

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 05/24/2020
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>Based on observations, review of facility documentation, and interviews, the facility failed to ensure staff members adhered to infection control practice during a pandemic by not wearing a mask while on a negative Covid unit and failed to adhere to infection control practice by not screening visitors and failed remove refuge from a dirty utility closet on a COVID-19 unit. The findings include: Upon entering the facility on 5/24/20 at 11:25 AM, three visitors (a state inspector and two National Guardsman) were waiting in the lobby for RN#1 (7AM-3PM supervisor) to arrive to be escorted into the facility and to the nursing units. Receptionist #1 and RN#1 failed to screen all three visitors before entering the facility and the nursing units. Interview with RN#1 on 5/24/20 identified everyone including staff, administration, vendors, and visitors are screened before entering the facility. This includes taking the individuals temperature and asking questions related to current health status and exposure to Covid-19. RN #1 further identified s/he forgot to ensure that the three visitors had been screened and temperatures checked before entering the facility/nursing units. Receptionist #1 identified s/he forgot to screen the 3 visitors. 2. Observation on 5/24/20 at 11:55 AM on the West Wing unit, a non-covid unit identified an LPN#1 in the hallway without a mask and face shield. Interview at the time of the observation with LPN#1 identified s/he needed a break from the mask and had just removed it prior to the observation. Interview with RN#1 at the time of the observation identified that everyone should always have on a mask while working on the units. LPN#1 had put his/her mask back on with the face shield immediately. Observation on 5/24/20 at 12:03 PM on the Windsor unit, a non-covid unit observed RN#2 at the nurse's station without a mask. Interview at the time of the observation with RN#2 identified the mask was irritating to him/her and s/he had removed it while at the nurse's station. Interview with RN#1 at the time of the observation indicated that every employee is to wear a mask while in the facility especially on the nursing units. 3. Observation of the designated Covid-19 unit on 5/24/20 at 12:20 PM observed a large black plastic garbage bag affixed to the doorknob on the dirty utility closet's door. Staff was observed throwing plastic and Styrofoam containers from lunch directly into the bag without the benefit of a refuge barrel. RN#1 opened the dirty utility closet door and observation identified an eighteen-inch refuge barrel in this dirty utility closet. Overflowing clear plastic garbage bags with refuge in the bags were observed overflowing not only from this refuge barrel, but on the floor, and stacked one on top of the other reaching the ceiling of the dirty utility closet. Interview with RN#1 at the time of the observation indicated that the garbage should be taken out of the unit by maintenance daily and that all of the garbage bags located in that closet should not have been left there to accumulate. The garbage was removed by maintenance immediately.</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.