

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/15/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>APOLLO HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 24TH ST N SAINT PETERSBURG, FL 33713</b>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS  A COVID-19 Focused Control survey was conducted on _____ to _____ at Apollo Health and Rehabilitation. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			
F 880 SS=E	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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2020

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	<p>Continued From page 1</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable . . . . . or . . . . . should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of ;</p> <p>( ) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of .</p> <p>§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:</p> <p>Based on observations, interviews, record review, policy review, and review of the Center for . . . . . Control and Prevention guidelines, the</p>	F 880	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of</p>		

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F 880	<p>Continued From page 2</p> <p>facility did not maintain an ..... prevention and control program related to not properly maintaining and implementing best practices for COVID-19 as evidence by: 1. a screening device (, ..... ) used for staff and persons from outside services was not cleaned and following the recommended ..... contact time, 2. Staff not washing ..... after leaving a resident care area, 3. Staff not following posted droplet precautions by not donning required personal protective equipment (PPE) for two residents (#6 and #7) of four ..... residents on isolation for droplet precautions, 4. not providing dedicated resident equipment on droplet precautions and not cleaning a reusable ..... device by its recommended contact time and not properly storing a utilized N95 mask appropriately, 5. not donning required PPE to assist two residents (#4 and #5) on droplet precautions, 6. not maintaining tubing for an ..... and the drainage bag off the floor to potentiate cross contamination for one resident (#12) of 14 residents with ..... , and 7. not having appropriate PPE readily accessible in the isolation caddies for three of three resident rooms ( ..... # , ..... # , and ..... # ) indicated as droplet precautions.</p> <p>Findings included:</p> <p>1. On ..... at 9:15 a.m. the survey team entered the facility as Staff A, Transportation Coordinator/Certified Nursing Assistant (CNA), donned in gloves and a ..... mask, stood at the entrance telling the surveyors to use the sanitizer. She picked up a touchless thermometer and ..... that lay on top of a white foam tray. The temperature was taken</p>	F 880	<p>the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>1. On ..... Staff Member A was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards as it relates to process for screening employees and cleaning of equipment. Validation of competency completed by visual observation.</p> <p>2. On ..... Resident ( ..... # ? ) was assessed by a licensed nurse, and sustained no ill effects related to potential ..... related to safe handling of linen.</p> <p>On ..... Staff Member C was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on proper ..... hygiene and safe handling of linen. Validation of competency completed by visual observation.</p> <p>3. On ..... Residents # 6 and #7 were assessed by a licensed nurse and sustained no ill effects related to potential failure of staff to don ..... shield.</p> <p>On ..... Staff Member D was re-educated by the Clinical</p>	

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F 880	<p>Continued From page 3</p> <p>followed by the . . . . . After the temperature and . . . . . were used, she placed them directly on top of the receptionist desktop without cleaning the equipment. Staff A then completed the questioning process. She was asked at that time if she was the designated person that performed the screening. She said that she was the Transportation Coordinator and was only filling in until the receptionist arrived.</p> <p>At 9:18 a.m. Staff A was observed as she donned a pair of gloves. She removed one bleach wipe from a container and cleaned the . . . . . and the thermometer for a total of three seconds. She then removed the gloves and used . . . . . sanitizer.</p> <p>At 9:20 a.m. an outside vendor was allowed to enter the front entrance. He was observed wearing cloth utility gloves on both . . . . . While he waited at the receptionist desk, he donned a pair of purple gloves over the top of his utility gloves. Staff A picked up the thermometer and the . . . . . that had just been cleaned for 3 seconds, telling the vendor he needed to take his glove off. He removed the glove from this left . . . . . as she placed the . . . . . to his first . . . . . She placed both the thermometer and the . . . . . directly on the bare surface of the desktop. A cell phone began to ring as it was observed lying on top of the desk positioned next to the used . . . . . Staff A picked up the phone as the vendor donned his gloves and left the reception area. The equipment and desktop were not cleaned.</p> <p>A nurse was standing outside of the front entrance with her uniform that indicated she was from a hospice agency. Staff A placed her phone</p>	F 880	<p>Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment. Validation of competency completed by visual observation.</p> <p>4. On . . . . ., Staff Member G was re-educated by the Clinical Educator and Regional Director of Clinical Operations on the components of this regulation with an emphasis on Transmission Based Precautions, cleaning of shared equipment, and Universal Masking. Validation of competencies completed by visual observation. Additionally, identified items and med cart were . . . . . cleaned with adherence to appropriate wet time.</p> <p>On . . . . ., Residents #4 and #5 were assessed by a licensed nurse and sustained no ill effects related to potential failure of staff to don . . . . . shield.</p> <p>5. On . . . . ., Staff Member A was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment. Validation of competency completed by visual observation.</p> <p>On . . . . ., Residents #4 and #5 were assessed by a licensed nurse and sustained no ill effects related to potential</p>		

