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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105978 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/15/2020 |
| NAME OF PROVIDER OF SUPPLIER GULF SHORE CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 6767 86TH AVE N PINELLAS PARK, FL 33782 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure that staff were wearing the required personal protective equipment (PPE) for nine (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9) of nine sampled residents as recommended by the Centers for Disease Control (CDC) while caring for residents quarantined by the facility for possible exposure to the COVID-19 virus on two of six hallways (500 & 600). The facility failed to provide care and services in a safe and sanitary manner as evidenced by failure to ensure a condiment, used to administer medications, was covered on 1 of 6 medication carts (400 Hall) and failed to ensure four (Staff B, C, D, and E) of five staff, observed entering and exiting the soiled utility and nutrition rooms, performed hand hygiene on two (200 & 400) of two units. Findings included: 1. During a focused infection control survey, an initial interview with the Director of Nurses (DON) conducted on 05/08/20 at 10:30 a.m. revealed that the facility had designated their 500 hall as a quarantine hallway for residents that returned from a hospital stay. The DON explained that they had a resident who returned from a hospital stay who soon thereafter became symptomatic for the COVID-19 virus and subsequently tested positive. The DON stated that it was decided that they would quarantine all hospital admission residents. During this interview the DON stated that the quarantined residents did not have exclusive staff caring for them, the DON also stated that the residents were in droplet isolation rooms. During a tour of the facility on 05/08/20 at 11:50 a.m., observations of 500 hall revealed that the room doors had a personal protective equipment (PPE) cabinet affixed to them with a sign indicating that gloves, facemasks, and a gown were required to enter. The doors to many of the rooms were wide open (photographic evidence was obtained). Staff A, Certified Nurse's Assistant (CNA) was observed wearing a surgical mask as her only PPE to assist a confused resident, Resident #6, who came out of her open doorway and into the hallway. The resident was wearing a surgical mask around her neck. Staff A stated to the resident, Oh you know you have to wear the mask on your nose let's go back into your room and watch TV. Staff A took the resident by the arm and escorted her back into her room. At 12:15 p.m., an interview with Staff B, the unit manager (UM) revealed that the isolation sign for the rooms in the 500 hall was for droplet isolation, she was asked what droplet isolation consisted of and she replied gloves, surgical mask, and gown. She was then asked if the doors to the rooms for droplet isolation should be kept closed as much as possible and she replied, It depends on if it's true droplet. The UM accompanied this surveyor to the 600 hall where she continued, Resident #9 is a true droplet so here we keep the door closed, and the staff wear complete PPE, hair covering, an N95 mask, a face shield, a gown, and shoe coverings. At 1:30 p.m., an interview with the Assistant Director of Nursing (ADON) revealed that the facility used two types of isolation for the suspected COVID-19 cases. The ADON stated that residents that were suspected because of a recent hospital stay were sequestered in halls 500 and 600 until they have achieved 14 days without symptoms, Residents #2, #3, #4, #5 #6, #7, and #8 were in those rooms and were in normal droplet isolation. Residents #1, and #9 were in droplet plus isolation which means the staff must wear N95 masks and face shields. Resident #1 is suspected of being positive for COVID-19 because of symptoms, and Resident #9 because her roommate had recently tested positive. The DON and ADON were asked if they suspected the quarantined residents, admitted from the hospital, to have been exposed to COVID-19. They stated that they did not know, but they were not taking any chances. They were asked why they were not requiring staff to take the same precautions with those residents as with the two in-house suspected residents. The DON replied that there was less of a chance with the quarantine residents. A review of the facility's policy entitled Coronavirus Disease (COVID-19) Prevention and Control dated March 2020 revealed at section 13 that Residents with suspected or confirmed COVID-19 infection are placed in a separate room or cohorted with other residents with the same infection status, and at section 15 Current CDC guidelines will be followed for infection prevention and control of residents diagnosed with [REDACTED]. Reference: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html A review of the Centers of Disease Control and Prevention Responding to Coronavirus (COVID-19) in Nursing Homes at http://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, with a last review date of 4/30/2020, revealed, under sub-title, Considerations for New Admissions or Readmissions to the facility The nursing home facilities should, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. 2. During an observation on the 400 hall on 5/15/2020 at 10:31 a.m., a medication cart was observed in the hallway parked. An open container of applesauce was sitting out in the open. An interview was conducted at 10:32 a.m. with Staff F, a Unit Clerk, who walked down to the medication cart and picked up the open container of apple sauce and put it in the trash bin, located on the side of the medication cart. This cart is Staff B's, Licensed Practical Nurse (LPN). No, it should have been covered. Staff B walked down the hall towards the cart and said, Sorry, I should have covered it when I finished my morning medication pass. 3. An observation was conducted on 5/15/2020 at 10:30 a.m., on the 200 hall when a call light for room [ROOM NUMBER] was going off and a resident was standing in the doorway asking for a cup of ice and a cup of water. Staff C, Housekeeping was standing at her cart in front of the resident's room. Staff C removed her gloves and walked towards the nurse's station to the nutrition room and filled up a large Styrofoam cup with ice water. Staff C did not wash her hands after removing her gloves or before entering the nutrition room and filling a cup with ice water for the resident. Staff C walked out of the nutrition room back down the hall to the resident and gave her the cup of ice water. 4. An observation was conducted on 5/15/2020 at 10:33 a.m. Staff D was observed to walk into the soiled utility room with a bag of dirty linen, removed her gloves on one hand and put the dirty linen in the bin, then, walked out of the soiled utility room without removing the other glove from her hand or washing her hands. 5. On 5/15/2020 at 10:35 a.m., Staff E, Certified Nurse's Aide (CNA), was observed to carry a bag of soiled linen into the soiled utility room and came out without washing her hands. An interview was conducted on 5/15/2020 at 10:36 a.m. with Staff E, CNA, who said, No, I did not wash my hands because we ran out of soap and paper towels. Staff E, CNA, continued walking back down the hall towards Staff C, Housekeeping, past one wall dispenser and several bottles of hand sanitizer, sitting on the handrails outside of resident's rooms. Staff E told Staff C that the soiled utility room was out of soap and paper towels. On 5/15/2020 at 10:37 a.m., Staff E said, Yes, you're right, I should have used hand sanitizer. I passed right by it. On 5/15/2020 at 3:56 p.m., an interview was completed with the D.O.N. who said, The staff has been educated over and over on hand hygiene. I have not had</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 - Some | <p>(continued... from page 1)</p> <p>a lot of support with all of this. I promise you, when you come back, I will have it all set up for you. Yes, per our plan. 6. A review of the facility policy for Hand Washing, revised on March 2020, Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. 7. Use of an alcohol-based hand rub containing at least 60% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. Before and after direct contact with residents; c. Before preparing or handling medications; k. After handling used dressings, contaminated equipment, etc.; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m. After removing gloves; o. Before and after entering isolation precaution settings; 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 10. Single-use disposable gloves should be used: b. When anticipating contact with blood or body fluids; and c. When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions. Procedure: 1. The following equipment and supplies are necessary for hand hygiene: a. Alcohol-based hand rub containing at least 60% alcohol; b. Running water; c. Soap d. Paper towels e. Trash can; f. Lotion; and g. Non-sterile gloves. Applying and Removing Gloves: 1. Perform hand hygiene before applying non-sterile gloves. 3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the gloves inside out. 4. Hold the removed glove in the gloves hand and remove the other glove by rolling it down the hand and folding it into the first glove. 5. Perform hand hygiene.</p> | | |