STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner-Designate

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

May 13, 2020

Laverne Edwards, Person-in-Charge
Scofield Manor
614 Scofieldtown Road
Stamford, CT 06903

Dear Ms Edwards:

An unannounced visit was made to Scofield Manor on April 28, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Infection Control COVID-19 monitoring inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit. The state violations cannot be edited by the provider in any way.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by May 27, 2020.

The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
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You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by May 27, 2020 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant via email at dph.flisadmin@ct.gov or right fax number 860-622-2655. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:mb

c. Mairead Painter, LTC Ombudsman

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or (c) Administration (5).

1. Based on observations, review of CDC guidelines and interviews, the facility failed to ensure infection control practices were implemented to prevent cross contamination during a COVID-19 pandemic. The findings include:
   a. Observations on 4/29/20 at 12:00 PM identified a Staff Attendant, Staff Attendant #1 was in a resident room distributing beverages wearing a non disposable gown. Information provided at the time identified Resident #1 had tested negative for COVID-19 on 4/24/20. Interview with Staff Attendant #1 at 12:00 PM identified that she had just finished passing beverages on another unit, which housed COVID-19 positive residents. Staff Attendant #1 identified she had not changed her gloves and was wearing the same re-usable gown that she had on when she was in the COVID-19 positive resident rooms when she had entered Resident #1's room. Staff Attendant #1 stated that the gown she had was the only one provided to her, she wears it all day long. Staff Attendant #1 indicated she did know she needed to change her gloves and perform hand hygiene in between residents. Interview with the House Manager on 4/29/20 at 11:45 AM identified that the staff were educated on hand washing and proper use of Personal Protective Equipment (PPE) by the facility nurse and the staff were provided with one re-usable gown, which they take home and laundered at night. The House Manager identified that although the same staff were designated to the COVID-19 residents, the staff used the same re-usable gowns all day long, which included being in all parts of the building throughout the day. The House Manager stated that there were no disposable gowns available to them (she had looked into ordering disposable gowns; however, the quantity was to large for the facility's need). The House Manager indicated she had not thought of the possibility of cross contamination when the staff were wearing the same gowns while caring for COVID-19 positive residents and non-COVID-19 residents. The House Manager stated that the housekeeping staff who entered the COVID-19 positive resident rooms and non-COVID-19 resident rooms wore the re-usable gowns and did change gowns in between. Review of the Centers for Disease Control Guidelines for Personal Protective Equipment in Health Care settings identified that once you have PPE on, use it carefully to prevent spreading contamination. When you have completed your tasks, remove the PPE carefully and discard it in the receptacles provided and perform hand hygiene.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or (c) Administration (5) and/or Connecticut General Statutes 19a-550 (b).

2. Based on observations and interview, the facility failed to ensure that the residents' rights were considered when the facility cancelled all smoking activities during the COVID-19 pandemic. The findings include:
   a. Observations on 4/29/20 at 12:15 PM identified a resident had questioned the House Manager about when they could smoke again, and the House Manager replied that because of the COVID-19 they were unsure of when resident smoking would resume. Interview with the House Manager on 4/29/20 at 12:20 PM identified that she had suspended smoking the

week prior because of the COVID-19 and if residents were outside smoking together there could be the possibility of residents being close to one another. The House Manager stated that attempting to cohort residents for smoking would be highly challenging and she was not aware that she could not cancel smoking. Subsequent to surveyor inquiry, the House Manager identified that she would attempt to find a way to allow the residents to smoke, both with co-horting and having the residents stand six (6) feet apart while outside smoking.