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F 880	<p>Continued From page 4</p> <p>... on top of the receptionist desk and walked over to the front door and used her ungloved right hand to open the door.</p> <p>Staff A performed the same process with the thermometer, and questionnaire with the hospice nurse. Staff A performed the same cleaning process of a total of 3 seconds with the thermometer, ...</p> <p>Staff A donned a pair of gloves and removed one bleach wipe from the container. She used the one wipe to clean two thermometers and two ... , for a total of 12 seconds. The phone was never cleaned, nor the surface of the desk where the thermometers and ... were set.</p> <p>The container of the bleach wipes contained ... directions for use that revealed: 2. wipe surface with wipe until completely wet. 3. To ... allow surface to remain wet for contact time: ... -30 seconds, Viruses - 1 minute and ... ( ... ) spores- 3 minutes. Cleaning Procedure: cleaning is to include vigorous wiping and/or scrubbing, until all visible soil is removed. Special attention is needed for high-touch surfaces. Do not reuse soiled clothes. Contact time: allow surfaces to remain wet for 1 minutes, let air dry, for all other organisms, see directions for contact times. (Photographic evidence obtained)</p> <p>The Regional Nurse was asked on ... at approximately 2:00 p.m. for the manufacturer's contact time for the bleach wipes that the facility had been utilizing during the screening process. She indicated that the facility does not have anyone with ( ... ) so the three-minute wet time did not need to be used.</p>	F 880	<p>failure of staff to don ... shield.</p> <p>6. On ... , Resident #12 assessed by licensed nurse, and sustained no ill effects. ... drainage bag/tubing was not in contact with the floor during this review.</p> <p>On ... Staff member H and rehab staff member re-educated by the Clinical Educator on appropriate ... care and a competency was completed for ... care and emptying of a bedside drainage bag. Follow up education and competency completed by Clinical Educator on ...</p> <p>7. On ... resident isolation caddies were visualized, and all appropriate PPE in place as indicated in accordance with transmission based precautions</p> <p>(B) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>1. By ... a quality review of staff screenings completed to ensure appropriate process in place for prevention of spread of ... No issues or concerns identified.</p> <p>2. By ... a quality review of residents assessments completed to ensure no S/S of ... related to safe handling of linen present. No issues or concerns identified.</p>	

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F 880	<p>Continued From page 5</p> <p>She was informed that the one-minute contact time had also not been observed for viruses during the screening process upon entry to the facility. The Regional Nurse did not respond.</p> <p>2. At 10:10 a.m. on Staff C, Certified Nursing Assistant (CNA) was observed as she left Resident by closing the door behind her. She stood in the hallway and removed gloves to both. A linen cart was just outside of the room as she reached inside of cart, without practicing hygiene, and removed a washcloth. Staff C then returned to resident and knocked on the door. She opened the door and reached inside of the doorway and handed the washcloth to the resident. Staff C, CNA walked across the hall and used a sanitizer to her</p> <p>3. On at 10:35 a.m. Resident #6's &amp; #7's room door was closed. The door was observed with an isolation caddy holding personal protective equipment and a sign indicating droplet precautions. Just then the room door was opened and Staff D, CNA exited the room holding two clear colored bags. One of the bags was observed with a yellow gown and the second bag contained resident personal clothing. She was asked as she entered the hallway where her shield was. She stated, "I was wearing one." She was asked where her shield was again. She did not respond as she walked down the hallway. Staff D walked the length of the North hall to a set of double doors at the end of the unit and continued to another set of double doors that lead to the outside of the facility. Staff D, CNA was asked if she had to leave the facility to dispose of the garbage and residents' personal clothing daily. She stated, "Yes, they moved our dirty linen</p>	F 880	<p>3. By a quality review of residents assessments completed to ensure no S/S of undiagnosed symptoms present. No issues or concerns identified.</p> <p>4. By a quality review of residents assessments completed to ensure no S/S of undiagnosed symptoms present. No issues or concerns identified</p> <p>5. By a quality review of residents assessments completed to ensure no S/S of undiagnosed symptoms present. No issues or concerns identified.</p> <p>6. On facility wide quality review of residents with completed to ensure care system in place and functioning as designed and bedside drainage bags/tubing are not in contact with the floor. Issues or concerns were addressed as they were identified.</p> <p>7. On facility wide quality review of residents receiving transmission based precautions completed to ensure isolation caddies have appropriate personal protective equipment. No issues or concerns identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p>	

