Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55269	A. BUILDING: _____ B. WING _____	04/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM GARDEN OF PINELLAS	200 16TH AVE SE LARGO, FL 34641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	INITIAL COMMENTS A COVID 19 visit was conducted with the Department of Health on [redacted] at Palm Garden of Pinellas.	N 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed /20

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F 000	INITIAL COMMENTS A COVID 19 visit was conducted with the Department of Health on at Palm Garden of Pinellas. The facility was not in compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities.	F 000		
F 880 SS=D	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and . §483.80(a) prevention and control program. The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable or before they can spread to other	F 880		

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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 880	Continued From page 1 persons in the facility; (ii) When and to whom possible incidents of communicable . . . . . or . . . . . should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of ; ( )When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the . . . . . ; and (vi)The hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of . §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, policy & procedure, standard precautions, and Centers for . . . . . and Control and prevention the facility	F 880	F 880 (1) 1. Staff member instructed to complete . . hygiene at the time identified.	

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F 880	Continued From page 2 failed to ensure 1. hygiene was utilized after the disposal of garbage, 2. Personal protective equipment was not worn appropriately 3. The facility failed to ensure that best practices for nail length for one Unit Manager who had that were two inches longer beyond the nail bed, 4. And that resident's personal linen was distributed in a clean and sanitary manner. Findings Included: 1. On at 11:45 a.m. during the tour of the East hallway a housekeeper was noted exiting the Hair Salon carrying a large bag of garbage in her left . As she walked directly across the hallway, she was observed to transfer the bag into her right . The Housekeeper stopped just outside a door that was posted as the dirty utility room. With her right first she entered in a code on the keypad. Then, turned the knob on the door and entered the utility room. She tossed the bag inside of a large garbage can. The Housekeeper exited the utility room and walked across the hallway to the Hair Salon, and used her right to open the door. The housekeeper was asked at that time if she was going to clean her after disposing the bag of garbage. She said yes as she walked to the soiled utility room. 2. The lunch cart appeared on the East hallway as numerous staff members began to congregate in the area. Certified nursing assistant (CNA) A was noted, during this observation wearing an N95 mask. The mask's two straps were behind her . The CNA continued to touch the outside	F 880	2. hygiene reminders have been placed in dirty utility areas to assist in reminding all team members 3. Director of Education (DE) or designee will in-service on hygiene and conduct competencies on washing for staff members. 4. DE and/or designee will conduct daily audits of proper hygiene (while staff perform their daily routines) x 4 weeks. Thereafter, audits will continue twice a week for 4 weeks and then weekly for 4 weeks. The results of the audits will be reported to the QAPI committee monthly x 3 months. The QAPI committee will re-evaluate the need for further monitoring after 3 months. F 880 (2) 1. Staff member educated on proper placement of N95 mask and placement corrected 2. Staff members utilizing n 95 masks were reviewed for proper placement 3. Director of Education (DE) or designee will in-service staff members on donning and doffing PPE and touching masks while wearing them. 4. DE and/or designee will conduct daily audits of proper use of N95s x 4 weeks. Thereafter, audits will continue twice a week for 4 weeks and then weekly for 4 weeks. The results of the audits will be reported to the QAPI committee monthly x 3 months. The QAPI committee will re-evaluate the need for further monitoring after 3 months	

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F 880	Continued From page 3 of the mask as she readjusted it over 5 times. The CNA indicated that it was her own mask that she wears at the facility. The other staff were wearing surgical masks. She was asked if anyone had given her education on wearing the N95 mask. She stated "no." "Interim Additional Guidance for Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes" 'Extended use of , , facemasks, and , protection, which refers to the practice of wearing the same , , or facemask and , protection for the care of more than one resident (e.g., for an entire shift) Extreme care must be taken to avoid touching the , , facemask or , protection. If this must occur, HCP should perform hygiene immediately before and after contact to prevent contaminating themselves or others'. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html. 3. During the distribution of the lunch trays on the east hallway a staff member walked over to the hydration cart and began filling cups with coffee. As she handed the staff members the filled cups of coffee her were observed with acrylic nails. The nails were over two inches in length. The staff member indicated, at that time, that she was the Unit Manger and confirmed her nails were acrylic and two inches in length. She turned to the surveyor and asked, "should I wear gloves"? The facility provided a copy of from there "Team Member Handbook" Titled "Team Member expectations" that did not contain a date. "Personal Appearance: NO acrylic nails are	F 880	F 880 (3) 1. Unit Manager trimmed her on . 2. Staff members length have been reviewed to validate appropriate length is maintained. 3. Director of Education (DE) or designee will in-service direct care staff on team member handbook section referencing "the prohibition of acrylic nails for direct care employees and length of to be not over , length as evidence by the of the ". 4. DE and/or designee will conduct daily audits of proper length and staff wearing acrylic nails x 4 weeks. Thereafter, audits will continue twice a week for 4 weeks and then weekly for 4 weeks. The results of the audits will be reported to the QAPI committee monthly x 3 months. The QAPI committee will re-evaluate the need for further monitoring after 3 months.	

