

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER PENINSULA CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 900 BECKETT WAY TARPON SPRINGS, FL 34689	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, policy review, and review of the Center for Disease Control and Prevention (CDC) guidelines the facility did not ensure infection prevention and control measures were implemented to prevent the spread of COVID-19 related to: 1. Not ensuring three residents (#1, #2 and #3) practiced safe social distancing of a total of nine residents observed; 2. Placing two mechanical lift devices with fabric slings that were used/soiled out in a hallway an accessible to other residents; and 3. Staff not donning required personal protective equipment (PPE) and not [MEDICATION NAME] hand hygiene on a total of two wings (East and North) of two wings of the facility. Findings included: 1. On 6/12/2020 at 10:20 a.m. the high 400's hall on the North Wing was observed. Resident #2 and #3 were observed talking with one another and both were wearing surgical face masks pulled down below their noses, with their nostrils exposed. Further observation revealed both residents were handing each other what appeared to be paper money, and both were seated next to each other in their wheelchairs no further than one foot apart. Several staff members to include one nurse passing medications and two aides assisting with answering call lights were observed on the North Wing. At 10:25 a.m., Resident #1 was observed outside of Resident room [ROOM NUMBER] and parked side by side with the other two residents (#2 and #3) in the hallway and handed them what appeared to be candy/snacks. Resident #1 was wearing a surgical face mask pulled down below his chin with his mouth and nose exposed. He was also noted less than one foot away from the other two residents, and not [MEDICATION NAME] safe social distancing. At 10:28 a.m. Resident #2 and #3 were observed to self-propel in room [ROOM NUMBER] and Resident #1 continued to follow them inside the room. During this observation, no staff member was observed to redirect or educate residents on social distancing or assist with placement of their face masks. At 10:30 a.m. an interview with Staff E, Licensed Practical Nurse (LPN) revealed that he (Resident #1) should not have entered the residents' (Resident #2 and #3) room and they (Resident #1, #2 and #3) should be [MEDICATION NAME] safe social distancing. 2. On 6/12/2020 during the facility-wide tour from 9:44 a.m. to 11:15 a.m. the following was observed: - Staff B, Certified Nursing Assistant (CNA) was observed taking a mechanical lift device from Resident room [ROOM NUMBER] on the North Wing, which was on isolation precautions, and rolled it around the corner and placed it near the door to the soiled utility closet and the shower room. Staff B left the mechanical lift device with the fabric sling draped over it. The mechanical lift was observed in the same place with the sling draped over it at 9:44 a.m., and again at 10:30 a.m. -Also, at 11:00 a.m. and again at 11:15 a.m. another mechanical lift device was observed parked in the main hall outside of Resident room [ROOM NUMBER], which was on isolation precautions, on the East Wing. The mechanical lift device was observed with a fabric sling draped over it. Following this observation, in an interview, the Director of Nursing (DON) confirmed that the fabric slings are to be used only one time for each resident and once staff are done with using the mechanical lifts they are to take the fabric sling to the soiled utility closet to be sent to laundry services. She revealed that slings should not be left draped over the device out in the open, and especially not left out in the open after coming out from an isolation room. 3. On 6/12/2020 at 10:02 a.m. Staff A, CNA was observed on the North Wing walking out from Resident room [ROOM NUMBER] and then walked into Resident room [ROOM NUMBER]. Further observation revealed, Staff A did not wash or sanitize her hands prior to leaving room [ROOM NUMBER] and before entering room [ROOM NUMBER]. An interview with Staff A, CNA confirmed that she did not wash or sanitize her hands prior to, or after leaving Resident room [ROOM NUMBER], or prior to entering Resident room [ROOM NUMBER]. A review of the Centers for Disease Control and Prevention document titled, Key Strategies to Prepare for COVID-19 in Long-term Care Facilities, with a last review date 4/15/2020 revealed: (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html) To prevent spread of COVID-19: Actions to take now: * Cancel all group activities and communal dining. * Enforce social distancing among residents. * Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. * Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. *This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. * When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility.</p> <p>On 6/12/2020 at 9:46 a.m. the call light was observed illuminated for Resident room [ROOM NUMBER] on the North Wing. The doorway entrance was adorned with a caddie that contained PPE and two isolation precaution signs indicating what PPE was required to be worn to include goggles. A staff member that was in the hallway went to the doorway and donned a hospital gown and gloves. This staff member walked from Resident room [ROOM NUMBER] to Resident room [ROOM NUMBER] and appeared to be looking for something inside of the PPE caddie that was hanging on the door. Nothing was noted to be removed as she went back to Resident room [ROOM NUMBER] empty handed. The staff member then entered Resident room [ROOM NUMBER] and did not don eye protection or perform hand hygiene prior to donning gloves. The staff member identified herself as the Staffing Development Coordinator and the Infection Control Nurse (ICN). At 9:55 a.m. Staff B, CNA was observed answering a call light request for Resident room [ROOM NUMBER]. The doorway entrance was adorned with a caddie that contained PPE and two isolation precaution signs indicating droplet precautions. When she reached the doorway entrance, she donned a gown and a pair of gloves and no eye protection. She went to the resident bedside and was noted back at the doorway entrance after a short period of time doffing the gown and gloves. No hand hygiene was observed. After Staff B left the room and she was asked about the use of PPE for residents that were on isolation. She stated, Just gloves and a gown; regular PPE. An additional observation at 10:05 a.m. revealed the door to Resident room [ROOM NUMBER] was observed closed. On the door hung a PPE caddie. Just at that time Staff D, CNA opened the door and set two clear colored bags on the floor. She then removed her gown, gloves and a paper surgical mask and placed them inside one of the bags. She then removed a surgical mask from the PPE caddie and exited the resident room carrying the bags. During the interview, following this observation, she confirmed she had just provided activities of daily living for the two residents that resided in the room. She was still holding the surgical mask in her hand. Staff D was asked if she had worn eye protection while in the room. While Staff D continued to hold the surgical mask in her hand she stated, I can't see with the goggles on. No, I didn't put them on. She then walked over to the soiled room that was directly across the hallway and disposed of the bags. Staff D then placed the surgical mask on incorrectly. It was observed being upside down and inside out. Staff D, CNA did not perform hand hygiene</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>after donning PPE at the doorway, exiting the bedroom, or after the bags were disposed of in the soiled room. Staff D, CNA was asked if eye protection had been provided. Staff D walked back over to Resident room [ROOM NUMBER] and checked all pockets of the PPE caddy and stated, No pair today. I know there was a pair yesterday. I seen them. Another observation of Resident room [ROOM NUMBER] on the North Wing was at 10:11 a.m. and it revealed Staff F, Licensed Practical Nurse (LPN) standing outside of the room and she removed a gown from the PPE caddy that was hung on the door. She donned the gown and then a pair of gloves. No eye protection was used nor was hand hygiene utilized. She entered the room and was observed standing at the resident bedside (402B) for almost four full minutes. Prior to leaving the room she removed the gown, gloves and then the surgical mask. Staff F, LPN then used a hand sanitizer that was on the wall. She was asked at that time if eye protection was needed for the resident. She stated, For droplet, am not sure. Maybe he's on contact. I will have to find out. An observation of the posted signage on the door to Resident room [ROOM NUMBER](B) was titled, Droplet Precautions, by (Name) State Hospital Association last revision date 4/16/2009, and revealed: Display sign outside the door. Remove sign after room is cleaned. Common Conditions: *Influenza *Meningitis *[MEDICATION NAME] *Respiratory viruses</p> <p>. Personal Protective Equipment: Put ON in this order: 1. Wash or gel hands 2. Gown (if needed) 3. Mask 4. Eye cover 5. Gloves if needed Take OFF & dispose in this order: 1. Gloves (if used) 2. Eye cover 3. Gown (if used) 4. Mask 5. Wash or gel hands (even if gloves used). The second sign read, Stop Droplet Precautions (In Addition to Standard Precautions), last revised on 4/16/09, revealed: Everyone Must: Clean hands when entering and leaving room; Wear Mask; Doctors and Staff Must: If contact with secretions likely, use gown, glove, and eye cover. Further observations revealed at 10:15 a.m. the IFCN was at the North Wing nursing station with Staff F, LPN. The IFCN was asked if eye protection was needed for residents on droplet precautions. She stated, Yes, there is one pair on the hallway, and they were being used at that time. There are not enough goggles. The observation of the North Wing had revealed a total of ten residents on droplet precautions. The IFCN was asked if the surveyor could look in the central supply room and the IFCN stated, We ran out. She was then asked if the facility was running low on goggles and PPE. She stated, The Nursing Home Administrator and the Director of Nursing have them. I just need more. During this interview the IFCN confirmed that hand hygiene should be performed prior to donning gloves and after gloves are removed. At 11:55 a.m. the Director of Nursing and the Nursing Home Administrator were informed of the lack of goggles on the North Wing. The NHA stated, We have enough goggles. A review of the CDC guidelines titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, Mode of transmission: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Adhere to Standard and Transmission-Based Precautions. HCP (healthcare personnel) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Eye Protection Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Remove eye protection before leaving the patient room or care area.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. Review of the facility's policy titled, Novel Coronavirus (COVID-19), with a revision date of 3/10/20, revealed: Prevention, Step 7. Remind residents, stakeholders and visitors to practice social distancing (no hand shaking, no hugging, staying 6 feet apart) and perform frequent hand hygiene.</p>		