

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/05/2020
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT NEW BRITAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 400 BRITTANY FARMS RD NEW BRITAIN, CT 06053		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Survey was conducted on 5/5/20 at Autumn Lake Healthcare at New Britain to determine compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities, including proper infection prevention and control practices to prevent the development and transmission of COVID-19.</p> <p>Abbreviations which may be used throughout this document include the following:</p> <p>ADL ('s) - activities of daily living ADNS/ADON - Assistant Director of Nursing APRN - Advanced Practice Registered Nurse BID - twice a day BIMS- Brief Interview for Mental Status BM - Bowel Movements BUN - Blood Urea Nitrogen C-Diff - Clostridium Difficile (Colitis) COPD - chronic obstructive pulmonary disease CVA - cerebrovascular accident (stroke) DNS/DON - Director of Nursing DTI - deep tissue injury (pressure related) ED/ER - emergency department of acute care hospital ESBL - Extended spectrum beta-lactamase ESRD - End Stage Renal Disease FSS/FSD - Food Service Director/ Food Service Supervisor GI - gastrointestinal HS - Bedtime I&O - intake and output monitoring/measuring IV - intravenous LPN - Licensed Practical Nurse MD - Medical Doctor MDS - Minimum Data Set (interdisciplinary assessment tool)</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/08/2020

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.

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F 000	Continued From page 1 MI - myocardial infarction (heart attack) MRSA - Methicillin Resistant Staphylococcus Aureus MDRO - Multi Drug Resistant Organisms NA - Nurse Aide OT - Occupational Therapist PCV13 - Pneumococcal conjugate vaccine - Pevnar 13 PPSV23 - Pneumococcal polysaccharide vaccine - Pneumovax 23 PT - Physical Therapist QD-every day RCP - resident care plan RN - Registered Nurse SW - Social Worker VRE - Vancomycin Resistant Enterococcus	F 000			
F9999	FINAL OBSERVATIONS A COVID-19 Focused Survey was conducted on 5/5/20 at Autumn Lake Healthcare at New Britain to determine compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities, including proper infection prevention and control practices to prevent the development and transmission of COVID-19. Deficiencies were not cited as a result of this survey.	F9999			