

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER CAROLTON CHRONIC & CONV HOSP,		STREET ADDRESS, CITY, STATE, ZIP 400 MILL PLAIN RD FAIRFIELD, CT 06430	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, review of the clinical record, facility documentation, facility policy, and interviews for 1 resident (Resident # 1) reviewed for infection control , the facility failed to ensure the usage of personal protective equipment (PPE) per standard of care and policies for a resident with Covid 19.The findings include: Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The quarterly minimum data set (MDS) assessment dated [DATE] identified Resident #1 was severely cognitively impaired and required supervision with bed mobility and personal care. The Resident Care Plan dated 5/7/20 identified Resident #1 had a [DIAGNOSES REDACTED]. An observation 5/1/205 at 11:00AM by National Guardsman #1 (NG) identified RN #1 entering into Resident #1's room after an alarm was sounding in the room. RN #1 was wearing an N95 mask with one strap hanging below the chin and a surgical mask over it. RN #1 did not don a gown, gloves or eye protection before entering Resident #1's room. RN #1 was observed making direct contact with resident to make adjustments to Resident #1's linens and clothing. RN #1 then performed hand hygiene just prior to exiting the room. An interview on 5/15/20 at 11:35AM with RN #1 identified s/he entered Resident #1's room without first donning the appropriate PPE as Resident #1's bed alarm was sounding. While RN #1 stated Resident #1 had kicked off her sheet, s/he did not actually observe Resident #1 attempt to get out of bed, RN #1 felt there was a risk that Resident #1 may attempt to get out of bed so felt the swift intervention was necessary. RN #1 also indicated that she is aware her N95 mask was worn incorrectly with one strap hanging below the chin as s/he was claustrophobic and felt unable to breath otherwise. Although RN #1 indicated s/he always ensured the mask was correctly secured when on the units or in resident rooms, s/he did not have the mask secured using both straps during the time of observation on the units and when entering Resident #1's room. Review of the facility policy for the use of PPE directs a gown, gloves, mask and full-face eye shield or goggles before entering in the resident room for a person known or suspected to have Covid -19. The facility failed to ensure the usage of Personal Protective Equipment (PPE) per standard of care and policies for a resident with Covid 19.</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.