

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER ANCHOR CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1515 PORT MALABAR BLVD NE PALM BAY, FL 32905	
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 observation, interview and record review, the facility failed to ensure staff maintained proper infection control practices to prevent the development, transmission, cross-contamination and potential spread of infection on 1 of 2 Nursing Units, (Unit B). Findings: On 9/23/2020 at 12 PM, Certified Nursing Assistant (CNA) A carried a bag of soiled linen to the dirty utility room. After she left the soiled utility room, she walked past 7 bottles of opened, labeled alcohol-based hand rub (ABHR) at the nurses' station and did not perform hand hygiene. She then entered room [ROOM NUMBER] and picked up a resident's lunch tray. She then proceeded to room [ROOM NUMBER] to assist a resident to the bathroom. CNA A did not perform hand hygiene before and/or after assisting the resident to the bathroom. At 12:06 PM CNA A stated that she was aware she should have washed her hands or used ABHR after disposing of soiled linen and prior to going into resident rooms. She said that bottles of ABHR used to be stored on the handrails outside of resident rooms. She noted bottles of ABHR were at the nurses' station but did not explain why she did not perform hand hygiene after she carried soiled linen to the dirty utility room and before resident interaction. She stated there was soap and water in residents' rooms but did not explain why she did not perform hand hygiene. A review of the facility's Standard Precautions Infection Control Protocol dated 2020 read that hand hygiene should be performed, After touching blood, body fluids, secretions .contaminated items; between resident contacts .</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.