

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FORT MYERS REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7173 CYPRESS DRIVE SW FORT MYERS, FL 33907</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</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 observation and interview the facility failed to provide a safe and sanitary environment to help prevent the transmission of communicable infections such as COVID-19. COVID-19 virus is a transmissible respiratory infection that presented severe risk to persons who were aged, infirm, or suffer from co-morbidities. According to the CDC website, <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>, healthcare personnel should wear a facemask at all times while they were in the healthcare facility. Healthcare personnel included persons not directly involved in patient care, such as dietary. Patients should also wear their own cloth face coverings when leaving their room. Management of laundry should be performed in accordance with routine procedures. The findings included: On 5/11/20, during a tour with the administrator observed one female resident out of her room, in the hallway. The resident was not wearing a face mask. During this observation the administrator confirmed the resident should be wearing a face mask whenever out of her room. Approximately one hour later, observed the same female resident in the hallway. The resident was wearing a face mask, but it was pulled down below her chin, exposing her nose and mouth. On 5/11/20, during a tour with the administrator observed a cell phone on the clean laundry folding table in the laundry room. There was a pile of clean, folded laundry on the table next to the cell phone. The female staff in the room said the cell phone was hers. During this observation the administrator confirmed the cell phone should not be on the clean laundry table. The door separating the clean laundry area from the dirty laundry area was propped wide open by a plastic can. There was no barrier separating the clean laundry area from the dirty laundry area. On 5/11/20 at 2:15 p.m., observed a male resident walk out of his room and go into room [ROOM NUMBER] that was occupied by two female residents. The male resident stood next to one of the female residents for approximately 5 minutes. None of the residents were wearing face masks. On 5/11/20 during a tour with the administrator observed a female staff in the kitchen area cooking a pot of food. The female staff had her mask pulled down below her chin exposing her mouth and nose as she worked over the food. During this observation the administrator confirmed the staff member's nose and mouth should be covered by the face mask when she is in the facility. On 5/11/20 at 2:47 p.m., during a second tour with the administrator observed the door separating the clean laundry area from the dirty laundry area held wide open by a large plastic can. There were tools on top of the plastic can, on the floor, and on the sink of the dirty laundry room. During this observation the administrator confirmed the tools should not be there and the door separating the clean and dirty areas should be closed. <b>**Photographic Evidence Obtained**</b></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.