

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER LONG RIDGE POST-ACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 710 LONG RIDGE ROAD STAMFORD, CT 06902	
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 - Few	Provide and implement an infection prevention and control program. Based on observations, a review of the facility policy, and staff interviews, the facility failed to ensure adequate Personal Protective Equipment (PPE) was utilized in accordance with the standard of care and the facility policy. The findings include: a. Observation on 5/14/20 at 9:55 AM identified NA #1 providing care in a positive COVID Room. Upon exiting the room, NA #1 was observed to be wearing a blue surgical mask underneath an N-95 mask with a face shield in place. Interview with NA #1 identified she did not like the feel of the N95 face mask, and used the blue surgical mask underneath it for comfort. b. Observation on 5/14/2020 at 10:10 AM identified NA #2 returning from her break and entering a positive COVID unit on the second floor. NA #2 was wearing a blue surgical mask underneath the N95 mask. NA #2 indicated she did not know why she was wearing it this way. c. Observation on 5/14/2020 at 10:18 AM identified NA #3 was providing care on the third floor in a positive COVID room. NA #3 was noted to have a blue surgical mask underneath the N95 mask. Interview with NA #3 identified it is was difficult for her to breath using the N95 mask, so she decided to place the blue surgical mask underneath . NA #3 indicated the facility did not give her permission to do this, but it was more comfortable for her, so she implemented this intervention on her own. Interview with RN #1(Infection Control Nurse) on 5/14/20 identified the blue surgical mask should not be wore under the N95 mask. RN #1 indicated staff had been provided with education regarding proper mask use and could not explain why NA #2 was wearing a surgical mask under the N95 mask. . Interview with the Director of Nursing (DNS) on 5/14/20 at 10:55 AM identified it was her expectation that the N95 masks should be worn against the skin, if the staff member wanted to wear a blue surgical mask, they could do so by covering their N95 mask. Subsequent to surveyor inquiry, education was provided to the nurse aides regarding proper PPE utilization. Review of facility policy for COVID-19 directed in part if COVID-19 was suspected or positive, PPE precautions of droplet precautions would be implemented and gloves, gowns, goggles/faceshields and masks (respirators) should be used when entering a resident room.		

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.