

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

IMPORTANT NOTICE - PLEASE READ CAREFULLY

May 27, 2020

Richard Demio, Administrator
Bethel Health Care Center
13 Parklawn Drive
Bethel, CT 06801

Dear Mr. Demio:

An unannounced visit was made to Bethel Health Care Center on May 20, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a COVID-19 focused infection control survey.

Attached is a violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was 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 through the ePOC website 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 June 6, 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



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(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.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by June 6, 2020 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return your response to the Supervising Nurse Consultant through the ePOC(as an attachment) website and direct your questions regarding the violations and any 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.

Respectfully,

/Karen Gworek, R.N./
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:lst

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D8t (j) Director of Nurses (2)(A) and/or (m) Nursing Staff (2) and/or (t) Infection Control (2).

1. Based on observations, clinical record reviews, review of facility documentation, facility policies, and interviews, the facility failed to utilize Personal Protective Equipment (PPE) in accordance with the policy, the facility failed to ensure a staff member adhered to infection control practice during a pandemic by wearing a N95 mask in a manner that optimized effectiveness and the facility failed to transfer a COVID-19 symptom resolved resident off the COVID-19 positive unit. The findings include:
 - a. Observations on 5/20/20 at 10:23 AM in the area that was designated the clean laundry room, identified Laundry Attendant #1 and Laundry Attendant #2 were folding clean towels without the benefit of wearing surgical masks. Subsequent to surveyor inquiry, the Quality Assurance Nurse, Registered Nurse (RN) #1, provided the staff with surgical masks. Interview with RN #1 and the Director of Nursing (DON) on 5/20/20 at 10:35 AM, identified that per the facility policy for the use of personal protective equipment, staff handling laundry are to wear facemasks as part of source control for the prevention of COVID-19 transmission.
 - b. During the tour of the resident units at 11:45 AM, on the third floor, the COVID-19 negative unit, identified a Nurse Aide (NA) #1, was wearing a surgical mask underneath a N95 mask. Interview with NA #1 identified that she routinely wore the surgical mask underneath the N95 for comfort and was unable to identify the appropriate use of the N95 mask. Subsequent to surveyor inquiry, the DON provided NA #1 with a KN95 mask. Interview with the DON on 5/20/20 at 12:05 PM, identified that the licensed staff and nurse aides are to wear the N95 mask in a manner that adheres to infection control practices and as directed from the in-service education that was provided. Review of the facility policy for COVID-19 infection control and the use of personal protective equipment, identified that staff should strictly follow infection control practices, staff are to wear facemasks as a part of source control when caring for asymptomatic residents, COVID-19 negative residents, when handling residents' laundry and equipment for the prevention of COVID-19 transmission.
 - c. Review of the clinical record for Resident #1 identified that he/she tested positive for COVID-19 on 4/9/20 and although Resident #1 was symptomatically resolved of COVID-19 on 5/14/20, which was identified on the current infection tracking list, Resident #1 remained on the COVID-19 positive unit for seven (7) days post being symptomatically resolved. The CDC guidelines indicate previously COVID-19 positive residents can move from the positive cohort to the negative cohort when at least three (3) days (seventy-two (72) hours) have passed since recovery defined as resolution of COVID-19 symptoms have occurred and at least ten (10) days have passed since symptoms first appeared. Observations of the first floor on 5/20/20, the COVID-19 positive unit, Resident #1 in noted to be in his/her room. Interview with the DON at 12:30 PM, identified that she had planned to move Resident #1 to the COVID-19 recovery unit into an empty room as Resident #1 had been symptom free greater than seventy-two (72) hours.

The DON did not identify why Resident #1 remained on the unit after symptom resolution occurred when an empty room was available. Review of the facility policy for caring for COVID-19 residents, identified the facility needs to minimize a resident's chance for exposure to respiratory pathogens including COVID-19 by placement of residents in designated areas within the building based on symptoms and COVID-19 status.

Plan of Correction to Violation #1: