

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER AMBERWOODS OF FARMINGTON		STREET ADDRESS, CITY, STATE, ZIP 416 COLT HIGHWAY FARMINGTON, CT 06032	
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 observation, review of the clinical record, review of facility documentation, review of facility policy and interviews, for 1 resident (Resident #1) reviewed on site for appropriate infection control practices, the facility failed to ensure that the resident was placed on appropriate transmission based precautions upon admission to the facility and failed to follow physician's orders [REDACTED]. The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The interdisciplinary admission care plan dated 5/8/20 did not identify interventions pertaining to Covid-19. A physician's orders [REDACTED]. A nurse's note dated 5/8/20 at 2:00 PM identified that Resident #1 was admitted on oxygen at 2 liters via nasal cannula. A nurse's note dated 5/9/20 at 2:00 PM identified Resident #1 was on oxygen at 2 liters and had an oxygen saturation level of 92%. The nurse's note dated 5/10/20 at 2:00 PM identified Resident #1 was on 2 liters of oxygen via nasal cannula with an oxygen saturation level of 94%. A nurse's note dated 5/12/20 at 12:30 PM identified that Resident #1 was on 2 liters of oxygen via nasal cannula with an oxygen saturation level of 95%. An interview with the DNS and Administrator on 5/14/20 at 9:30 AM indicated that all new admissions must have two negative COVID-19 tests prior to being admitted into the facility. The Administrator indicated that the policy for admissions is that they follow the CDC recommendations, but did not identify which CDC recommendations that they have adopted. The DNS indicated that all new admissions are placed on droplet precautions for 14 days when admitted and staff would wear an N-95 mask, gowns and gloves to enter the room. Additionally, new admissions were placed in a private room for 14 days. Observations on 5/14/20 at 9:35 AM identified Resident #1 was in a semi-private room alone with no isolation cart or sign outside of the room. At 9:45 AM an isolation cart was next to the entrance of Resident #1 room and there was a contact precaution sign posted at the entrance of room. On 5/14/20 at 9:45 AM the DNS indicated that Resident #1 was on droplet precautions and that the contact sign was wrong, and he would change it to droplet precautions. The DNS indicated Resident #1 was on droplet precautions since admission and the isolation cart was not at Resident #1's room when we first went by because the isolation cart was being refilled. An interview with LPN #1 on 5/14/20 at 10:10 AM indicated that Resident #1 since admission was not placed on any isolation precautions, because she thought she was told Resident #1 had a negative COVID-19 test at the hospital. LPN #1 indicated that she would not put the resident on precautions that the nursing supervisor or the DNS would be the one to place a resident on precautions. LPN #1 indicated that she did the admission and was the regular nurse on the rehab unit and that Resident #1 was never on precautions prior to today. LPN #1 indicated that she puts on the N-95 mask with a surgical mask when she begins her shift and does not remove it until the end of her shift. LPN #1 indicated she had not been test fitted for an N-95 mask. An interview with NA #1 on 5/14/20 at 10:15 indicated that Resident #1 had not been on precautions since admission. An interview with OTR #1 on 5/14/20 at 10:50 AM indicated that she did the initial occupational therapy evaluation on admission for Resident #1. OTR #1 indicated that Resident #1 was not on isolation precaution since admission. OTR #1 indicated that all new admissions are supposed to have 2 negative COVID-19 tests prior to coming to the facility so, she only needs to wear a mask not a face shield or gown. OTR #1 indicated that she puts on an N-95 mask with a surgical mask when she goes to treat residents at the facility. OTR #1 indicated she had not been test fitted for an N-95 mask. An interview with the DNS on 5/14/20 at 11:20 AM indicated he misspoke and needed to clarify his statement earlier that a patient at the hospital has to have two negative COVID-19 tests prior to being admitted into the facility and then the resident would be quarantined for 14 days and the resident would have a temperature and oxygen saturation level done every 4 hours for 14 days, but not placed on isolation unless they have any signs or symptoms. Additionally, the DNS indicated he did not see the results of the COVID tests in Resident #1's chart but would have the admission coordinator get the two negative covid-19 tests from the hospital or the epidemiology system. An interview with the Administrator on 5/14/20 at 11:25 AM indicated that all new admissions must have two negative COVID-19 tests at the hospital prior to coming to the facility and then the resident would be placed in quarantine for 14 days but not on isolation precautions. The Administrator indicated quarantine means that the resident is not allowed to leave their room, placed in a private room, staff will wear a surgical mask, and will be monitored for signs and symptoms. The administrator indicated that if a resident was exposed, unknown or suspected then the resident would have to be on isolation precautions. Interview and clinical record review with the DNS on 5/14/20 at 11:30 AM, failed to provide documentation that Resident #1 had two negative COVID-19 tests at the hospital prior to admission to the facility and was unable to provide documentation to reflect from the hospital that the two COVID-19 tests were completed. The MDS was requested but was not provided. On 5/14/20 at 11:30 AM the DNS indicated because the MDS coordinator was off for the day and no one else was able to provide. On 5/15/20 at 3:15 PM the DNS indicated that he was only able to find one negative Covid test done on Resident #1 on 5/3/20 when he/she was admitted into the hospital and was not able to find a second test. The DNS indicated that they called the hospital and the lab to try to find a second test but was not successful. Additionally, the DNS indicated he had been serving as the Infection Control Preventionist since February 1, 2020 since the last person had left. The vitals report and nursing notes indicated the temperature and oxygen saturation levels were not completed every 4 hours per physician orders. The documentation dated 5/8/20-5/14/20 indicated that there were 13 occasions where the oxygen saturation level and temperature were not completed. Review of the facility's policy on Emergent Infectious Disease Pandemic Preparedness Plan failed to identify the protocol for new admissions. The facility failed to identify that they followed their practices for new admissions related to placing the resident on transmission-based precautions for fourteen following admission to the facility.</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.