

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAMDEN REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1270 SHERMAN LANE HAMDEN, CT 06514</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 observation, staff interviews and a review of the facilities policies and procedures, the facility failed to maintain transmission based precautions in accordance with the facility's infection prevention program. The findings include: Observation on 4/30/2020 at 10:25 AM, identified NA #1 exited the room of Resident #1 who had a pending COVID 19 test result with a bag of soiled linens and a bag of waste in his/her gloved left hand. NA #1 proceeded to enter a COVID 19 negative room and placed the bag of soiled linens and the bag of waste on the floor. Subsequent to surveyor's observation, the Assistant Director of Nursing (ADNS) directed NA#1 to exit the COVID 19 negative room and dispose of the waste and linen bags. Interview with NA #1 at 10:30 AM, identified he/she was not aware Resident #1 had a pending COVID-19 test result. Following the incident NA #1 was able to identify the signage information on Resident #1's door which identified the resident was on isolation precautions. Interview with the ADNS on 4/30/2020 at 10:32 AM, indicated NA #1 should not have exited Resident #1's room with a bag of soiled linens and a bag of waste and then enter a COVID 19 negative room placing the items on the floor. The ADNS identified the observed occurrence was not in accordance with the facility's infection prevention program. Review of facility Infection Prevention Program Policy identified the facility had developed and maintained an infection prevention program that provided a safe, sanitary and comfortable environment to help prevent the development and transmission of infection. The program directed in part, the prevention and control of outbreaks and cross contamination using transmission-based precautions in addition to standard precautions.		

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.