

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER WESTPORT REHABILITATION COMPLEX		STREET ADDRESS, CITY, STATE, ZIP 1 BURR ROAD WESTPORT, CT 06880	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on review facility documentation and interviews the facility failed to conduct Covid 19 staff testing according to established requirements. The findings include: Review of laboratory data dated 7/9/20 through 8/7/20 identified of 70 total facility staff who required Covid 19 testing, 35 were not tested 2 consecutive weeks, and 6 facility staff had no documented Covid 19 testing. Review of staff schedules dated 7/9/20 through 8/25/20 identified all 35 staff identified who were without the benefit of Covid 19 testing for 2 consecutive weeks through 8/6/20 worked at least one shift beyond their last test date. Interview and review of facility documentation with the DNS on 8/25/20 at 1:55 PM identified she was contacted by the laboratory care partner on 8/3/20 about a possible suspension of staff Covid 19 testing, as all staff had tested negative for two consecutive weeks. The facility was directed by their corporate office to continue testing through 8/6/20. Although the DNS indicated she was responsible to ensure weekly Covid 19 testing was completed on all staff as required, she was unable to ensure 1000% of staff were tested because she also functioned in the capacity the day shift nursing supervisor and the Infection Preventionist which made it challenging to accomplish all that was required for monitoring staff testing. Review of the State of Connecticut Department of Public Health Covid-19 infection control and testing guidance for nursing homes identified: CDC recommends repeat testing of all previously negative staff and resident until no new cases of Covid-19 are identified for 14 days. CMS similarly recommends weekly testing of all staff and testing of all residents until all residents test negative. Consistent with CDC and CMS, DPH also recommends weekly retesting of previously negative resident and staff until no new cases are identified for 14 days. Nursing Homes should document their testing plans, as well as dates and testing results. To conform with CMS guidance, nursing homes that do not have a plan in place should immediately begin to develop a strategy to implement regular testing of staff. DPH is available to assist nursing homes in formulating their plans.</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.