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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075322 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/27/2020 |
| NAME OF PROVIDER OF SUPPLIER ESSEX MEADOWS HEALTH CENTER | | STREET ADDRESS, CITY, STATE, ZIP 30 BOKUM RD ESSEX, CT 06426 | |
| 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 observations, review of facility policy, and interviews, the facility failed to ensure appropriate screening prior to facility entry and failed to ensure appropriate staff use of a facial mask and social distancing in the facility to prevent the transmission of COVID-19. The findings include: a. During entrance screening to the facility on [DATE] at 8:10 AM, it was identified that visitors to the health center had their temperature taken but were not asked any COVID-19 related questions such as symptomatology and travel destinations. Observation on 5/27/2020 at 8:45 AM with registered Nurse (RN) #1 identified Facility Contractor #1 being escorted through the health center entrance doors by Security Guard #1 from the Assisted Living Service Agency (ALSA) side of the complex. Interview with Contractor #1 identified that although he/she had a temperature taken and signed in at the ALSA entrance prior to being brought to the health center by Security Guard #1 he/she had not been asked any questions by facility staff. Contractor #1 identified that he/she thought this was unusual as all the other Skilled Nursing Facilities (SNF's) he/she entered required questions to be answered. Interview with RN #1 on 5/27/2020 at 8:50 AM identified that everyone who enters the health center should be asked screening questions. Interview and review of facility policy with ALSA Manager #1 and RN #1 on 5/27/2020 at 9:02 AM identified that he/she was the individual screening visitors and staff at the ALSA entrance, and that he/she had not been asking any screening questions of visitors, but did require a temperature to be taken. ALSA Manager #1 identified that there were two entrance signature documents at the entrance desk; one for visitors requiring only a temperature and one for staff requiring a temperature and screening questions. Subsequent to surveyor inquiry, RN #1 directed ALSA Manager #1 to ask all entrants the appropriate screening questions. Additionally, the visitor signature document was updated to include the appropriate screening questions. b. Observation and interview with RN #2 at the nurse's station on 5/27/2020 at 9 AM identified RN #2 speaking with RN #3. RN #2 was not wearing a face mask and was not maintaining 6 feet of social distancing. Although RN #2 identified that the facility policy required all staff to wear a face mask at all times and to maintain social distancing in the facility, he/she had been drinking coffee and her lips were wet. RN #2 identified that it had just been for a minute.</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.