

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER TARPON BAYOU CENTER		STREET ADDRESS, CITY, STATE, ZIP 515 CHESAPEAKE DR TARPON SPRINGS, FL 34689	
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 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure that it provided a written bed hold notice to the resident or resident representative, during or after transfer from the facility to a hospital for one resident (#1) of five sampled residents. Findings included: A review of the facility policy titled, 'Discharge Management, with a date of February 2020 revealed under Policy: The facility's preadmission process is designed to provide residents with access to the appropriate care, health plan professional(s) based on their level of care, evaluated needs, and the facility's ability to meet these needs. Residents are referred, transferred, or discharged based on their evaluated needs and by the order of their attending physician. The third step of the procedure indicated, g. The DON (Director of Nursing) will 1. Monitor all discharge date s to ensure appropriateness of resident condition. 2) Initiate changes in the calendar if conflict exists. 3. Ensure that discharge management is s initiated prior to admission to facilitate accurate goal-driven delivery of residents/resident representative families and facility staff members. A review of the facility form titled, Bed Hold and In-House Transfer Policy,dated 02/19 revealed, One copy must be given to the resident or resident representative upon admission. One copy must be given to the resident or resident representative at the time of transfer for hospitalization or therapeutic leave. An interview was conducted on 8/25/2020 at 10:08 a.m., The Nursing Home Administrator (NHA) said, The last resident in the facility that tested positive for COVID-19; 8/17/2020. An interview was conducted with the Corporate Manager on 8/25/2020 at 10:31 a.m. and said,. We have done a great job at keeping COVID-19 out of the building. Yes, we have had residents who were positive for COVID-19. The last one was (Resident #1) on 8/17/2020. No, (Resident #1) is no longer in the facility. We transferred her out for other medical reasons. I understand (Resident #1) is getting better where she is. A review of the Admission Record for Resident #1 revealed an admission date of [DATE] and a discharge date of [DATE] with pertinent [DIAGNOSES REDACTED]. Resident #1 was listed as her own responsible person. Resident #1 had a previous admission date of [DATE]. A review of the general progress note dated 8/16/2020 at 15:05 (3:05 p.m.) revealed, Resident (Resident #1) responsible for self was notified she will be transferred to (the name of another facility) for Covid (COVID-19) observation and if no other issues will return to this facility in 14 days. A review of the social services note progress note on 8/17/2020 at 19:55 (7:55 p.m.) by the Social Worker reflected, Resident (Resident #1)was transferred out to (the name of another facility) for Covid (COVID-19) observation and will return to the facility in 14 days if no further issues. An interview was conducted on 8/25/2020 at 1:39 p.m., the Social Worker said, There may not be a bed hold form in the medical record for (Resident #1). I do not do those; admissions or the business office manager does. I can see here that at the time of her transfer she was Medicaid pending. Only our long-term care residents who are Medicaid need a bed hold notice when they are transferred out. I do not see one in the record for (Resident #1). An interview was conducted with on 8/25/2020 at 11:32 a.m., Staff F, Certified Nursing Assistant (CNA) said, I heard (Resident #1) was tested for COVID-19 and that the test came back positive. We were not told that she was positive. I am not sure where (Resident #1) went. We thought she had left and went back home. (Resident #1) was very confused. An interview was conducted on 8/25/2020 at 12:10 p.m., Staff G, Registered Nurse (RN), said, I was working the day her COVID-19 test came back positive. (Resident #1) came from her home because she has multiple abdomen wounds and she will come in every few months for some wound care. (Resident #1) was not symptomatic. I notified (Resident #1's) physician and the supervisor. The supervisor wanted her moved out. So, within 20 minutes we had transport here and she was transferred out. I wrote a progress note. I am not sure about a bed hold notice. An interview was conducted on 8/25/2020 at 12:15 p.m., Staff H, CNA said, I remember (Resident #1). (Resident #1) was here and then they sent her to the hospital. I believe she was COVID-19 positive. A review of the laboratory results in the medical record dated 8/14/2020 showed that Resident #1 tested positive for COVID-19, with a hand written note on the lab test report that documented, In step-down. 8/14/2020 positive and then on 8/16/2020 Negative in the hospital. 8/16/2020 sent to (name of the facility). An interview was conducted on 8/25/2020 at 2:20 p.m., the Business Office Manager provided a blank copy of the facility's Bed Hold and In-House Transfer Policy form. The Business Office Manager said, The business office is not responsible for handing these out. An interview was conducted on 8/25/2020 at 2:25 p.m., the Director of Nursing said, I have looked and I do not see that (Resident #1) received a copy of the bed hold policy when she was transferred to the hospital on [DATE]. All residents should receive a bed hold notice. I do not see it in the paper record either. I checked with admissions and there is not Bed Hold and In-House Transfer Policy signed by the resident or a representative. If it (Bed Hold Transfer Policy) is not in (pointing to the medical record sitting in a chair in the conference room), then they did not get one signed.</p>		