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F 880	<p>Continued From page 6</p> <p>room for . . . . . She then added, "I forgot to wear a . . . shield in (Resident #6's and #7's) room," as she confirmed the isolation personal protective equipment (PPE) posted for their room (droplet precautions) included to wear a . . . . . shield upon entry.</p> <p>A review of the Order Listing Reports dated . . . . . and . . . . . revealed Residents #6 and #7 were on droplet precautions as of . . . . . The DON revealed that both residents receive outside . . . . . services and all residents that receive outside services are put on droplet precautions.</p> <p>The DON identified a total of four residents (#6, #7, #10 and #11) that received outside services. Additionally, the facility provided a list that contained all of the four residents' names that revealed they had come in contact with the receptionist that was currently out of work after being tested positive for COVID-19.</p> <p>4. At 10:50 a.m. . . . ., Staff G, Licensed Practical Nurse (LPN) was observed standing in Resident #8's room, as the resident was noted sitting on the edge of his bed facing the nurse. On top of the over the bed side table an electronic . . . . . machine with an attached cuff lay on its bare surface. Staff G, LPN removed her personal PPE equipment of gown and gloves, and exited the room carrying the electronic . . . . . machine. She placed the machine next to two . . . . . monitors that were sitting on the medication cart in the hall. Staff G, LPN returned to her medication cart after washing her . . . . . for 3 seconds and opened up the right second drawer, which revealed a brown paper bag. She removed her N95 mask and placed it inside of the bag.</p>	F 880	<p>1. By . . . . . Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards as it relates to process for screening employees and cleaning/ . . . . . of equipment with adherence to recommended wet time, and competency with return demonstration conducted.</p> <p>2. By . . . . . Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on proper . . . . . hygiene, and safe handling of linen, and competency with return demonstration conducted.</p> <p>3. By . . . . . Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment. Competency with return demonstration conducted.</p> <p>4. By . . . . . staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on Transmission Based Precautions inclusive of dedicated equipment, adherence to wet times during cleaning of shared equipment, and Universal Masking and Mask Conservation. Competency with return demonstration conducted.</p> <p>5. By . . . . . Staff were re-educated</p>	

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F 880	<p>Continued From page 7</p> <p>Just at that time the Regional Nurse approached and was overheard telling Staff G, LPN you can't store the mask inside of the drawer.</p> <p>Medical record review was conducted for Resident #8 and the Admission Record indicated he had been a long-term care resident at the facility with a history of _____, _____ and _____ failure. A review of his physician orders for _____ indicated ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (microgram/active clotting time) 2 puff inhale orally every 4 hours as needed for ( ) or _____ related to _____ with a start date of _____.</p> <p>Resident #9 was the roommate for Resident #8 and his Admission Record was reviewed and revealed a readmission date of _____ and diagnoses of _____, _____ failure and _____.</p> <p>In review of his physician orders for _____ an indicated a routine _____ that was performed four times a day ( _____ Solution 0. _____ (3) MG/3ML (milligrams/milliliters) 3 ml inhale orally every 4 hours related to _____ with (acute) exacerbation started on _____, and Pullout suspension 0.25 MG/2 ML 4 ml inhale orally two times a day for _____ related to _____ with (acute) exacerbation started on _____ The _____ was given by a small volume _____ machine.</p> <p>The Director of Nursing and the Regional Nurse on _____ had indicated that all residents that receive _____ are put on droplet</p>	F 880	<p>by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment with an emphasis on universal masking and _____ shield utilization. Competency with return demonstration conducted.</p> <p>6. By _____, the Clinical Educator/designee reeducated facility staff on the components of this regulation with an emphasis on ensuring care system in place and functioning as designed for residents with _____, and bedside drainage bags/tubing are not in contact with the floor.</p> <p>7. By _____ the Clinical Educator/designee re-educated facility staff on the components of this regulation with an emphasis on personal protective equipment required for transmission based precautions, and locations/availability of PPE in the facility if items unavailable on isolation caddy.</p> <p>Newly hired employees will receive education in orientation</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>Area will be routinely monitored by IDT members while performing their daily</p>	



