

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER JOHN L. LEVITOW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 287 WEST ST ROCKY HILL, CT 06067	
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 - Some	<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 observation, interviews and review of facility documentation, the facility failed to ensure appropriate Personal Protective Equipment (PPE) was donned by staff for 2 residents on a COVID-19 Observational Unit (Resident #1 and Resident #2) and failed to ensure the Droplet Precaution policy included the use of isolation gowns per CDC guidelines. The findings include:</p> <p>a. Resident #1 was admitted to the facility from home on 7/15/20 with [DIAGNOSES REDACTED]. A Resident Care Plan dated 7/15/20 identified that Resident #1 was severely cognitively impaired and was dependent with assist of 1 staff member for hygiene, bed mobility and transfers. An Infection Control Consultation Report dated 7/16/20 at 11:13 AM identified that Resident #1 was under Standard Precautions that was used for all residents at the facility, directing that when the staff member anticipated contact with warm, moist body areas and/or blood or body fluids the staff should use personal protective equipment (PPE) that can consist of hand hygiene, gloves, mask, eye protection and/or gown to be determined by the health care worker (HCW). Additionally, the Infection Control Consultation Report identified that Resident #1 was also on Droplet Precautions, that additionally directed that staff would be required to use mask, gloves and hand hygiene when coming within 6 feet of the resident's face and that additional PPE could be used as determined by the HCW. Additionally, the Infection Control Consultation identified that Resident #1 tested negative for COVID-19 on 7/9/20. b. Resident #2 was admitted to the facility from home on 7/22/20 with [DIAGNOSES REDACTED]. Nurse's notes dated 7/22/20 at 2:48 PM identified that Resident #2 was alert and oriented to name, date and place. A Resident Care Plan dated 7/23/20 identified that Resident #2 required assistance of 1 staff for hygiene, bed mobility and transfers. An Infection Control Consultation Report dated 7/23/20 at 11:22 AM identified that Resident #2 was under Standard Precautions that was used for all residents at the facility, directing that when the staff member anticipated contact with warm, moist body areas and/or blood or body fluids the staff should use personal protective equipment (PPE) that can consist of hand hygiene, gloves, mask, eye protection and/or gown to be determined by the health care worker (HCW). Additionally, the Infection Control Consultation Report identified that Resident #2 was also on Droplet Precautions, that additionally directed that staff would be required to use mask, gloves and hand hygiene when coming within 6 feet of the Resident's face and that additional PPE could be used as determined by the HCW. Additionally, the Infection Control Consultation Report identified that Resident #2 tested negative for COVID-19 on 7/16/20. On 7/27/20 at 11:00 AM, an interview with the DNS identified that Resident #1 and Resident #2 were on Droplet Precautions, requiring staff after sanitizing their hands to wear a surgical mask and gloves when entering the room to care for the residents; changing the surgical mask and removing the gloves when exiting the residents' rooms. Additionally, the DNS identified that the signage posted would also alert the staff that the residents required increased monitoring due to their new admission status and that a risk assessment had been completed upon admission for Resident #1 and #2 that determined the level of observation needed. On 7/27/20 at 11:00 AM observation with the DNS identified that a Licensed Practical Nurse entered Resident #1/Resident #2's room with a mask, face shield and gloves (without the benefit of donning a gown), following the signage posted in Resident #1's doorframe, the DNS stated that the LPN was utilizing appropriate PPE as the signage directed. Interview with Infection Control Preventionist (ICP) on 7/28/20 at 2:00 PM identified that Resident #1 and Resident #2 had both been tested for COVID-19 in the community prior to admission and had tested COVID-19 negative. She further identified that Resident #1 and Resident #2 had never had a positive COVID-19 test prior to admission and that Resident #1 and Resident #2 tested COVID-19 negative after their admission to the facility. She further identified that both residents had a completed risk assessment on admission that identified that each resident was placed on droplet precautions and 14 day observation that would necessitate utilization of mask, gown and hand hygiene but did not require any additional PPE to provide care stating that the residents had tested COVID-19 negative. The facility policy COVID-19 Empiric (Observation) Precautions- Managing Veteran Patients directs that a resident identified as having a negative Covid-19 status are placed on empiric or observation precautions requiring the staff to only utilize gloves, facemask and hand hygiene as personal protective equipment (PPE), but failed to identify isolation gowns were required. The State of Connecticut COVID-19 Infection Control and Testing Guidance for Nursing Homes updated 6/22/20 and the Center for Disease Control and Prevention (CDC) guidelines direct for long term care facilities to create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the residents can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. The facility failed to establish a policy to address an unknown COVID status resident per CDC and State guidelines. Although the facility placed Resident #1 and Resident #2 on the 14 day observation status with standard and droplet precautions, the facility did not place Resident #1 and Resident #2 on contact precautions that would have required staff to wear the CDC recommended PPE that included use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown while providing care. Subsequent to surveyor's observation, Resident #1 and Resident #2 were placed on precautions that required staff to wear all recommended PPE during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for Resident #1 and Resident #2.</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.