

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2020
NAME OF PROVIDER OF SUPPLIER APPLE REHAB MYSTIC		STREET ADDRESS, CITY, STATE, ZIP 28 BROADWAY MYSTIC, CT 06355	
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 review of clinical records, facility documentation, observations and staff interviews for one of three sampled residents (Resident #2) reviewed for infection control, the facility failed to ensure staff removed personal protective equipment (PPE) and completed hand hygiene in accordance with facility procedures. The findings include: Clinical record review on 7/18/20 identified that Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An Admission Nursing assessment dated [DATE] identified that the resident had cognitive deficits and required extensive assistance of one staff person with activities of daily living. A Resident Care Plan dated 7/7/20 identified the resident's possible exposure to Coronavirus Disease 2019 (COVID-19) with interventions that directed staff to comply with recommendations from the Centers for Medicare and Medicaid Services (CMS), State of Connecticut Department of Public Health (DPH) and the Office of the State Long-term Care Ombudsman. Observations on 7/18/20 at 10:00 AM identified that Resident #2's room was on a nursing unit designated for residents who required transmission-based isolation precautions following admission or readmission to the facility. Review of the information posted outside Resident #2's room identified that isolation precautions were to be implemented and required the use of full Personal Protective Equipment (PPE) including a face shield or goggles, face mask, isolation gown and gloves. Observation on 7/18/20 at 10:06 AM identified Nurse Aide (NA) #1 leaving Resident #2's room wearing an isolation gown, gloves, face mask and face shield to put soiled linen from Resident #2's room in a hamper across the hallway that was used for soiled laundry. Nurse Aide #1 subsequently returned to Resident #2's room and removed the soiled gloves and isolation gown, disposing of the personal protective equipment in a receptacle inside the room. After again leaving Resident #2's room, the nurse aide removed the facemask and with a bare hand lifted the lid of a trash receptacle located next to the soiled linen hamper and put the used face mask in the receptacle. Without the benefit of hand hygiene Nurse Aide #1 obtained a new face mask, donned the mask and then completed hand hygiene using liquid hand sanitizer that was located in a dispenser on the wall in the hallway. Interview with Nurse Aide #1 on 7/18/20 at 11:40 AM identified she carried a small bottle of liquid hand sanitizer and completed hand hygiene after removing the gloves and gown in Resident #2's room prior to the removal of her mask. Review of facility procedures for Contract Precautions and Droplet Precautions dated 6/20/20 identified that full personal protective equipment including a mask, isolation gown, gloves and a face shield were to be used for all new admissions to the facility. The procedure identified staff must remove a used mask and replace it with a new surgical mask before entering a room. The procedure further directed that all personal protective equipment (PPE) must be removed carefully at the doorway prior to exiting the room, and staff are not to doff PPE and return to the room to discard the used PPE nor are staff to wear used PPE in the hallway. Review of in-service training records dated 4/22/20 through 7/8/20 identified Nurse Aide #1 recently completed training and competencies on the donning and doffing of personal protective equipment and hand washing. The facility failed to ensure PPE doffing and hand hygiene were consistently demonstrated in accordance with facility procedures.</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.