

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER KEY WEST HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 5860 W JUNIOR COLLEGE RD KEY WEST, FL 33040	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation and interview the facility failed to have appropriate facial coverings on residents and staff. CDC Guidance Updated May 19, 2020, Preparing for COVID-19 in Nursing Homes states Health care Personnel (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. CDC Guidance last reviewed: March 17, 2020, states homemade masks are not considered PPE (Personal Protective Equipment), since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. The findings included: On 6/9/20 at 1:25 p.m., observed Registered Dietitian/Licensed Dietitian Staff A wearing a cloth facial covering with gaps around the nose. On 6/9/20 at 1:27 p.m., observed Receptionist Staff B wearing a cloth face mask with only the top ties tied. The bottom ties were hanging free. On 6/9/20 at 1:27 p.m., observed Director of Maintenance Staff C wearing a cloth face mask and Business Office Manager Staff E wearing a cloth face mask. On 6/9/20 at 2:00 p.m., observed the second floor had five residents in the hall with no masks in place and no masks around the resident. The first floor had six residents in the hall no masks. In the lobby there were six residents with no mask On 6/9/20 at 2:16 p.m., observed Staff E wearing a cloth face mask. On 6/9/20 at 3:12 p.m., observed Social Services Director Staff F wearing a cloth face mask with gaps around the nose. On 6/9/20 at 4:20 p.m., observed Activities Assistant Staff G wearing a cloth face mask with gaps around the top of the mask. On 6/9/20 at 5:57 p.m., observed Resident #1, Resident #2, and Resident #3 who had been sitting in the front lobby since entrance at 1:00 p.m., without facial covering. On 6/9/20 at 2:48 p.m., in an interview the Director of Nursing said the staff were wearing cloth face masks because they were made and donated and they did not have any surgical masks. On 6/9/20 at 3:16 p.m., in an interview the Administrator said they had 2500 surgical masks. The staff was wearing cloth face masks by choice, there were a whole bunch made and donated to the facility.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.