

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105860</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CENTURY CENTER FOR REHABILITATION AND HEALING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6020 INDUSTRIAL BLVD CENTURY, FL 32535</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on staff interview, observation and provided policy review for isolation the facility failed to follow policy for ensuring laundry and and trash set-up were available and separated for 2 of 2 isolation rooms (254 and 260) The findings include: During tour of the building observation was made of two rooms set up for isolation room [ROOM NUMBER] and 260 are located across the hall from each other. Appropriate signs on the door and personal protective equipment (PPE) available. Observations were made during the survey for people entering and leaving the rooms. An observation of a staff person entering with PPE and coming out without it to room [ROOM NUMBER] was made about 10:30. An interview was conducted with Employee A at 10:33 on 10/22/2020 about where the PPE was disposed of. She said , No they are no barrels there I guess they are throwing the PPE in the trash can in the bathroom. She was then asked if they were supposed to be barrels and she said,yes. She was asked about dirty linen and said there was no place to put the linen. She said we usually have barrels for linen and trash to keep them separate. An observation into room [ROOM NUMBER] also no linen or trash barrels. The infection preventionist assistant director of nursing (ADON) was conducted on 10/22/2020 at 14:45. She was asked about barrels for linen and trash in isolation rooms [ROOM NUMBERS]. She said the linen does not need to be separately handled and put into special barrels it can be taken to dirty utility and put with the rest of the linen. It can be washed with the other linen. Both residents have [MEDICAL CONDITION] (MRSA). They are both in contact isolation, 260 [MEDICAL CONDITION] in nares, and 254 has an open wound to her left heel infected [MEDICAL CONDITION]. She was asked to provide a policy for setting up and maintaining contact isolation. An interview was conducted with Employee B laundry at 15:04 on 10/22/2020. She was asked about handling isolation linen. She said anyone in isolation should have laundry bagged in yellow bags. When we see the yellow bag we make sure it is washed separately from other laundry. She then said, I do appreciate knowing when landry items are possibly contagious and needs special attention. Requested policy and procedure for isolation: Provided a copy of Isolation- Initiating Transmission -Based precaution 2001 Med-Pass, Inc (revised 2019) #3 g. ensure that an appropriate linen barrel/hamper and waste container, with appropriate liner are placed in or near the resident's room.</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.