

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REGENCY HOUSE NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>181 E MAIN ST WALLINGFORD, CT 06492</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> - Some	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and review of policies and procedures, the facility failed to update the policies and failed to utilize personal protective equipment according to the recommendations of the Center of Disease Control (CDC) during a pandemic by [MEDICATION NAME] extending the use of disposable gowns instead of reusing disposable gowns to ensure staff and residents were protected from risk of infection. The findings include: Observations during a tour of the facility's available supply of Personal Protective Equipment with the Housekeeping Supervisor on 5/9/20 at 1:00 PM identified the facility was in position of 600 disposable gowns. In an interview with Director of Nursing (DON) on 5/9/20 at 1:30 PM the DON stated that residents with confirmed [DIAGNOSES REDACTED]. Observations during a tour with the DON on 5/9/20 at 1:45 PM identified disposable gowns hanging from hooks located in the hallways outside a resident's room on Wall four (4) units. An interview with a 7AM-3PM charge nurse, Licensed Practical Nurse (LPN) #1 on 5/9/20 at 1:50 PM indicated disposable gowns were worn when caring for residents with positive COVID-19, hung on the hook and reused throughout the shift. LPN #1 stated gowns were not used when caring for residents who were negative for COVID-19. In an interview with LPN #2 on 5/9/20 at 2:00PM, LPN #2 stated she was issued a disposable gown at the beginning of each shift and was expected to use the same gown as she cared for all COVID positive, exposed and pending residents throughout the shift hanging the gown on a hook in the hallway of the resident care area between use. LPN #2 indicated she was concerned with her safety reusing the same gown all shift. In an interview with the DON on 5/9/20 at 2:45 PM the DON stated it was the policy of the facility that staff reused a disposable gown he/she was issued at the beginning of the shift for the entire shift when caring for residents with COVID-19. The DON was unable to provide documentation of the Center for Disease Control (CDC) guidelines and recommendations on extended use versus reuse of personal protective equipment in the care of COVID-19 residents and was unable to identify the CDC's recommendations. A review of the facility's cohort Guidelines COVID-19 plan identified gowns may be worn between COVID positive rooms with no guidelines on at what point to discard the gown. Upon further review, the Guidelines indicated that gowns must be doffed upon exiting COVID-19 exposed residents' room hung for extended use and a new gown donned before entering another COVID-19 exposed resident's 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.