

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2020
NAME OF PROVIDER OF SUPPLIER ST JOSEPH'S CENTER		STREET ADDRESS, CITY, STATE, ZIP 6448 MAIN STREET TRUMBULL, CT 06611	
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 ensure staff members adhered to infection control practice during a pandemic by wearing Personal Protective Equipment (PPE) appropriately (i.e. the donning of a face shield while providing patient care to a patient) and by donning a gown when entering a patient's room on contact and droplet precautions. The findings include: 1. Observation of NA#1 on 9/5/20 at 11:20 AM during tour with the Director of Nursing Services (DNS) identified NA#1 coming out of a resident's room after providing care without the benefit of a face shield on NA#1. NA#1 identified s/he had one and knew it should have been worn but had forgotten it and had left the face shield in another resident's room. Interview with the DNS at the time of the observation identified all staff when providing care to all residents must have a face mask and a face shield. 2. Resident #1 [DIAGNOSES REDACTED]. Resident #1 was placed on Contact plus Airborne Precautions while in the facility due to going out into the community for recent [MEDICAL TREATMENT] treatment and to help mitigate the spread of Covid-19. Observation of NA#2 and NA#3 on 9/5/20 at 11:44 AM during tour with the DNS and two National Guardsman identified the two nursing assistants entering Resident #1's room without the benefit of donning an isolation gown. Interview with NA#2 identified s/he had taken off the isolation gown in the room and finished care with Resident #1. Interview with NA#3 identified that care had already been provided and that s/he did not need to have an isolation gown when entering the room. The DNS re-educated the two nursing assistants immediately and identified gowns should be worn/donned when entering a room on Contact plus Airborne Precautions. The DNS completed an education with all staff immediately. Review of the Cohorting Precautions and Testing for Residents Who Leave the Building for [MEDICAL TREATMENT] policy directed that [MEDICAL TREATMENT] patients should be placed on patient-specific Airborne and Contact precautions, meaning that gowns should be changed after caring for each [MEDICAL TREATMENT] patient. Review of the Contact Plus Airborne Precaution policy directed that before entering the patient's room, wear an N-95, a gown, a face shield, and gloves before entering the room. The facility failed to ensure staff members adhered to infection control practice during a pandemic by wearing Personal Protective Equipment (PPE) appropriately.</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.