

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOVERNOR'S HOUSE REHABILITATION &amp; NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>36 FIRETOWN RD SIMSBURY, CT 06070</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, clinical record review, review of facility documentation and interviews for two residents (Resident #1 and Resident #3) who had roommates (Resident #2 and Resident #4) diagnosed with [REDACTED]. The finding included: a. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had a severe impairment in cognition, required supervision with bed mobility and transfers, and was independent with walking in the room and in the corridor. An initial COVID-19 laboratory test dated 5/12/20 identified COVID-19 was not detected (COVID-19 negative). The resident care plan dated 5/23/20 identified a problem with Resident #1 being at risk for COVID-19 due to recent exposure. Interventions included contact/droplet precautions, monitor for signs and symptoms of COVID-19 every shift, and notify MD/APRN of any signs and symptoms of COVID-19. b. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Laboratory tests dated 5/12/20 identified COVID-19 was detected (COVID-19 positive), the results were reported on 5/14/20 and Resident #2 was transferred to a COVID-19 positive unit on 5/14/20. Resident #1 was roommates with Resident #2 until 5/14/20 when Resident #2 was identified as being COVID-19 positive. Resident #1 was presumed exposed to COVID-19 and placed on droplet/contact precautions. c. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #3 had a severe impairment in cognition, required extensive assistance with bed mobility and transfer. An initial COVID-19 laboratory test dated 5/12/20 identified COVID-19 was not detected (COVID-19 negative). The resident care plan dated 5/23/20 identified a problem with Resident #3 being at risk for COVID-19 due to recent exposure. Interventions included contact/droplet precautions, monitor for signs and symptoms of COVID-19 every shift, and notify MD/APRN for change in condition. d. Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Laboratory tests dated 5/12/20 identified COVID-19 was detected (COVID-19 positive), the results were reported on 5/14/20 and Resident #4 was transferred to a COVID-19 positive unit. Resident #3 was roommates with Resident #4 until Resident #4 was identified as being COVID-19 positive on 5/14/20. Resident #3 was presumed exposed to COVID-19 and placed on droplet/contact precautions. Observation with Registered Nurse (RN) #1 on 5/23/20 at 11:45 AM identified Nurse Aide (NA) #1 leaving Resident #1's room (a COVID-19 exposed resident) wearing a face mask, face shield and a blue precaution gown. Further observation identified that without the benefit of disinfecting the face shield and changing the precaution gown, NA #1 walked into another resident's room that was considered not exposed to COVID-19 (COVID-19 negative). Further observation failed to identify the presence of a contact/droplet precaution sign with instructions regarding the specific transmission-based precautions that were required for Resident #1. The area outside the room also lacked recommended personal protective equipment (PPE). Interview with NA #1 on 5/23/20 at 11:55 AM identified that the unit he/she worked on was considered a COVID-19 negative unit. Further interview identified that NA #1 used the blue precaution gown for his/her own protection and only changed the precaution gown for breaks and lunch time. NA #1 stated that he/she washed her/his hands inside Resident #1's room that was on standard precautions. The resident's roommate was on droplet precautions but tested positive for COVID-19 and was transferred to another unit. Observation with RN #1 on 5/23/20 at 12:05 PM identified NA #2 leaving the room of Resident #3 (a COVID-19 exposed resident) wearing a mask, face shield and precaution gown, without the benefit of disinfecting her/his face shield or changing her/his precaution gown NA #2 proceeded passing lunch trays to other resident rooms. NA #2 stated at the time of observation that he/she was wearing the same precaution gown for the entire shift and Resident #3 was not on precautions (despite Resident #3 being exposed to COVID-19). Further interview with NA #2 identified that he/she was working on a COVID-19 negative unit and was [MEDICATION NAME] extended use of precaution gowns. Further observation failed to identify the presence of an isolation precaution sign with instructions regarding the specific transmission-based precautions that were required for Resident #3 or a bin with recommended personal protective equipment (PPE). Interview with RN #1 on 5/23/20 at 12:30 PM identified that although Resident #1 and Resident #3 were considered exposed and placed on observation for COVID-19 symptoms due to their roommates testing positive for COVID-19, transmission based precautions were not implemented because Resident #1 and Resident #3 tested negative for COVID-19 on 5/12/20 and their roommates were transferred to COVID-19 positive unit on 5/14/20. Interview with LPN #1 on 5/23/20 at 12:40 PM identified that Resident #1 and Resident #3 were technically exposed to COVID-19 because their roommates tested positive therefore, they are not sharing rooms with other residents. Further interview with LPN #1 identified that Resident #1 and Resident #3 were on precautions until their COVID-19 test came back negative on 5/14/20 and the transmission-based precautions were discontinued. Interview with the Infection Control Nurse (ICN) on 5/23/20 at 1:30 PM identified that Resident #1 and Resident #3 both resided on a COVID-19 negative unit and they stayed in their rooms because they were roommates with COVID-19 positive residents until 5/14/20. Both residents were not placed on transmission-based precaution because they tested negative for COVID-19 and had no symptoms. The ICN further identified he/she was not aware that roommates of residents with COVID-19 should be considered potentially infected and placed on transmission-based precautions. The ICN identified that both residents (Resident #1 and Resident #3) will be placed on precautions, signs with isolation directions and bin with PPE will be placed outside their rooms immediately, and staff will be in-service on transmission-based precautions. Centers for Disease Control and Prevention (CDC) recommended that roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for COVID-19, 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). CDC further recommended to maintain transmission-based precautions for all residents on the unit at least until there are no additional clinical cases for 14 days after implementation of all recommended interventions. Although for COVID-19 exposed residents, CDC recommended to maintain transmission based precautions for 14 days, the facility policy for New Isolation Precaution Signs directed Extended Use Contact and Airborne Precautions: Use for patients who are COVID-19 suspected, confirmed positive, or presumed positive AND for all patients on Admission Quarantine Units (except [MEDICAL TREATMENT]). Further review of facility policy identified that a STOP sign for Extended Contact and Airborne Precautions for Special Respiratory Circumstances directed to wear an N95 respirator, gown, face shield and gloves upon entering this room. Follow extended use guidance. Sign in-out of room on log.</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.