

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105515</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOLARIS HEALTHCARE PLANT CITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>701 N WILDER RD PLANT CITY, FL 33566</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, record review and review of the current CDC (Centers for Disease Control and Prevention) guidelines the facility failed to implement and maintain an infection prevention and control program to provide a safe, sanitary, and comfortable environment to prevent the development and transmission of communicable diseases. The facility failed to: 1) store a suction machine and tubing in a clean and sanitary manner for one resident (#1) out of one resident with orders for suctioning, 2) follow CDC guidelines for the use and re-use of N-95 respirator masks with exhalation valves by staff for two shifts (7:00 a.m. -3:00 p.m. and 3:00 p.m.-11:00 p.m.) out of three shifts observed on 8/18/2020, 3) ensure staff performed hand hygiene after cleaning resident care areas for one wing (A) out of three wings, 4) follow standards of practice for setting up and isolation area to maintain clean equipment from dirty equipment on one isolation wing (C) out of one isolation wing identified by the facility. Findings included: 1. A review of the facility policy titled, Suctioning the Upper Airway (Oral Pharyngeal Suctioning), revised on October 2010, documented under Steps in the Procedure, 27 Place catheters in clean, dry area. An observation was conducted on 8/18/2020 at 10:13 a.m., in Resident #1's room there was a black suction machine with the connection and resident tubing wrapped around the suction machine sitting out uncovered on the nightstand. (Photographic Evidence Obtained). A review of the medical record for Resident #1 revealed an admission date of [DATE] with pertinent [DIAGNOSES REDACTED]. An interview was conducted on 8/18/2020 at 2:23 p.m., with the NHA and DON who reviewed the photographic evidence and confirmed that the suction machine and tubing were not stored properly. The DON said, Resident #1 does have current orders for suctioning as needed. 2. A review of the facility policy titled, Protocols for PPE (personal protective equipment) use with Suspected or Confirmed COVID-19 Individuals, with an effective date of 1/31/2020 and a revision date of 5/05/2020 documented, This document provided comprehensive guidance for respiratory protection of facility colleagues, specifically in reference to caring for COVID-19 Persons Under Investigation (PUIs) or confirmed cases. N-95 Respirator Limited Re-Use Guidelines: Limited re-use refers to the practice of using the same N-95 for multiple encounters but removing it ('doffing') after each encounter. The N-95 in question is stored in-between encounters to be out on again ('donned') prior to the next encounter with a resident. Reuse of a single N-95 respirator is limited to a single caregiver for up to 7-days. The facility policy does not address N-95 respirators with an exhalation valve use or source control. A review of the CDC guidelines on Personal Protective Equipment updated August 8, 2020 Questions and Answers documented, An N-95 respirator with an exhalation valve does provide the same level of protection to the wearer as one that does not have a valve. The presence of an exhalation valve reduces exhalation resistance, which makes it easier to breathe or exhale. Some users feel that a respirator with an exhalation valve keeps the face cooler and reduces moisture build up inside the face piece. However, respirators with exhalation valves should not be used in situations where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve may allow unfiltered exhaled air to escape into the sterile field. If you only have a respirator with an exhalation valve available, cover the exhalation valve with a facemask (surgical or procedure mask) that does not interfere with the respirator fit. Wear a respirator without an exhalation valve when both source control and respiratory protection are required. If only a respirator with an exhalation valve is available and source control is needed, cover the exhalation valve with a surgical mask, procedure mask, or a cloth face covering that does not interfere with the respirator fit. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html</a>. During the initial tour of the facility all direct care staff were observed wearing N-95 filter face masks with an exhalation valve on all wings, A, B and on C the isolation wing. An observation was conducted on 8/11/2020 at 10:21 a.m., Staff C, Licensed Practical Nurse (LPN), was on the A wing (near room A21) with only a N-95 filter face mask with an exhalation valve on. An interview was conducted on 8/18/2020 at 10:23 a.m., Staff C, LPN, confirmed she was wearing a N-95 filter face mask with an exhalation valve on. Staff C said, We wear these N-95 mask for 2- 3 days. No, we have not been told to wear another mask on top of it. An observation was conducted on 8/18/2020 at 1:47 p.m., on the C Wing- Isolation, Staff F, RN was wearing only a N-95 filter face mask with an exhalation valve. An interview was conducted on 8/18/2020 at 1:47 p.m., Staff F, RN said, We wear the N-95 filter masks for 2 days. This is what we are told to wear. An observation was conducted on 8/18/2020 at 2:00 p.m., Specialty Manager for the C-Wing (Isolation Wing) was observed wearing only a N-95 filter face mask with an exhalation valve on, and face shield. An interview was conducted on 8/18/2020 at 2:00 p.m., Specialty Manager for the C-Wing said, We wear these N-95 filter masks for up to 5 days with a face shield on. An interview was conducted on 8/18/2020 at 2:25 p.m., the Director of Nursing and the Nursing Home Administrator said, We were not aware of the CDC changes for the N-95 filter masks. We have 500- N-95 masks and 4050 KEN masks as well as cases of surgical masks. 