

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER ORCHARD GROVE SPECIALTY CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 5 RICHARD BROWN DRIVE UNCASVILLE, CT 06382	
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 - Potential for minimal harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, review of facility documentation, and interviews, the facility failed to ensure COVID-19 infection prevention protocols were consistently implemented. The findings include: On 4/21/20 from 2:50 to 3:00 PM observations of facility staff reporting to work identified inconsistent infection prevention protocols were demonstrated related to the lack of social distancing of the staff at the health screening intake site. The staff stood shoulder to shoulder at the intake screening table to fill out the health screening questionnaire and take their temperature with use of a tympanic (ear) thermometer. Interview with the Nurse Aide (NA) #1 on 4/21/20 at 3:00 PM identified he/she monitored the intake site for staff compliance to ensure thermometer sanitation between use. He/She identified the staff were hurried to complete the screening without the benefit of identified social distancing markers that resulted in some crowding around the check in table to fill out forms and wait for thermometer use.		

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.