

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER EVERGREEN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 205 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record reviews, observations, review of facility documentation, and interviews for 3 of 134 sampled residents (R#1, R#2 and R#3) who were reviewed for COVID 19 testing, the facility failed to ensure that the responsible party were notified when the resident refused COVID-19 testing during a pandemic. The finding includes: A. Resident (R) #1's [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified R#1 with severe cognitive impairment. The Resident Care Plan (RCP) dated 10/5/20 indicated R#1 had actual or suspected COVID-19 infection and a history of refusing mandated testing. Interventions directed to follow transmission-based precautions as ordered or indicated, follow up with the physician, and provide social service support. An October 2020 physician's orders [REDACTED]. B. R#2 [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] identified R#2 with cognitive impairment. The RCP dated 9/17/20 indicated R#2 had impaired cognition related to long term memory loss. Interventions included to identify self, speak slowly and clearly, and explain all procedures. An October 2020 physician's orders [REDACTED]. C. R#3 [DIAGNOSES REDACTED]. The quarterly MDS assessment dated [DATE] identified R#3 with severe cognitive impairment. The RCP dated 10/5/20 indicated that R#3 refused COVID testing at times. Intervention included staff will re-approach resident as needed. An October 2020 physician order [REDACTED]. During an interview on 10/5/20 at 10:00 AM with Registered Nurse (RN)#1, she indicated that residents testing for COVID-19 was done on 10/1/20 and at that time three residents refused testing. RN#1 further indicated that she did not inform the charge nurse or responsible party of resident's refusal and it was her assumption that the facility was aware of the residents' refusal. RN#1 also indicated that she did not update the physician and document the test refusal in the residents' clinical record. During further interview with RN#1 on 10/5/20 she indicated that she did not re-approach the residents to obtain a nasal swab for COVID-19 testing. During an interview with Licensed Practical Nurse (LPN) #1 on 10/5/20 at 10:50 AM she indicated that whenever residents refuse COVID-19 testing the physician and responsible party are updated of the refusal. LPN#1 further indicated that she was not aware of R#1, R#2, and R#3's refusal for COVID-19 testing and if aware she would update physician and responsible party and document in the clinical record. During an interview with the Director of Nursing (DON) on 10/5/20 at 11:05 AM she indicated that she assisted RN#1 with obtaining nasal swabs for residents COVID testing on 10/1/20 and three residents refused. The DON further indicated that she did not inform the charge nurse, physician or responsible party of the residents' refusal. The DON also indicated that she did not document in the clinical records of residents' refusal. The DON also indicated that whenever a resident refuses to be swabbed for COVID-19 the staff should re-approach and document the refusal in the clinical record. Review of the facility Refusal of Treatment/service policy indicated that when a resident/surrogate refuse care, dietary recommendations and/or any other services directed by the physician/designee, the involved professional staff determines and documents in the medical record reason for refusal and resident education provided regarding possible consequences of refusal.</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.