

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER PARKWAY PAVILION HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1157 ENFIELD STREET ENFIELD, CT 06082	
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 observations, review of facility documentation, and interviews the facility failed to adhere to infection control guidelines (wearing of appropriate Personal Protective Equipment and social distancing) during staff testing for COVID-19 according to facility policy and Center for Disease Control (CDC) guidance. The finding includes: During an observation on 9/30/20 at 9:45 AM, Licensed Practical Nurse (LPN) #1, Nursing Assistant (NA) #1 and NA#2 were observed seated side by side in the staff development room completing paperwork while awaiting COVID-19 testing. Licensed Practical Nurse (LPN) #1 was seated in the middle with NA#1 and NA#2 on either side of her, both NA's were within two feet of LPN#1. LPN#1 proceeded to remove her mask while Registered Nurse (RN) #1 performed a nasal swab for Covid-19. RN#1 then handed the vial containing the specimen to LPN#1 who placed the specimen in the refrigerator. After collecting LPN#1's specimen RN#1 removed her gloves, sanitized her hands, donned clean gloves, and proceeded to collect a specimen from NA#1. NA#1 removed her mask as RN#1 swabbed her nasal cavity to collect a specimen. During collection of NA#1's specimen NA#2 was seated at the same table approximately 3 feet away from NA#1. While collecting nasal swab specimens for COVID-19 from the three staff members, the only PPE RN#1 wore was a surgical mask. During an interview with RN#1 on 9/30/20 at 10:10 AM she indicated that staff testing for COVID-19 is performed using clean technique, with handwashing prior to the start of testing. RN#1 further indicated that previously she has only worn a surgical mask during staff testing for COVID -19. During further interview with RN#1 she indicated that full PPE should be worn, while performing staff COVID 19 testing, which included an N95 face mask, face shield, gloves and gown. RN#1 also indicated that only one staff member should be in the room during testing, and whenever there are more than one staff in the room social distancing practice should be followed. During an interview with the Administrator on 9/30/20 at 10:30 AM he indicated that RN#1 should have adhered to facility policy during specimen collection. During further interview with the administrator he indicated that RN #1 should follow the same guideline when collecting specimen for staff and residents. The facility failed to ensure appropriate PPE and social distancing practices were in place during COVID -19 staff testing according to facility policy and CDC guidance. Review of facility Specimen Collection policy (based on CDC guidance) indicated that specimen collection should be performed in a normal examination room with the door closed or in an outdoor space. Health care personnel in the room should wear an N95, N95 equivalent, or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown. According to CDC Guidance for providers collecting specimens or within 6 feet of patients suspected to be infected with [DIAGNOSES REDACTED]-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens.</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.