

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Advanced Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 169 Davenport Avenue New Haven, CT 06519	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility documentation, facility policy and interviews, the facility failed follow the Center for Disease Control (CDC) guidance for scheduled testing of the water, obtain the appropriate amount of water samples to be tested, and replace the sink filters every ninety (90) days according to the manufacturer's guidance after a resident had tested positive for legionella at the hospital. The findings include: On [DATE], the facility was notified that a resident (Resident #3) had tested positive for legionella while admitted to the hospital. On [DATE] at 2:23 PM the Director of Nursing (DON) communicated with the Connecticut Department of Public Health's epidemiologist (Person #1) and was given guidance regarding the schedule of environmental water sample testing: the CDC guidance of collecting samples for culture was at two (2) week intervals for three (3) months and if legionella was not detected during that time, then cultures would be collected monthly for another three (3) months. Review of the CDC's Sampling Procedure and Potential Sampling Sites guidance, the volume of the sample at each testing site (sink, shower, water tanks, etc.) should be one (1) liter, 1000 milliliters or ml. Review of the facility's water sampling test results identified the facility tested the water samples on [DATE] with a volume of 100 ml per sample site (900 ml short of the recommended volume). The next test of the water samples was on [DATE] with a volume of 100 ml per sample site (900 ml short of the recommended volume). The facility then tested water samples on [DATE] (eighteen (18) days after the previous testing) with a volume of 100 ml per sample site (900 ml short of the recommended volume). The next test was on [DATE] with the volume of 1000 ml. The facility tested the water samples on [DATE] (twenty-eight (28) days after the previous testing) with a volume of 1000 ml and then on [DATE] (twenty-six (26) days after the previous testing). On [DATE] at 11:35 AM the administrator had communication with the Connecticut Department of Public Health's assistant director of infectious disease (Person #2) regarding the volume and frequency of the facility's testing was inadequate on [DATE], [DATE] and [DATE], therefore, those samples would not be included as part of the monitoring sequence. The communication identified the collection samples on [DATE] and [DATE] were adequate in volume, but were performed almost a month apart and not within the two (2) week sequence per the CDC guidance and the monitoring sequence needed to be bi-weekly for three (3) months and then if all tests were negative the facility may adapt a monthly testing schedule for three (3) months. The communication identified employed control measures, including point of use filters, should remain in place until the testing was concluded per the CDC guidelines. Observations on [DATE] at 12:52 PM identified the Nephros S100 sink filters (point of use sink filters) were applied on [DATE] with the date of installation written on the filters. Review of the manufacturer instructions for use of the Nephros S100 sink filters identified the filter should operate for up to three (3) months of normal use with minimal degradation in flow. Interview with the Director of Maintenance on [DATE] at 11:08 AM identified the facility tests water from multiple different sources for each test sample and the sources are rotated after each test. The Director of Maintenance indicated initially the facility was testing with 100 ml of volume from each source, but since being notified, they have been testing with 1000 ml of volume. The Director of Maintenance identified the facility continues to test the water supply. The Director of Maintenance explained the (continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Advanced Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 169 Davenport Avenue New Haven, CT 06519	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>facility was made aware that they would have to re-start testing every two (2) weeks due to the volume being insufficient for the first few test rounds and the frequency was not met for the last three (3) rounds. The Director of Maintenance identified the current point of use filters were installed on [DATE] when the facility was first notified of the positive legionella case. The Director of Maintenance indicated the facility had not changed the filters but was going to replace them since they were expiring, per the manufacturer's instructions the filters were operable for ninety (90) days indicating the filters had expired on [DATE]. Interview with the administrator and the Director of Nursing (DON) on [DATE] at 1:11 PM identified when the facility was notified of the positive legionella case, they began immediate mitigation strategies including testing of the facility water, bringing in bottled potable water (water intended for human contact or consumption), and installing point of use sink filters on all sinks and showers. The DON explained the facility's guideline for testing volume was 250 ml, but it was later discovered the facility needed to be using a testing volume of 1000 ml for each sample. The DON identified when the facility began testing, they were using the minimal amount of water volume and once they became aware of the need for the increased volume of water, they began testing with 1000 ml volume. The DON and administrator identified the facility had tested every two (2) weeks for December and January, but they were testing the wrong volume for each sample. The DON indicated from January through March they had been testing monthly and not every two (2) weeks as the guidelines state. The DON identified she had been in contact with Person #1 and did not think they had to continue testing every two (2) weeks because their first test was negative, however they should have been testing every two (2) weeks from the point of the correction of the volume sample size for three (3) months from the start of testing. The DON explained the facility installed the point of use filters on [DATE], they were going by the expiration date on the box of the filters, use by date which was noted to be 2028, therefore the filters were not replaced in ninety (90) from initial installation. The DON identified she would contact the manufacturer for more guidance on the expiration date of the filters, and the facility would replace them moving forward. Review of the facility Water Management Policy, undated, failed to identify the volume and frequency of surveillance testing after a confirmed positive case of Legionella. Review of the facility Infection Prevention and Control Program, last revised 9/2025, directed, in part, the facility will implement an ongoing, data-driven infection prevention and control program (IPCP) that integrates infection prevention practices into all resident care and environmental operations with the purpose to establish and maintain a facility-wide, evidence based IPCP designed to prevent, identify, investigate, and control infections among residents, staff, volunteers, visitor in accordance with federal, state and local regulations. The policy further directed, in part, to maintain ongoing infection surveillance using standardized definitions and to define outbreak thresholds per disease type, initiate immediate control measures, notify Connecticut DPH, the medical director and administrator immediately upon suspicion, maintain a line list, exposure log, and documentation of interventions and outcomes and conduct post-outbreak review and revise prevention plan accordingly. y.</p>		