

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER ABBOTT TERR HEALTH CTR		STREET ADDRESS, CITY, STATE, ZIP 44 ABBOTT TERR WATERBURY, CT 06702	
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>Based on observations, review of facility documentation, review of facility policy, and interviews for two of two residents (Residents #1 and #2) reviewed for infection control, the facility failed to ensure transmission- based isolation precaution signage was posted outside the residents rooms related to COVID-19 and failed to ensure staff were using washable isolation gowns in a manner to prevent transmission of COVID-19. The findings included: 1. A tour of the facility was conducted on 6/4/2020 starting at 9:25 A.M. with use of the facility's current COVID-19 -line list. The line list identified residents who were COVID-19 negative, exposed, and confirmed positive. Resident #1 was considered 'exposed' to COVID-19 and on transmission- based isolation for contact and droplet precautions. Resident #2 was pending results of his/her COVID-19 swab and on transmission-based isolation for contact and droplet precautions. Observations on 6/4/2020 at 9:55 A.M. identified Resident #1 and Resident #2 rooms without the benefit of signage to identify transmission-based precautions were in place. Interview and review the facility's COVID-19 line-list on 6/4/2020 at 10:55 A.M. with the Director of Nursing Services (DNS) and (RN #1) identified Resident #1 and Resident #2 were both on transmission-based isolation for contact and droplet precautions related to COVID-19 exposure. The DNS also indicated signage should be posted outside any resident room who is on any type of transmission-based isolation precaution. Subsequent to surveyor inquiry the DNS indicated the appropriate transmission-based isolation precaution signage was posted on the door frames outside of Resident # 1 and Resident #2 rooms. 2. Observation on 6/4/2020 at 10:15 A.M. on the facility's designated COVID-19 positive unit identified Registered Nurse (RN #2) entering the resident shower room area he/she took a polyester like material gown off the hanger. RN #2 then proceeded to reach behind himself/herself to tie the gown he/she then exited the shower room to enter known COVID-19 positive resident room. Review of facility Isolation Policy identified isolation signage will be posted on the door frame or wall outside the resident room indicating the type of precautions and the required personal protective equipment. Interview with RN #2 on 6/4/20 at 10:16 A.M. RN #2 identified he/she dons the washable gown prior to entering a COVID-19 positive resident's room once he/she is done providing care to the resident he/she then hangs it up on the hanger in the shower room. RN #2 indicated he/she continues to re-use the washable gown throughout the shift when he/she enters any COVID-19 positive resident room at the end of shift and then place in the laundry. RN #2 identified he/she does work throughout the facility on all the units including the COVID-19 designated negative unit as his/her role is the supervisor. RN #2 was unable to recall how long he/she has been re-using the washable gowns. An inventory count of the facility's Personal Protective Equipment identified the facility currently had 150 washable gowns, 640 Tyvek suits, and 1446 disposable isolation gowns. Interview and review the facility's COVID-19 line-list on 6/4/2020 at 10:55 A.M. with the Director of Nursing Services (DNS) and (RN #1) identified he/she would expect staffing using the washable gowns would use the washable gown once and place it in the laundry. RN #1 identified all gowns are for one- time use. The DNS nor RN #1 could provide any further information on the who the manufacture was for the washable gowns, the recommendations for care and use, or if they were approved for medical use. Subsequent to surveyor inquiry the DNS and RN #1 indicated the facility would no longer use washable gowns and start using the disposable isolation gowns. The facility was unable to provide a washable gown policy or manufacture recommendations on use and care of washable gowns.</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.