

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER NOBLE HORIZONS		STREET ADDRESS, CITY, STATE, ZIP 17 COBBLE RD SALISBURY, CT 06068	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observations, facility documentation review, facility policy review, and interviews for six sampled residents (Residents # 1, #2, #3, #4, #5, and # 6) reviewed infection control, the facility failed to follow Infection Control Guidelines for the Centers for Disease Control and Prevention (CDC) related to COVID-19 isolation precautions and the facility failed to track use of washable isolation gowns in accordance to manufactures guidelines. The findings included: 1. Interview and observation of the nursing unit with the Director of Nursing(DON) on 9/17/2020 at 10:00 A.M., identified Residents # 1, # 2, # 3, # 4, # 5 and # 6 located on one wing that were new admissions from the hospital that were on isolation precautions for COVID-19 risk (Persons Under Investigation/PUI). Interview and review of facility documentation with Registered Nurse(RN #2) and Nurse Aide(NA #1) on 9/17/2020 at 10:10 A.M. identified NA #1 provided care for three (3) residents on isolation precautions/PUI. NA #1 identified she provided the care for those residents first (while wearing PPE), before providing care for residents not on precautions because she needed to obtain resident's weights. Interview and review of facility documentation with NA #2 on 9/17/2020 at 10:20 A.M. identified she provided care for two (2) residents on isolation precautions/PUI. She indicated she wore PPE and provided care to the isolation residents last. Interview with the Administrator, the DON, and RN #1(Infection Control Nurse) on 9/17/2020 at 10:58 A.M. identified the facility had six (6) residents were identified as PUI, at risk for COVID-19 due to new admissions from the hospital. The six (6) residents were assigned to three (3) different NAs to facilitate the NA assignments. the interview identified the NAs could provide care to the residents on isolation precautions in any sequence (first, middle, or last) since they NAs wear the appropriate PPE. The facility did not provide a policy for surveyor review regarding staffing for PUI care. In accordance to the CDC Guidelines Responding to COVID-19 in Nursing Homes, Resident Cohorting directed in part, to create a location of COVID-19 care unit and create a staffing plan. Ideally the unit should be physically separated from other rooms or units without confirmed COVID-19; the COVID-19 care unit could be a separate floor, wing or cluster of rooms. Assign dedicated staff to work only on the COVID-19 unit. According to the CDC Guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes and CDC Guidelines, Preparing for Covid-19 in Nursing Homes directed in part, to dedicate a unit or end of a unit to cohort residents with COVID-19, a COVID-19 positive unit should be physically separated from other rooms or units housing residents without confirmed COVID-19, and assign the primary nursing assistants and nurses assigned to care for COVID-19 positive residents. 2. Interview, observation of washable gowns, and review of manufacture recommendations on 9/17/2020 at 11:40 AM with the Administrator, the DON and RN #1 identified the facility spoke with the vendor who informed them the facility's washable gowns were good for two (2) years, and wrote an expiration date on all the gowns. The interview further identified that although the number of recommended washes was 75, the facility did not track the number of washes. Interview with the DON on 9/17/2020 at 3:00 P.M. identified use of the washable gowns was instituted during May 2020. The DON indicated that although the gowns may not have had many washes secondary to the facility did not have any new admissions or readmissions until recently. The DON was unable to identify how many washes the washable gowns had. She indicated that she would remove the gowns from use; she would put out new a supply and they would be marked to identify each wash. Review of Manufacturer Guidelines, Washing Instructions, directed in part, used and laundered correctly the fluid-[MEDICATION NAME] properties will last at least 75 launderings. The Policy further directed that inside the gown near the bottom is a grid with 75 boxes, to track the number of launderings you can mark a box with a permanent laundry marker after each wash. Review of facility COVID-19 Washable Gowns Policy, (March 2020) directed in part to launder washable gowns in accordance with manufacture instructions. The policy further directed that nursing designee will track number of washable gowns in the facility, to label the gowns to include the washable gowns expiration date and to create a means of tracking washable gowns with a set number of washes.</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.