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record reviews the facility failed to follow the Centers for Disease Prevention and Control (CDC) guidelines 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. 1) The facility failed to ensure three staff members (C, E, and F) performed hand hygiene after cleaning resident care areas and entering and exiting resident rooms on three halls (100, 200, and 300) out of 4 halls. 2) The facility failed to ensure two residents (#6 and #7) socially distanced on the smoking patio of two residents observed smoking. Findings included: A review of the facility policy titled, Infection Prevention and Control Program, with an effective date of November 2017, documented under Policy, The Infection Prevention and Control Program is a comprehensive program that addresses detection, prevention and control of infections and communicable disease among residents, visitors, volunteers, those individuals providing services under contractual agreement and personnel. The Infection Prevention and Control Program, in addition, will facilitate activities to improve antibiotic use to reduce adverse events, prevent emergence of antibiotic resistance, and promote better outcomes for residents. Goals: The goals of the Infection Prevention and Control Program are to: a. Provision of a safe sanitary, and comfortable environment b. Decrease the risk of infection and communicable disease development and transmission to resident, volunteers, visitors, individuals providing services under contractual arrangement and personnel c. Monitor for occurrence of infections and communicable disease and implement appropriate prevention measures to reduce occurrences d. Identify and correct problems relating to infection control and prevention practices . The facility administrator is ultimately responsible for the Infection Prevention and Control Program. 1) An observation was conducted on 8/25/2020 at 9:12 a.m., Staff F, CNA was on the 100-hall passing hydration to the residents. Staff F, CNA was observed putting ice in a cup and took it into room [ROOM NUMBER]. Staff F pulled the bedside table closer for the resident in the A-bed and then walked out back to the hydration cart. Staff F, without performing hand hygiene, picked up another cup and put ice in the cup and continued to pass hydration in rooms [ROOM NUMBERS]. Staff F did not perform hand hygiene after each resident room</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 - Few	<p>(continued... from page 1)</p> <p>contact. An interview was attempted with Staff F and Staff F walked away and placed the hydration cart at the nurse's station. An interview was conducted on 8/25/2020 at 9:18 a.m., the Nursing Home Administrator (NHA) was standing in the hall with the writer and witnessed the same observation and confirmed who Staff F was. The NHA said, Staff F should be washing her hands in between resident rooms. An observation was conducted on 8/25/2020 at 11:29 a.m., Staff C, Housekeeping was in room [ROOM NUMBER] cleaning the resident's room and bathroom without gloves on. Staff C came out of room [ROOM NUMBER] without performing hand hygiene. An interview was conducted with Staff C, Housekeeping on 8/25/2020 at 11:30 a.m. Staff C said, I am sorry I should have had gloves on and washed my hands after I finished. An observation was conducted on 8/25/2020 at 12:09 p.m., of Staff D, Occupational Therapy Assistant (COTA) rolling a bedside table, that was being used as a desk, from room [ROOM NUMBER] to room [ROOM NUMBER] and assisted residents in both rooms with their meals. Staff D, COTA did not perform hand hygiene after leaving the resident in 400 or before entering room [ROOM NUMBER]. An interview was conducted on 8/25/2020 at 12:10 p.m., as Staff D, COTA exited room [ROOM NUMBER] and walked back into room [ROOM NUMBER] and confirmed she had not performed hand hygiene. She said, Yes, I will wash my hands. An additional observation was conducted on 8/25/2020 at 1:33 p.m., of Staff C, Housekeeping. Staff C was in room [ROOM NUMBER] cleaning and sweeping the resident's room and bathroom without gloves on. Staff C exited the room without performing hand hygiene. An observation was conducted on 8/25/2020 at 1:53 p.m., Staff E, CNA was in room [ROOM NUMBER] providing patient care to the resident in the bed by the window without gloves on. An interview was conducted on 8/25/2020 at 1:54 p.m., Staff E, CNA confirmed she did not have on gloves and did not wash her hands or use hand sanitizer after leaving the resident room. An interview was conducted on 8/25/2020 at 2:03 p.m., the Director of Housekeeping said, Yes, we have to wear gloves when we clean a resident room even when we sweep. 2) An observation was conducted on the smoking patio on 8/25/2020 at 11:18 a.m., Resident #6 and Resident #7 were both sitting in their wheelchairs at a small round table across from each other with less than three feet between the two residents. Resident #6 and Resident #7 were both smoking, and when each resident exhaled, their cigarette smoke was blown in the other's face. In conversation with both residents they indicated, that was what smokers do. An interview was conducted on 8/25/2020 at 11:19 a.m., Staff B, Certified Nursing Assistant (CNA) said, You are right they are not social distancing. They both just keep getting closer and closer to each other. It was observed that Staff B did not get up to remind or assist the two residents with social distancing prior to or following the interview. A review of the in-service training record dated 8/11/20 showed that Staff B, CNA had attended. The training program related to smoking breaks, and one of the program objectives was documented as, 4. Reinforce 6 feet apart while smoking, Covid-19 attaches to smoke when exhaled. An interview was conducted on 8/25/2020 at 2:09 p.m., the Director of Nursing (DON) said, Yes, we are following social distancing; a minimum of 6 feet. In addition, the DON said, My expectations are when staff are doing any patient care touching the patient, they should have on gloves and they should wash or sanitize their hands between residents.</p>		