

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105644	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER FLETCHER HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 518 W FLETCHER AVE TAMPA, FL 33612	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to ensure staff performed hand hygiene when needed by 3 staff members on 2 of 2 wings (East/West). Findings included: An observation was conducted on 7/07/2020 at 9:44 a.m., Staff D, Housekeeping was cleaning the bathroom for room [ROOM NUMBER] without gloves on, she then walked out of the resident room to her housekeeping cart without washing her hands and reached into the bottom of her cart for supplies. An interview was conducted on 7/07/2020 at 9:45 a.m., with Staff D, Housekeeping at 9:45 a.m., No, I did not have gloves on. Yes, I should have washed my hands. An interview was conducted on 7/08/2020 at 1:33 p.m., the Director of Housekeeping/Laundry, Yes, when staff clean resident bathrooms they should wear gloves and wash their hands after leaving the resident room. An observation was conducted on 7/07/2020 at 9:54 a.m., Staff H, assisted a resident in room [ROOM NUMBER] and then carried out dirty linen, no gloves on, left the room and did not wash or sanitize her hands. Staff H walked into the soiled utility room on the west wing with the bag of dirty linen and came out without washing her hands or using hand sanitizer. An interview was conducted on 7/07/2020 at 9:56 with Staff H as she was exiting the soiled utility room on the west wing she was asked if there was a sink, soap and paper towels in the soiled utility room? A joint observation was conducted; the sink in the soiled utility room on the west wing was full of therapy equipment. A white laundry basket, a blue ball and other care items were in the sink. An interview was conducted on 7/08/2020 at 1:34 p.m., the Director of Housekeeping/Laundry confirmed the soiled utility room sink needed to be cleaned out. On 7/08/2020 at 9:25 am Staff E, Nurse was administering medications to bed A in room [ROOM NUMBER]. Staff E walked out of the resident's room without washing her hands and walked up to the front near the nurse's station and took some bath towels from the clean linen cart. Staff E walked back down to the resident's room and entered the room. Staff E walked out of the resident's room to her medication cart and still had not washed or sanitized her hands. An interview was conducted on 7/08/2020 at 9:28 a.m., Staff E confirmed she had not washed her hands. The resident rushed me to get her these bath towels. An interview was conducted with the Director of Nursing on 7/09/2020 at 11:18 a.m., My expectations are that staff perform hand hygiene per our policy which is before, after and in-between resident care. A review of the facility policy titled Handwashing/Hand Hygiene (no effective date or revision date documented), 3 pages-Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infection. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap and water for the following situations: b. Before and after direct contact with residents; i. After contact with a resident's intact skin; k. After handling used dressings, contaminated equipment etc.</p>		
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.