

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVERY NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>705 NEW BRITAIN AVE HARTFORD, CT 06106</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, facility documentation, and staff interviews, the facility failed to ensure that Centers for Disease Control (CDC) infection control guidelines were implemented to prevent and, control the spread of COVID 19 during a pandemic. The finding includes: Observation on the Covid 19 observation unit on 8/10/20 at 1:00 PM identified an Occupational Therapist Assistant (COTA) in a room which displayed a droplet precaution sign. The COTA was stranding within close proximity of the resident without the use of a face shield. Interview with the COTA on 8/10/20 at 1:05 PM identified that although she was aware that she should wear a face shield into a patient's room that is on observation, it had slipped her mind. Interview with the Director of Nurses (DON) on 8/10/20 at 1:05 PM identified that the resident was on the observation unit because he/she had recently been admitted from the hospital. The DON identified face shields should be worn by staff if they are caring for a resident who is on the observation unit, and is on droplet precautions. Review of the CDC guidelines identified that when caring for a resident with a possible covid infection a face shield will be worn.		

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.