

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075250</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKVILLE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5 GREENWOOD STREET HARTFORD, CT 06106</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> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, review of facility documentation, and interviews the facility failed to ensure that face masks were worn by staff and residents as recommended by the Center for Disease Control (CD) during a pandemic to prevent the spread of COVID 19. The finding includes: 1. During an observation on 7/25/20 at 11:15AM the facility receptionist was observed, in the building, talking with a resident and other staff member without wearing a face mask. During an interview with the receptionist on 7/25/20 at 11:25AM she indicated that she wanted to talk with another staff member therefore she left her desk and walked over to the other staff member without wearing a face mask. The receptionist indicated that she was aware that a face mask should be worn while in the building, however she left hers at the desk. 2. Nursing Assistant (NA) #1 was observed on 7/25/20 at 11:30 AM walking in the hallway of a resident care area, pushing a soiled linen cart, with a face mask on however the face mask was hanging from one ear and not covering her mouth or nose. During an interview with NA#1 on 7/25/20 at 11:32 AM she indicated that she took the mask off because she was not caring for a resident and did not realize that she needed to have the face mask on in the hallway. 3. NA#2 was observed on 7/25/20 at 11:45AM in a resident's room, with the resident seated in a wheelchair, and NA#2's face was less than one foot away from the resident's face. NA#2 and the resident were not wearing face masks. During an interview at that time NA#1 indicated that she had just returned from the shower room and it was hot, so she removed her face mask. During an interview with Registered Nurse (RN#1) on 7/25/20 she indicated that staff should always be wearing a face mask while in the facility. During an interview with the Director of Nursing (DON) on 7/25/20 at 12:40PM she indicated that staff are required to wear face masks when in the building. She indicated it was not acceptable for staff to not wear a face mask while providing care to residents or ambulating in the hallway. The DON also indicated that facility staff are educated on the proper use of face masks in the facility and that the facility follows Center for Disease Control (CDC) guidelines for wearing face masks. According to CDC Guidelines Health Care Providers (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.		
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.