

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105702</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TARPON POINT NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5157 PARK CLUB DRIVE SARASOTA, FL 34235</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 observation and interview, the facility failed to safeguard the residents' well-being by failing to follow current infection control standards related to COVID-19 recommendations set forth by Centers for Disease Control and Prevention (CDC) by 2 (Staff A and B) and 1 (Resident #1) observed. Refer to <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>. The findings included: Observation on 5/20/20 at 10:45 a.m., Resident #1 on the East Wing sitting in the TV room near the nursing station. She was not wearing a cloth face covering or facemask. Observation on 5/20/20 at 10:50 a.m., Certified Nursing Assistant (CNA) Staff A exited resident room [ROOM NUMBER] wearing clear medical gloves. She walked up the hall with the gloves on and stopped outside resident room [ROOM NUMBER]. There was a medication cart near room [ROOM NUMBER]. The CNA Staff A took her gloves off and put on clean gloves from the medication cart. She then entered resident room [ROOM NUMBER]. She did not wash or sanitize her hands between resident rooms or the change of gloves. Observation on 5/20/20 at 10:55 a.m., Physical Therapy Assistant (PTA) Staff B sat in the nursing room on the East Wing. She was wearing clear medical gloves. She stood up from the chair and walked to the nursing station with gloves still on. She looked at the charts and provided the surveyor with a resident's name. PTA Staff B then walked from behind the nursing station down the hall. As she walked past the surveyor, PTA Staff B tapped the surveyor's right upper arm with her hand (still wearing the same gloves). PTA Staff B walked into room [ROOM NUMBER]. PTA Staff B did not stop to wash, sanitize, or change her gloves before she entered the resident's room. She used her gloved hands to move Resident #2's bedside table (still wearing the same gloves). PTA Staff B then closed Resident #2's door to provide therapy. In an interview on 5/20/20 at 11:00 a.m., the Unit Manager confirmed Resident #1 should be wearing a cloth face covering or facemask. During the exit conference on 5/20/20 at 12:45 p.m., the Administrator acknowledged the infection control breaches by the CNA and PTA.</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.