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F 880	<p>Continued From page 8</p> <p>precautions and confirmed that .... shields need to be utilized upon entrance to the resident rooms.</p> <p>Review of the CDC and the World Health Organization hygiene guidelines revealed: Standard Precautions Handwashing with Soap and Water: O Wet ..... first with water (avoid using hot water) O Apply soap to ..... O Rub ..... vigorously for at least 15 seconds, covering all surfaces of ..... and ..... O Rinse ..... with water and dry thoroughly with paper towel O Use paper towel to turn off water faucet 2. Indications for ..... Hygiene Always perform ..... hygiene in the following situations: O Before touching a patient, even if gloves will be worn O Before exiting the patient's care area after touching the patient or the patient's immediate environment O After contact with ..... or ..... O Prior to performing an ..... task (e.g., accessing a port, preparing an injection) O If ..... will be moving from a contaminated-body site to a clean-body site during patient care O After glove removal CDC Guideline for ..... Hygiene in Health-Care Settings (available at: <a href="http://www.cdc.gov/mmwr/PDF/trrr5116.pdf">http://www.cdc.gov/mmwr/PDF/trrr5116.pdf</a>) WHO Guidelines on ..... Hygiene in Healthcare 2009 (available at: <a href="http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf">http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf</a>)</p>	F 880	<p>assigned area rounds, and during weekly Control Rounds. Staff will report any issues observed during morning meeting; with follow-up being validated daily by Executive Director/Designee.</p> <p>1. The facility Director of Nursing Services/designee will conduct a Quality Review on alternating shifts to ensure staff are maintaining proper control practices during screening process, with an emphasis on cleaning/ ..... of equipment with adherence to recommended wet time Daily x 4 weeks, and then 3 times weekly x 2 months.</p> <p>2. The facility Director of Nursing Services/designee will conduct a Quality Review via staff observation of 5 staff on each unit to ensure staff are maintaining proper ..... control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper hygiene, and safe handling of linen.</p> <p>3. The facility Director of Nursing Services/designee will conduct a Quality Review of residents receiving transmission based precautions to ensure staff are maintaining proper control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper transmission based precautions, and appropriately donning and doffing PPE.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 9</p> <p>At 11:00 a.m., the Regional Nurse was asked about bringing equipment into residents' rooms that are on droplet precautions. She indicated that the residents should have their own equipment, and if it were to be used it needed to be cleaned and _____ prior to reuse. The Regional Nurse was asked about the _____ machine that still remained on the medication cart that had not been cleaned after it was in an isolation room. Staff G, LPN confirmed she had not cleaned it yet. At that time, she removed a single bleach wipe from the medication cart. She first cleaned the bottom of the machine by swiping it one time. Then the top of the machine was cleaned by one swipe. She then followed the same technique by the outside of the cuff and the inside of the cuff with one swipe.</p> <p>The bleach wipe instructions indicated a contact time of one minute for viruses and a three-minute contact time for _____. Neither of the two contact times were observed.</p> <p>At 11:40 a.m., Staff G, LPN was observed as she opened up and exited the room of Resident #4 &amp; #5, which was located directly across from the conference room where the survey team was located. She immediately hung up a _____ shield on the door and left the area. The _____ shield was not cleaned after it was brought out into the hallway on the North hall, as the _____ shield surface was observed dry. This observation was told to the Nursing Home Administrator as she walked into the conference room,</p> <p>5. At 11:44 a.m. the call light went on for Resident</p>	F 880	<p>4. The facility Director of Nursing Services/designee will conduct a Quality Review of residents receiving transmission based precautions to ensure staff are maintaining proper _____ control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper transmission based precautions inclusive of dedicated equipment, adherence to recommended wet times during cleansing of shared equipment, and maintaining appropriate _____ control practices with universal masking/mask conservation.</p> <p>5. The facility Director of Nursing Services/designee will conduct a Quality Review of 5 staff on each unit to ensure staff are maintaining proper control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper transmission based precautions inclusive of _____ shield/ _____ protection, and maintaining appropriate _____ control practices with universal masking/mask conservation.</p> <p>6. The facility Director of Nursing Services/designee will conduct a weekly quality review of residents with an _____ x 4 weeks, and then every 2 weeks x 2 months to ensure care system in place and functioning as designed, with an emphasis on ensuring _____ bag/tubing secured and not in contact with the floor.</p>	

