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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075403 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/08/2020 |
| NAME OF PROVIDER OF SUPPLIER APPLE REHAB WEST HAVEN | | STREET ADDRESS, CITY, STATE, ZIP 308 SAVIN AVENUE WEST HAVEN, CT 06516 | |
| 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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Based on review of the facility documentation, facility policy, and interview the facility failed to conduct weekly covid 19 staff testing according to established requirements. The findings include: Reviewed of facility documentation identified the facility has 117 employees. Review of covid 19 staff weekly testing dated 6/30, 7/7, 7/13, 8/24 and 8/31/20 identified 100% of the 117 total facility staff were not tested weekly for 2 consecutive weeks, including an APRN and the Medical Director. Interview with the Infection Control Nurse, (RN #1) on 9/8/20 at 2:24 PM identified she was not aware that all staff were not tested and indicated that some staff are refusing the weekly testing, and some staff think the weekly testing is optional. RN #1 identified that education and encouragement has been provided. Review of the State of Connecticut Department of Public Health Covid-19 infection control and testing guidance for nursing homes identified: CDC recommends repeat testing of all previously negative staff and resident until no new cases of Covid-19 are identified for 14 days. CMS similarly recommends weekly testing of all staff and testing of all resident until all residents test negative. Consistent with CDC and CMS, DPH also recommends weekly retesting of previously negative resident and staff until no new cases are identified for 14 days. Nursing Homes should document their testing plans, as well as dates and testing results. To conform with CMS guidance, nursing homes that do not have a plan in place should immediately begin to develop a strategy to implement regular testing of staff. DPH is available to assist nursing homes in formulating their plans.</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.