

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER APPLE REHAB MIDDLETOWN		STREET ADDRESS, CITY, STATE, ZIP 600 HIGHLAND AVE MIDDLETOWN, CT 06457	
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>Based on observations, review of facility documentation, review of facility policy, and interviews during the initial facility tour and during a tour of the kitchen during the COVID 19 pandemic, the facility failed to ensure appropriate handwashing in the kitchen, failed to ensure appropriate storage of dietary carts with used resident dishware, failed to ensure social distancing of six feet and failed to ensure use of a facial mask while walking through the facility to prevent the transmission of COVID-19. The findings include: a. During the initial tour of the facility on 5/14/2020 at 6:25 AM it was identified that eight dietary transportation carts were lined up outside the closed kitchen door. Cart #1 had empty straw wrappers on the top level and 8 used Styrofoam water pitchers with lids and straws sticking out of the top on the middle level and was dated 5/13/2020. Cart #2 had a straw basket on the top-level containing snack type foods. Cart #3 had twelve used Styrofoam water pitchers stored on the top level and dated 5/13/2020. Cart #4 had a crumpled-up tissue on the top level and nine Styrofoam water pitchers dated 5/13/2020. Cart #5 had a white cloth on top. Cart #6 had two dark colored, dishpan type bins on the top level, one empty. The second dishpan bin contained 2 plastic water pitchers approximately one quarter full, with water, and another plastic container, approximately 1/3 full labeled cranberry juice 5/13/2020. The middle level had an empty dishpan bin. Cart #7 had two empty dish pan bins and Cart #8 had four plate cover lids and a fork on top. Interview and observation with Dietary Aide (DA) #1 on 5/14/2020 at 6:48 AM identified that he/she wheels the carts into the kitchen, sanitizes, and refills the carts with water pitchers. DA #1 identified that the he/she doesn't know which units that the carts came from, but that the carts were from all three units as there were three carts with dirty water pitchers. DA #1 identified that the 11-7 shift, sometime during the night, brings the carts to the lobby area outside of the kitchen and that the carts are stored there until she brings them in to be cleared and disinfected. b. Observation of DA #1 on 5/14/2020 identified him/her wheeling each of the eight carts through the kitchen door, without removing any of the items stored on the cart and placed two of the carts next to a clean preparation table. DA #1 then went to the sink, washed his/her hands and donned gloves. DA #1 walked over to a clean towel bin, removed one glove and reached into the bin to remove a dishrag and placed it on the clean preparation table. DA #1 then removed the second glove and, without the benefit of washing /his/her hands, donned a new set of gloves. DA #1 opened each of the the water pitchers, poured what remained down the drain in the dishwashing sink and threw away the Styrofoam container, lid and straw. DA #1 placed the three plastic containers on the dishwashing sink counter. DA #1 walked back to the preparation counter and picked up the clean rag he/she had removed from the bin without the benefit of washing his/her hands or changing gloves. DA #1's telephone rang, and he/she reached into his/her pocket to answer the phone. DA #1 walked into the storage room, had removed both gloves, finished the phone call, and came out of the stock room. DA #1 then filled a red bucket with hot water and donned gloves without the benefit of washing his/her hands. Interview with DA #1 identified that it was the facility policy for staff to wash their hands after removing gloves, but he/she had forgotten and that it happens sometimes. Interview and review of facility policy with the Administrator and DNS on 5/14/2020 at 7:35 AM identified that the facility should not be storing dietary carts that have come off COVID suspected and/or positive units with used resident items in the hall next to the nurse's station. Additionally, that the facility policy for hand washing included staff washing their hands with every glove removal. c. Observation in the front lobby at 7:00 AM identified four out of five staff members including the Administrator, Director of Nurses (DNS) and a Physical Therapist waiting to be screened at the screening station prior to working for the day without the benefit of masks or social distancing. Further observation identified Physical Therapist #1 walk through the lobby, through the closed fire doors onto the North Unit, down a second hall, opening the door and went into the Rehabilitation gym placing his/her lunch in the refrigerator without the benefit of donning a mask. Interview with the DNS on 5/14/2020 at 7:10 AM identified that the green tape on the floor next to the reception desk was used to mark social distancing and that the five staff had not taken advantage of the demarcation. The DNS identified that he/she was not sure of the policy for masking throughout the facility but felt that the Physical Therapist should have been wearing a mask to go onto the unit.</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.