

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER HARBOR VILLAGE NORTH HEALTH AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP 78 VIETS ST EXTENSION NEW LONDON, CT 06320	
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, record review, facility policies and staff interview for one of three sampled residents who required droplet precautions (Resident #1), the facility failed to ensure that the necessary personal protective equipment was worn while providing assistance to the resident. The findings include: Resident # 1's [DIAGNOSES REDACTED]. Review of a nurse's note dated 5/18/2020 at 2:33 AM identified the resident had refused testing for COVID-19 and had been placed on droplet precautions. Observations during a tour of the facility's Center Unit on 5/19/20 at 11:05 AM identified Nurse Aide (NA) #1 entering the room of Resident #1 wearing a surgical face mask without the benefit of any other personal protective equipment (PPE). The nurse aide was observed to approach the resident who was in bed, turned off the call light, moved around the privacy curtain and had a conversation with the resident. Afterward, the nurse aide was observed to leave the room and enter the facility's lobby area without the benefit of hand washing. NA # 1 subsequently returned to the Center Unit. Interview with Nurse Aide #1 immediately following the observation that began at 11:05 AM on 5/19/20 indicated that she had heard the resident calling for someone and did not think about putting on the appropriate PPE before entering the room. NA # 1 stated that she should have applied a gown, face shield and gloves before entering the resident's room. NA # 1 further stated that she should have washed her hands after exiting the room. Interview at the time with the Director of Nursing further identified that the nurse aide should have applied an isolation gown, face shield and gloves before entering the resident's room, and upon leaving the room the nurse aide should have washed the hands. The DON stated that the staff member would be re-educated on the personal protective equipment that should have been worn. Review of the facility's policy regarding droplet precautions identified that staff are to don a face mask, face shield, gown and gloves before entering a resident's room.</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.