

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRINGTREE REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4251 SPRINGTREE DRIVE SUNRISE, FL 33351</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews and record review, the facility failed to implement proper infection prevention and control practices to prevent the transmission of COVID 19 as evidenced by eight random residents sitting by their room doorway playing bingo, one resident in courtyard without a face mask, and two residents been wheeled down the hallway without wearing a surgical or a cloth mask. The findings included: Review of the Center for Disease Control and Prevention (CDC) guideline titled Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, revised on 04/15/20 and under Things facilities should do now documents Educate residents and families including, information about COVID-19; actions the facility is taking to protect them. actions they can take to protect themselves in the facility, emphasizing the importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette, and wearing a cloth face covering. Review of the Florida Department of Health (DOH) documentation provided to the facility included: If a COVID-19 patient or a PUI has been identified, facilities should assume there may be others that have been exposed and increase monitoring and social distancing for both residents and staff. Residents leaving their rooms should wear a facemask, if available and if tolerated. Any residents developing symptoms should be immediately isolated as noted above. Are all symptomatic and/or COVID-19 positive residents in their rooms with their door closed? Isolation of patients with COVID-19 is critical to reduce risk of spread to other residents and staff until recovery has occurred and the patient is felt to no longer be contagious. Follow up with local DOH is encouraged. Does the staff report that all the residents have at least one mask? In facilities with known COVID-19 positive cases, the use of facemasks by all people when in common areas can reduce the risk of spread from staff and residents who may have COVID-19 but who have relatively minor symptoms that may have gone unrecognized. Facemasks do not reduce the need to also maintain the 6 feet of social distancing noted above. Are signs present telling residents to remain in their room? All COVID-19 positive patients and those with suspected but not yet proven COVID-19 should be isolated from all other residents such as by staying in their room with the door closed. Staff entering the room must wear PPE to avoid exposure, and then must take care to wash hands and change gloves and gown before interacting with anyone else. At this time Broward county is requiring residents be isolated in their rooms with the door closed. If residents come out of their rooms for any reason, they should be wearing a mask if available. On 04/24/20 at 2:30 PM, observation revealed one random resident by the facility courtyard without a surgical or cloth mask on his face. During an interview, the administrator stated that they will have four residents at the time and spread out at the courtyard, but that they do not require for them to use a facial mask. On 04/24/20 at approximately 3:00 PM, overhead bingo was being called out. Consequently, a tour to the facility Unit One was conducted with the administrator and the Director of Nursing. Observation revealed seven random residents in Unit One (long term care unit) sitting at their room doorways approximately 10 feet apart from each other, one by the nurse's station with a bingo card in front of them, and each resident not wearing a face or cloth mask on their face. These residents in the doorways were sitting in wheelchairs, legs outside of the room, either right at the door frame, at least six inches outside the doorframe and into the hallway, or in the hallway. One of the residents was noted by the nurses station without a face mask on. One resident was noted in the middle of the hallway. There was no redirection provided by staff to the resident to return to her room. The resident did not have a mask on and she was not playing bingo with the the residents. Further observation at this time revealed two random residents being wheeled down the hallway without a face mask. During an interview at approximately 3:30 PM, the administrator was asked why the residents were not wearing a mask and stated that she has not been told to do that. The administrator and the DON were apprised that the residents need to wear a mask whenever they are out of their room to prevent transmission of COVID 19.</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.