

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER TREASURE ISLE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1735 N TREASURE DRIVE NORTH BAY VILLAGE, FL 33141	
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	<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 observation, interview and record review, the facility failed to practice infection control standards to prevent the potential for cross contamination or [MEDICAL CONDITION] spread of COVID-19, as evidenced by 1) failing to store used Personal Protective Equipment in a secure closed biohazard trash containers; and 2) failing to prevent any form of communal dining/activities for residents. The findings included: Review of the facility's Infection Control policy, revised on December, 2018, showed that it is based on the Center for Disease Control and Prevention (CDC), guidelines. Review of the guidelines for skilled nursing facilities from the Centers for Disease Control and Prevention (CDC), showed that all communal activities and dining is canceled. It further showed that all contaminated Personal Protective Equipment is removed and discarded in a designated containers. In an observation conducted on 04/20/20 at 10:30 AM, 6 residents were observed sitting in the main dining room of Wing 1 watching television with only 4 out of the 6 residents wearing a facial protection. Further observation of the main dining at Wing 2 showed 3 residents sitting at different tables. In an observation conducted of Wing 3, there were 6 residents sitting in the main dining room watching television. Only 4 residents out of the 6 residents were wearing face protection. On 04/20/20 at 10:50 AM, the Assistant Director of Nursing (ADON), she reported that she was under the impression that communal gathering is allowed if the residents are kept 6 feet apart. She further stated that it is a challenge to keep all residents confined to their rooms. During observation conducted on 04/20/20 at 11:00 AM, 6 rooms were observed on the isolation unit under droplet precaution. Further observation showed that all 6 rooms had small open garbage bins that were not the recommended secured closed red biohazard containers. In an interview conducted on 04/20/20 at 11:10 AM, with Staff A, Housekeeping staff, she reported that all contaminated Personal Protective Equipment is disposed in the biohazard room at the end of the hallway. When asked by surveyor if the Personal protective Equipment is removed before leaving the room, she did not know. In an interview conducted on 04/20/20 at 11:15 AM, with the ADON, she reported that all open lid garbage bins will be replaced in all the isolation rooms to assure that all Personal Protective Equipment is disposed in a sanitary manner. In an observation conducted on 04/20/20 at 12:40 PM, in the isolation unit, 3 out of the 6 rooms were observed with residents eating their lunch meal. Closer observation showed that the lunch meal was served on non-disposable trays and the dirty trays were placed on top of the meal cart in the hallway. On 04/20/20 at 2:30 PM, an interview was conducted with the Corporate Nurse apprising her of the infection control issues identified. She further acknowledged all findings.</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.