

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER AVANTE AT INVERNESS INC		STREET ADDRESS, CITY, STATE, ZIP 304 S CITRUS AVE INVERNESS, FL 34452	
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 observation, interview, record review, and CDC (Centers for Disease Control and Prevention) guidelines review, the facility failed to ensure the infection prevention and control program was implemented for the use of personal protective equipment for 1 of 4 sampled residents, Resident #1, and for transmission-based precautions to prevent spread of infections for 1 of 4 sampled residents, Resident #4. Findings include: 1. Review of the facility in-service education attendance record titled COVID-19 dated 07/13/2020 revealed the facility standard of practice reading, Droplet precaution rooms - N95 masks only worn in those rooms. During an interview on 08/03/2020 at 8:22 AM, the Second Floor Unit Manager, Licensed Practical Nurse (LPN), stated Resident #1 had been placed on droplet precautions because her family had refused to grant consent for Resident #1 to submit to a routine COVID-19 diagnostic test. On 08/03/2020 at 8:24 AM, observation of Resident #1's room door revealed signage that announced Resident #1 was on precautions and staff were required to don personal protective equipment before entering the room. On 08/03/2020 at 8:26 AM, Staff A, Certified Nursing Assistant (CNA), was observed exiting Resident #1's room. Staff A was donned in a surgical mask covered by a cloth mask. During an interview on 08/03/2020 beginning at 8:26 AM, the Second Floor Unit Manager confirmed Resident #1 was on droplet precautions and stated Staff A should have worn an N95 respirator mask to enter Resident #1's room. She confirmed Staff A had not worn an N95 respirator mask when she was in Resident #1's room in compliance with facility standards of practice related to droplet precautions to prevent the spread of infection. During an interview on 08/03/2020 beginning at 8:27 AM, Staff A confirmed she had not worn an N95 respirator mask when she was in Resident #1's room. During an interview on 08/03/2020 at 10:14 AM, the facility Director of Nursing confirmed the facility standard of practice related to droplet precautions to prevent the spread of infection mandated the use of an N95 respirator mask. During an interview on 08/03/2020 at 10:44 AM, the facility Director of Nursing stated she was unable to find documentation Staff A had been provided instruction related to the use of an N95 respirator mask when in the room of a resident who had been placed on droplet precautions. Review of CDC guideline titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 07/15/2020 read, 2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Personal Protective Equipment. HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. 2. During an interview on 08/03/2020 beginning at 8:46 AM, the facility Administrator in Training stated the facility had received telephone notification on 08/02/2020 that Resident #3 had tested positive for COVID-19. He stated the telephone notification had been provided to the Director of Nursing on 08/02/2020. He stated Resident #3 had been moved to the first floor COVID-19 unit and Resident #3's roommate, Resident #4, had been placed on droplet precautions. Review of Resident #4's clinical record revealed a physician's orders [REDACTED]. #4 was ordered to be placed on droplet precautions. On 08/03/2020 at 9:04 AM, the door of Resident #4's Room was observed to be open. There was no signage posted on Resident #4's Room door that notified staff members he was on droplet precautions. There was no personal protective equipment caddy positioned near Resident #4's Room. During an interview on 08/03/2020 beginning at 9:05 AM, the facility Administrator in Training confirmed Resident #4 had not been placed on droplet precautions on 08/02/2020 as ordered by the physician. He stated he did not know why Resident #4 was not placed on droplet precautions. He stated Resident #4 should have been placed on droplet precautions as soon as the facility received notification his roommate had tested positive for the COVID-19 virus to protect others from possible exposure. During an interview on 08/03/2020 beginning at 10:10 AM, the facility Director of Nursing stated she had been notified Resident #3 had tested positive for the COVID-19 virus on 08/02/2020. She stated she instructed the facility nurse to place Resident #4, Resident #3's roommate, on droplet precautions. She reported she did not receive a follow up call from the nurse. Resident #4 had not been placed on droplet precautions as she had instructed. Record review of the facility procedure titled Infection Control - Standards and Transmission-based Precautions, reviewed 06/18/2020, read, Intent: It is the policy of the facility to ensure that appropriate infection and control measures are taken to prevent the spread of communicable disease and infections in accordance with State and Federal Regulations, and national guidelines. Procedure: Transmission-based Precautions: 1. Transmission-based precautions include airborne, contact, and droplet precautions. Residents requiring airborne precautions will be transferred to a hospital or other health care facility with airborne precaution capability. Residents that require contact and or droplet precautions may remain at this facility . 4. Transmission-based precautions are applied presumptively or upon first suspicion that a resident may have an infection that requires transmission-based precautions . 7. To designate a room for transmission-based precautions, a sign will be placed on the resident's door. Staff will be notified of the type of transmission-based precautions a resident is placed on and the reason. 8. An isolation caddy with personal protective equipment and other supplies will be placed at the entrance of the resident room. At a minimum, this caddy will include appropriate personal protective equipment with disinfecting wipes. Review of CDC guideline titled Responding to Coronavirus (COVID-19) in Nursing Homes updated 04/30/2020 read, Resident Cohorting. Response to Newly Identified [DIAGNOSES REDACTED]-CoV-2-infected HCP (Health Care Personnel) or Residents. Resident with new-onset suspected or confirmed COVID-19. - Ensure the resident is isolated and cared for using all recommended COVID-19 PPE (Personal Protective Equipment). Place the resident in a single room if possible pending results of [DIAGNOSES REDACTED]-CoV-2 testing . - Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</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.