3. A review of the facility policy titled, Handwashing/Hand Hygiene, revised on August 2015, revealed, Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infections. The Policy Interpretation and Implementation documented: 7. Use an alcohol-based hand rub containing at least 62% alcohol ; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents; . i. After contact with the residence intact skin; . l. After contact with objects (e.g., medical equipment )in the immediate vicinity of the resident; m. After removing gloves; n. Before and after entering isolation precautions settings . An observation was conducted on 8/18/2020 at 10:23 a.m., Staff B, Housekeeping was cleaning room A23 and entered and exited the room several times without performing hand hygiene. Staff B, Housekeeping came out of the room a third time and picked up the broom and dustpan and went back into the resident room. Staff B, Housekeeping did not have on gloves. Staff B walked into the resident's bathroom and swept the bathroom floor and picked up the debris off the bathroom floor using the dustpan. Staff B walked out of the bathroom and out of the resident's door and placed the broom and dustpan back on her cart without performing hand hygiene. An interview was conducted on 8/18/2020 at 10:31 a.m. and the Director of Housekeeping confirmed that it was Staff B, Housekeeping cleaning room A23 and said, Yes, (Staff B) should have had gloves on and cleaned her hands after leaving the room. An interview was conducted on 8/18/2020 at 10:32 a.m., Staff D, Housekeeping said, Yes, we are to have gloves on when we are cleaning a resident's room and bathrooms. We clean our hands after we take off our gloves. 4. A review of the CDC guidelines dated June 9, 2020 on how to Don and how to Doff personal protective equipment located at <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf</a> revealed: How to Put On (Don) PPE Gear More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning. 1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training). 2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nose piece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nose piece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.* o Respirator: Respirator straps should be</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator. o Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears. 5. Put on face shield or goggles. When wearing an N95 respirator or half facemask [MEDICATION NAME] respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common. 6. Put on gloves. Gloves should cover the cuff (wrist) of gown. 7. Healthcare personnel may now enter patient room. How to Take Off (Doff) PPE Gear More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing. 1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. * 3. Healthcare personnel may now exit patient room. 4. Perform hand hygiene. 5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. 6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.* o Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. o Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. 7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is [MEDICATION NAME] reuse.* A tour of the C-wing (isolation wing), on 8/18/2020 beginning at 10:40 a.m., revealed the following resident rooms on Contact/Droplet Precautions rooms: C15, C19, C24, C25, C26, C28, C32, C30, C29, C44, C42, C40, C39, C36, C37 with PPE for donning and plastic bins for doffing side by side in the resident rooms without a clear designated of the clean and decontamination areas. The rooms were set up with the PPE inside the resident rooms where staff had to cross the threshold of an isolation room to don PPE. An interview was conducted on 8/18/2020 at 1:47 p.m., Staff F, RN confirmed that the PPE bins and the dirty bins for taking off personal protective equipment should be separated. Staff F said, Yes, I see they are both on the same side of the room with the residents and side by side. An interview was conducted on 8/18/2020 at 1:49 p.m., with the Director of Housekeeping and the Specialty Manger for the C-Wing who were in the hall on C-Wing discussing where to put the PPE and dirty bins. They both confirmed that the PPE bins, either the free- standing ones or the bins on the wall, had the dirty linen bins together. The Specialty Manger for the C-Wing said, What if the privacy curtain was pulled to separate the clean area as staff entered the room from the dirty area on the resident side of the room? Both managers confirmed that staff still had to walk into the room to don PPE. The Housekeeping Manager said, I think we should move the PPE bins outside of the room so they can put it on before they enter the patient's rooms. The Specialty Manger for the C-Wing said, I see what you are saying. But we consider the threshold to the room after you have passed the bathroom. We thought it was a great set up because they can walk into an isolation room go into the bathroom and wash their hands and then walk over and put on their PPE. But they still are entering an isolation room without PPE on. An interview was conducted on 8/18/2020 at 2:45 p.m., with the NHA who reviewed the observations with photographic evidence and confirmed the findings. The NHA said, Yes, we see what you are saying.</p>		