

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER POMPERAUG WOODS HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 80 HERITAGE RD SOUTHBURY, CT 06488	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interviews, a review of facility documentation and a review of facility policies for seven of seven residents (Residents #1, #2, #3, #4, #5, #6 and #7), who were recently admitted to the facility or had a recent medical appointment in the community and resided on the suspected COVID-19 unit, the facility failed to ensure appropriate eye protection was worn when providing care to residents who were on transmission-based droplet precautions. The findings include: Resident #1 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #2 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #3 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #4 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #5 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. Resident #6 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. #7 was admitted to the facility's COVID-19 suspected unit with [DIAGNOSES REDACTED]. A review of Resident #1, #2, #3, #4, #5, #6 and #7's care plans identified droplet precautions were to be maintained per the facility's policy. Observations on 9/11/20 at 9:48 AM on the COVID-19 suspected unit, identified the precaution carts on the unit had a supply of gowns, gloves and non-critical resident care equipment such as a stethoscope and blood pressure cuff. Further observations identified staff kept their face shields and KN95 masks in paper bags labeled with their names on a table near the nurse's station and transmission-based precaution signs entitled Droplet Precautions were posted outside of Resident #1, #2, #3, #4, #5, #6 and #7 rooms that directed all staff must make sure their eyes, noses, mouths were fully covered before room entry and staff were to remove face protection before exiting the room, and the diagram denoted a health care provider to wear a face shield or goggles. Observations on the COVID-19 suspected unit on 9/11/20 at 10:00 AM identified a 7AM-3PM nurse aide, Nurse Aide (NA) #1, had a surgical mask on, donned a disposable gown and gloves then entered Resident #1's room to provide care without the benefit of wearing a face shield or goggles. Observations on the COVID-19 suspected unit on 9/11/20 at 10:12 AM identified the charge nurse, Licensed Practical Nurse (LPN) #1, had a surgical mask on, donned a disposable gown and gloves then entered Resident #6's room to provide care without the benefit of wearing a face shield or goggles. Observations on the COVID-19 suspected unit on 9/11/20 at 10:15 AM identified a physical therapist and an occupational therapist had surgical masks on, disposable gowns and gloves while providing therapy to Resident #7 while in the resident's room without the benefit of wearing a face shield or goggles. Interview with the Infection Preventionist Nurse on 9/14/20 at 10:40 AM, identified that staff working on the COVID-19 suspected unit were not required to wear a face shield when entering a resident's room and staff would be required to wear a face shield if administering a nebulized medication. The CDC (Center for Disease Control) guidance for United States Health Care Facilities for COVID-19 dated 7/12/20 directed if COVID-19 infection is suspected in a patient presented for care, health care facilities are required to follow Transmission-Based Precautions. The health care provided should wear eye protection in addition to their facemasks to ensure the eyes, nose and mouth are all protected from exposure to respiratory secretions during a patient encounter. The health care provider should continue to adhere to Transmission-based precautions, including use of eye protection and /or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. A review of the facility's policy for Isolation-Droplet Precautions identified Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable disease or infections that can be transmitted to others and are based on the CDC definition for transmission based precautions (airborne, droplet and contact).</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.