

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREENWICH WOODS REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1165 KING STREET GREENWICH, CT 06831</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, review of facility documentation, facility policy, and interviews, the facility failed to ensure health care providers (HCP) wore PPE that offered adequate source control in a setting where there are known persons under investigation (PUI) with COVID. The findings include: An observation on 6/24/20 at 9:35AM identified LPN#1 and LPN #2 working at their assigned medication carts in the hallway during the medication pass. LPN#1 and LPN #2 were observed wearing cloth masks with a surgical mask draped around their neck. A subsequent observation identified the cloth mask was worn under a surgical mask. An interview on 6/24/20 at 9:40AM with LPN #1 identified s/he would only be a concern about the type of mask used if a resident was on droplet precautions. An interview on 6/24/20 at 9:51AM with LPN #2 identified s/he thought any mask could be used for covering while on a COVID negative unit and did not know what the policies were with regard to source control using a cloth mask. An interview on 6/24/20 at 10:08AM with the DNS identified it was his/her expectation that staff do not wear cloth mask for source control and that this information was provided to staff verbally as part of education related to the adequate use of PPE. Subsequent to surveyor inquiry, LPN #1 and LPN #2 were reeducated and released from duty as a last warning according to the DNS. Current guidance related to source control in long term care settings recommended cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required for offering both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. The facility failed to ensure health care providers (HCP) wore PPE that offered adequate source control.		
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.