TO: Karen Gworek – RN, Supervising Nurse Consultant

From: Lavern Edwards – Scofield Manor

Approved 6/9/20 KEG

Date: May 26, 2020

RE: Response to Scofield Manor April 28, 2020 Citations

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 #I'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 #I 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 too large for the facility's need). The House Manager indicated she had not thought of the possibility of cross contamination when the staff was wearing the same gowns while caring for COVID-19 positive residents and non-COVID-19 residents. The House Manager stated that the housekeeping staff that 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.

Incident # 1A

- Date of correction April 28, 2020 –
- Corrective Action– Reaching out to DPH Epidemiology Department to obtain best practice to insure residents and staff maintains optimum health. Review of existing practices led to identified areas of improvement; this includes:

  (a) Changing gloves and sanitizing hands immediately after leaving every COVID 19 resident room instead of when COVID section. Upon leaving COVID section, reusable gowns must be changed immediately and not at the end of each shift, gowns must be securely tied in a disposable bag brought down to laundry room to be washed.

Incident # 1A Corrective Action (Cont.)

(b) As noted by Inspector, disposable gowns were depleted, however facility was awaiting a large shipment despite the extremely high cost.

(c) Received recommendation from DPH Epidemiology Nurse who provided alternative PPE gears while operating in crisis capacity. Items includes, lab coat, long sleeve aprons, long sleeve ponchos as well as putting Johnny gowns over reusable gowns when going on breaks. Face shield can be reused if thoroughly sanitized and washed with soap and water. These updates were immediately shared with the entire staff for their education and guidance.

- **Please Note Administrators Refute**: Observation "A" which indicated "The Inspector wrote Relative to this area Resident #1 who tested negative for COVID-19 on 4/24/20 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".
- **Response:** I respectfully hold the Inspector harmless of what she recorded above in observation "a"; however, it is note-worthy to explain it did not quite happen that way. On April 29, 2020, the day of inspection, Inspector and Administrator had just completed the tour of the facility on the second floor and headed back to Administrator's office to finalize discussion. Upon entering the Administrator's office, Staff Attendant had a cart consisting of beverages to be served to the positive COVID-19 section. Resident 1 (whose room is adjacent to Administrator's office) requested juice from Staff Attendant. Staff Attendant accommodated Resident 1 request by pouring out the juice, then headed around the jog (curved corner) to serve the COVID-19 section.

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 cohorting and having the residents stand six (6) feet apart while outside smoking.

Incident # 2A

- Date of correction April 30, 2020
- Corrective Action: Administrator's realization she failed to honor and also infringed upon the independent rights of residents to smoke. Administrator and immediately created a rotating smoking schedule consisting of the following:
  (a) Four thirty (30) minute smoking breaks were created throughout the day for all residents who wish to smoke, setting up seating that maintained 6 feet social distancing
  (b) Prepared clearly identified sections, as well as escorted "like with like "residents the first few days of new designated smoking sections
  (c) Created separate times for "like with like" residents to cohort during smoking times
  (d) Devised a closer smoking sections for residents who uses walkers or other apparatus

Respectfully,

Lavern Edwards – Scofield Manor Administrator