

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075400</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BETHEL HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13 PARKLAWN DRIVE BETHEL, CT 06801</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 - Potential for minimal harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, review of facility policy, and interviews, for two of two staff members reviewed for infection control, the facility failed to ensure the proper use of PPE when providing care to residents with known positive for COVID-19 and then residents who were identified as negative. The findings include: Observations on 4/20/2020 at 11:20 A.M. identified Nurse Aide (NA) #1 exiting a resident room who was a known positive for COVID-19 donning a disposable short sleeve rain poncho over a disposable paper isolation gown. NA #1 proceeded into the hallway of the unit. Interview with NA #1 on 4/20/2020 at 11:25 A.M. identified he/she is supplied with the rain poncho and a disposable paper isolation gown at the start of his/her shift and instructed to leave both the poncho and gown on until he/she completes the shift. NA #1 further identified at the end of the shift he/she disposes of the paper isolation gown and the rain poncho is sprayed with a disinfectant and left to dry for his/her next shift. NA #1 indicated the unit he/she is working on today has mostly positive COVID-19 residents except for two residents on the unit. NA #1 indicated he/she does not remove the disposable rain poncho nor the disposable isolation gown when he/she enters or provides care to the two residents who are not confirmed positives for COVID-19. Interview with Registered Nurse (RN) #1 on 4/20/2020 at 11:40 A.M. indicated staff are provided with a disposable paper isolation gown and a rain poncho at the start of the shift and they are both to be left on until the shift is completed at which time the gowns are disposed of and the rain poncho is cleaned for the next shift the staff works. RN #1 indicated staff are not doffing gowns or ponchos after caring for a positive resident and entering a negative resident room per policy. RN #1 identified although the facility has attempted to separate most of the known positive COVID-19 residents to one unit due to the amount of positive cases all units now have residents who are confirmed positive, presumed positive, negative, and presumed negative due to the absence of signs and symptoms of COVID-19. RN #1 indicated NA #1 was in fact working on a unit where two residents are presumed negative although exposed to COVID-19. RN #1 identified they are only co-horting residents with known positive and presumed positive for COVID-19. Interview with the Director of Nurses (DNS) on 4/20/2020 at 11:55 A.M. indicated on the unit where NA #1 was assigned to today the unit does have 2 residents who are presumed negative for COVID-19 has they did not exhibit any signs or symptoms of the COVID-19 virus. The DNS identified the staff are to wear the disposable gowns and rain poncho for their entire shift and are not to remove them when providing care to any resident per the facility policy. Review of the facility Strategies to optimize PPE supply policy indicated the extended use of disposable isolation gowns is worn by the same staff when interacting with more than one patient known to be infected with the infectious disease. In addition, due to the limited supply of PPE all gowns are to be provided at the time of entry for every shift to each nurse and nurse aide at this time you will be required to wear the gown for your entire shift. Review of the Designated Covid-19 Unit policy identified if the Covid-19 unit or any other unit with 30% positive or presumed positive residents staff are instructed to use full PPE for all care (droplet and contact) use the same PPE with all the residents but must complete hand hygiene and glove change between residents.		
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.