

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT TORRINGTON		STREET ADDRESS, CITY, STATE, ZIP 80 FERN DR TORRINGTON, CT 06790	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, a review of the facility policy and staff interviews, the facility failed to ensure Personal Protective Equipment (PPE) was utilized in accordance with infection control standards and the facility policy. The findings included: Observation on 5/13/20 at 9:20 AM with the Assistant Director of Nursing (ADNS) and the Administrator identified Nurse Aide (NA #1) hung a long sleeve blue isolation gown on the door hook in a positive COVID-19 resident's room. NA #1 identified she/he only received one isolation gown per week and she/he reuses the same gown. NA #1 sprays the gown with peroxide to disinfect it and hangs on the door after taking it off to go for lunch or to assist in COVID-19 negative residents room during her/his shift. NA #1 identified at the end of each shift she/he sprays the isolation gown with peroxide to disinfect the gown and stores it in a brown bag to reuse the gown the following day when she/he is scheduled to work. Further interview identified NA #1 always wore a hospital gown under the blue isolation gown for personal protection. Interview with the ADNS on 5/13/20 at 9:40 AM identified the blue isolation gown provided to NA #1 was disposable and designated for single use. Further interview indicated protective coveralls identified as DuPont Tyvek 400 was also provided to the facility staff on a weekly basis to provide care to residents with suspected or confirmed COVID-19 and were also indicated for single use only. Interview with the Administrator on 5/13/20 at 10:00 AM identified isolation gowns and coveralls were short in supply and the facility provided new replacement gowns and protective coveralls to staff every 7 days and/or when the PPE was ripped or stained. The facility staff was directed to disinfect the gowns and coveralls by spraying them with peroxide and storing them in brown paper bags to reuse for the week. The Administrator further identified she/he was not aware that isolation gowns and coveralls were not recommended to be reused during COVID-19 pandemic. The Administrator identified isolation gowns and coveralls would be available immediately outside of the COVID-19 positive resident rooms and staff will be provided education regarding extended use but not reuse of PPE. Review of facility policy on Isolation Gown Strategy Guidelines directed the facility to follow the strategies for PPE shortage guidelines from the Centers for Disease Control and Prevention (CDC). The policy further directed extended use of isolation gowns and consideration can be made to extend the use of isolation gowns such that the same gown is worn by the same staff when interacting with more than one patient known to be infected with the same infectious disease when these patients were housed in the same location (i.e., COVID-19 patients residing in an isolation cohort).</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.