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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>075436</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                  | (X3) DATE SURVEY COMPLETED<br><b>10/15/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>TOUCHPOINTS AT CHESTNUT</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>171 MAIN ST<br/>EAST WINDSOR, CT 06088</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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <b>Provide and implement an infection prevention and control program.</b><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br>Based on clinical record reviews, observations, review of facility documentation and interviews for 1 of 3 sampled residents (Resident #1) who were reviewed for cohorting, the facility failed to ensure staff utilized personal protective equipment (PPE) according to professional standards. The findings include: Resident #1 [DIAGNOSES REDACTED]. The Resident Care Plan dated 10/13/20 identified Resident #1 might had been in close contact with someone who tested positive for the COVID-19 virus. The infection can be spread by coughing, sneezing, touching and being in close contact with others. Interventions directed transmission based precautions every shift. Observation with DON and the Administrator on 10/15/20 at 9:50 AM identified NA #1 donning a disposable gown prior to the entry to Resident #1's room. Further observation identified NA #1 wearing a surgical mask underneath an N95 mask. Upon surveyor inquiry NA #1 was stopped and directed by DON to remove the surgical mask from underneath the N95 mask. Interview with NA #1 on 10/15/20 at 10:15 AM identified that the metal part on N95 mask bruised her nose bridge and that was why she wore a surgical mask underneath the N95 mask so it would feel better and did not hurt her nose. Interview with DON on 10/15/20 at 10:30 AM identified that NA #1 should not wear a surgical mask underneath an N95 mask. NA #1 was educated on 10/15/20 to never wear a surgical mask under an N95. It changes the integrity of the mask. If skin was breaking down to put protection on the skin, such as a band aid. |   |   |

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.