

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER CHESHIRE HOUSE HEALTH CARE FAC		STREET ADDRESS, CITY, STATE, ZIP 3396 E MAIN STREET WATERBURY, CT 06705	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, review of facility documentation, and interviews, the facility failed to ensure a contract for removal and disposal of regulated biomedical waste was in place to prevent several months of biowaste collecting in the biowaste storage room. The findings include: Observations on 6/19/20 at 9:00 AM with the Administrator, Director of Nursing and Physical Plant Director identified in the biomedical waste storage room three (3) large cardboard boxes labeled infectious waste with several full biohazard sharp instrument collection containers stacked on top, four (4) large plastic bins overflowing with biomedical waste bags, three (3) biomedical waste bags on the floor, and greater than twenty (20) full sharp collection containers scattered on the floor. Interview with the Physical Plant Director on 6/19/20 at 9:05 AM identified he has been aware of the excessive amount of biomedical waste since January 2020. The Physical Plant Director identified the biomedical waste was usually picked up monthly by the biomedical waste removal company and it had been several months since the biowaste was picked up. The Physical Plant Director stated he contacted the Biomedical Waste Removal Company #1 in January and was notified they were no longer picking up the biomedical waste due to non-payment. The Physical Plant Director identified he has notified the Chief Operating Officer and the Administrator several times since January of the accumulation of biomedical waste. Interview with the Chief Operating Officer on 6/19/20 at 9:20 AM identified the corporation terminated the contract with Biomedical Waste Removal Company and now the facility has contracted with another Biomedical Waste Removal Company. The Chief Operating Officer identified he just contacted the current Biomedical Waste Removal Company and they identified although the corporation's other facilities were listed on the contract, this facility was omitted in error from the contract. Interview and review of facility documentation with the Administrator on 6/19/20 at 10:00 AM identified the last time the biomedical waste was removed from the facility was June 2019 (one (1) year prior). The Administrator identified he was not aware the facility had a contract with a new biomedical waste company. Interview with the Infection Control Nurse on 6/19/20 at 11:00 AM identified she was the acting Director of Nursing (DON) until three (3) weeks ago. The DON indicated she noted the excessive waste in the biomedical storage room several months and notified the Administrator. The DON stated she notified the Administrator and the Chief Operating Officer via email on 6/18/19 that the biomedical waste room was overflowing with waste and there was a smell in the room. Interview with the current DON on 6/19/20 at 11:15 AM identified the facility does not have a biomedical waste policy. The DON identified she has only been the DON for three (3) weeks and she had not been in the biomedical waste storage room prior to 6/19/20. Subsequent to the on-site inspection and a follow-up interview with the facility and the Physical Plant Director the current contracted Biomedical Waste Removal Company was called and removed the waste by approximately 3:00 PM and the facility was placed on a weekly pick-up schedule. Observations on 6/24/20 identified that the biowaste observed in the storage room on 6/19/20 had been removed by the Biomedical Waste Removal Company on 6/19/20 and the weekly pick up on 6/23/20 (the Thursday) was implemented.</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.