves were required as well as the use of a face shield when splashes or sprays were anticipated. The sign further noted that gown use would be prioritized as follows: when giving direct care such as, bathing, dressing, providing hygiene, wound care, changing linens, repositioning the resident in bed. The sign also noted that staff did not need to wear gowns to deliver food trays, give medications, bring water pitcher or any activity which does not require hands on care such as reviewing diet, and social services interviews. In addition, it noted that for the above mentioned activities staff were required to wear mask and gloves and to remove PPE when leaving the room, clean hands and apply new mask. Observation on 9/8/20 at 11:50 AM identified CNA #1 entered Resident #1's room which was identified as a Covid exposed/presumptive room without performing all the following: hand hygiene, donning a gown, face shield or gloves. CNA #1 assisted Resident #1 into the bathroom and instructed the resident to pull the call bell when ready. CNA #1 left the resident's room without performing hand hygiene. Observation on 9/8/2020 at 11:54 AM identified CNA #2 entered Resident #1's room without performing all the following: hand hygiene, donning a gown or applying a face shield. CNA #2 was identified to be wearing gloves from another resident encounter prior to coming into Resident #1's room. CNA #2 was identified to assist Resident #1 with personal hygiene in the bathroom. CNA #2 assisted Resident #1 back to the chair and exited the room without performing hand hygiene. Interview with CNA #2 on 9/8/20 at 12:00 PM identified that she/he was aware that Resident #1 is on droplet and contact precautions and should have worn full PPE when providing care to the resident as well as performing hand hygiene on entrance and exit to the resident's room. Interview and observations on 9/8/2020 at 12:08 PM with CNA #1 identified staff did not wear face shields unless the resident is on Droplet Precautions. CNA #1 was unable to verify if Resident #1 was on droplet precautions. CNA #1 then walked to Resident #1's room and confirmed the resident was on droplet and contact precautions and identified that he/she should have donned/doffed PPE when bringing the resident to the bathroom. Interview with RN #1 on 9/8/2020 at 1:30 PM identified he/she created the sign based on CDC guidelines to help minimize confusion of knowing what PPE was needed and when to don/doff PPE. RN #1 identified staff would use their assessment skills prior to entering the room to determine if PPE is necessary. Review of the facility's policy and procedures for COVID-19 identified that when a resident is admitted to the facility and the COVID-19 status is unknown, the resident is placed on a fourteen day observational status that includes the resident being placed on droplet and contact precautions. This policy is also applicable to residents where a risk assessment is performed, and the determination made that the resident needed to be on an observational status. Review of the donning and doffing personal protective equipment (PPE) policy identified good hand hygiene, including the use of alcohol-based hand rubs and handwashing with soap and water being critical to reduce the risk of spreading infections. Review of the droplet precautions policy identified that staff were required to clean their hands before entering and when leaving a resident's room. It further identified that staff are to fully cover their eyes, nose and mouth before room entry. Review of the contact precautions identified providers and staff must put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. The facility failed to ensure that droplet and contact precautions were maintained for Resident #1.</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.