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F 880	Continued From page 4	F 880		

permitted for direct care givers and nails should not be over , length as evidenced by the of the ".

"The effectiveness of hygiene can be reduced by the type and length of . Individuals wearing nails have been shown to harbor more , organisms, especially gram-negative bacilli and yeasts, on the nails and in the subungual area than those with native nails". In 2002, CDC/HICPAC AORN

"Guideline for hygiene"

Maintaining short decreases the risk of puncturing gloves, harboring , under the nails, impeding proper hygiene, and possibly injuring patients. Studies have demonstrated that both nails and nail extenders contribute to contamination of the and have led to outbreaks of . http://dx.doi.org/10.1016/j.aorn.2016.12.010 AORN, Inc, 2017.204 j.

4. At 12:15 p.m. the 100 hallway contained a linen cart that was not covered. The covering for the cart was noted lying on top of the cart. The opening of the linen cart revealed it was full of residents personal clothing. While observing the cart, the Nursing Home Administrator walked toward the linen cart pulled the covering off the top of it. The cart was now closed.
Laundry Worker B (LWB) walked out of a bedroom shortly after and opened the linen cart up. She removed personal clothing from the cart and walked directly into the resident's bedroom. Leaving the linen cart open and exposed. LW B was noted speaking with the resident that was lying in her bed. As she spoke

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F 880	Continued From page 5	F 880		

her surgical mask was underneath her . . . . . LW B preceded to the closest in the bedroom where she placed the personal clothing inside it and removed bare hangers. Before she left the bedroom, she again stopped by the . . . of the resident's bed. As she was speaking to the resident, the hangers that she was holding in her right . . . dropped to the floor.

LW B bent over and picked the hangers up off the floor and left the bedroom. She returned to the laundry cart and placed the hangers that were on the resident's floor, into the cart next to a resident's personal clothing. LW B removed additional clothing from the cart at that time and walked into a second bedroom. She opened the dresser drawer with her right . . . . and placed the clothing inside of the drawer. Then with her right . . . . she pushed the clothing in a downward motion to get the drawer to close.
After LW B left the bedroom she was asked how long she had been doing her job. She stated "for two weeks" as the surgical mask remain positioned underneath her . . . . Then she stated, "I had great training." She was asked about leaving the cover off the cart in the hallway. She said it only needs to be covered when it is moved in the hall. She confirmed that she had placed the hangers inside of the linen cart after they were on the floor. She indicated that was not a concern. The NHA was in the hallway at the time and was asked about the proper procedure for distributing resident personal clothing. She confirmed that after picking something up off the floor it should not be placed . . . . inside of a clean linen cart. The cart should be covered when sitting in the hall.

The facility provided a copy of their policy tilted

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F 880	Continued From page 6 "Laundry Practices . . . . Control Assessment Checklist" that did not contain a date. "Transportation; is clean linen properly covered or sealed to prevent contamination during transport. Staff: is laundry staff trained in . . . . control efforts as they relate to their job tasks? Is staff using appropriate PPE? Is laundry staff using appropriate hygiene methods"? "Standard Precautions" Healthcare personnel should use an . . . . -based . . . rub or wash with soap and water for the following clinical indications: Immediately before touching a patient Before performing an , task (e.g., placing an ˛ device) or handling . . . medical devices Before moving from work on a soiled body site to a clean body site on the same patient After touching a patient or the patient's immediate environment After contact with . . . , . . . , . . . , or contaminated surfaces Immediately after glove removal Healthcare facilities should: Require healthcare personnel to perform . . . hygiene in accordance with Centers for Control and Prevention (CDC) recommendations Ensure that healthcare personnel perform hygiene with soap and water when . . . are visibly soiled. https://www.cdc.gov/handhygiene/providers/guideline.html.	F 880		