

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KIMBERLY HALL-SOUTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1 EMERSON DRIVE WINDSOR, CT 06095</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 screening was performed for all visitors prior to entering the facility, and that facility staff wear masks when entering the building during a pandemic. The findings include: A. During observation on 5/30/20 at 8:25AM the Nursing Supervisor opened the facility entrance door and allowed three state agency (SA) surveyors access into the building without screening. The SA surveyors were allowed to enter the building, don personal protective equipment (PPE) and proceeded to tour unit with Registered Nurse (RN) #1, without screening by facility staff. Subsequent to surveyor inquiry RN#1 indicated that she thought that she did not need to screen SA surveyors, and she was a bit nervous. She further indicated that the normal facility practice is to ensure that all visitors and staff are screen at the front entrance prior to going onto the units. During an interview with the Director of Nursing (DON) on 5/30/20 at 9:38 AM she indicated that the facility practice is to screen all staff and visitors at the front entrance. B. During observation on 5/30/20 at 9:35 AM Recreation Aide (RA) #1 entered the building with a brown cloth mask under her neck and was not wearing a mask over her mouth and nose. The RA proceeded to answer the screening questions, had her temperature taken by another staff member, proceeded to retrieve a surgical mask from a box on the table at the front desk and placed it over her mouth and nose. During an interview with RA #1 on 5/30/20 at 8:55 AM she indicated that her hands were full with newspapers, and the mask given to her by the facility was soiled. She further indicated that she was aware that a mask should be worn whenever she entered the facility. During an interview with Registered Nurse (RN) #1 on 5/30/20 at 9:15 AM she indicated that all staff are expected to wear a mask when entering the building.		

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.