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F 880	<p>Continued From page 10</p> <p>#4 &amp; #5, who resided in a room identified for droplet precautions by the "Stop. See Nurse," sign on the resident room door. A staff member was in the hallway and directed Staff A, CNA to answer the call light. Staff A, CNA was observed donning a gown, gloves and surgical mask prior to entering the residents' room. The room door remained open as she was speaking with the resident and assisting with an article on the opposite side of his bed. She removed her PPE at the doorway and exited the room. She was asked at that time why neither a _____ shield nor a N95 mask had been worn when she entered the room. She stated, "Didn't know that room was COVID." Staff A, CNA was asked if there were bleach wipes in the room. She stated, no, they are not kept in bedrooms or in the hallways. If something needs to be cleaned, you need to go to the desk to get the wipes.</p> <p>A medical record review was conducted for Resident #4 and the Admission Record indicated he had been at the facility for two months. His primary diagnosis was _____ of _____. Nursing Progress notes were reviewed and revealed:</p> <p>"_____ at 9:34 p.m. (21:34): "T (temperature) 100.8, c/o (complaint of) painful _____, 02 (_____) sat (saturation) 95% on room air, no abnormal _____ sounds are auscultated. Resident denied discomfort. provided prn (as needed) med (medication) with positive result (t 100), informed MD (medical doctor), ordered lab, _____, Continue to monitor."</p> <p>"_____ at 3:08 p.m. (15:08): "informed _____ ARNP (Advanced Registered Nurse Practitioner) of _____, cmp. (standard _____ tests) and _____ results and members temp.97.6 _____ at this time, having loose stools x 3 today and</p>	F	<p>7. The facility Director of Nursing Services/designee will conduct a Quality Review of residents with transmission based precautions to ensure appropriate personal protective equipment readily accessible in isolation caddies and stored appropriately daily x 4 weeks then 3 times weekly x 2 months to ensure systematic process is in place and functioning as designed.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends quarterly monitoring by the Regional Director of Clinical Operations when completing their quality systems review.</p>	

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F 880	<p>Continued From page 11</p> <p>complaints of ... at night received new orders: 500 mg po x 5 days, and ... screen swab. Hold colase x 3 days."</p> <p>"... at 10:01 p.m. (22:01): " ... (vitals), informed MD, ordered ... , consult with ..."</p> <p>"... at 1:53 a.m. vitals note Temperature Warning: " value: 100.0"</p> <p>"... at 3:25 p.m. (15:25): "spoke with dr. ... regarding ... orders. Received orders to start resident on NS at 75ml/hr (milliliters per hour) x 2 liters, ... specimen, ... 2 gm (grams) q8hrs (daily) x 7 days, continue with ... 500 mg po (500 milligrams by ... two times per day) x 7 days and stop ..."</p> <p>"... at 2:51 a.m. vitals note: temperature 100.2.</p> <p>Physician orders for ... revealed that Resident #4 was started on droplet precautions on ...</p> <p>A medical record review was conducted for Resident #5 and the Admission Record indicated he was admitted to the facility on ... with a primary diagnosis of ... and type II ... with ...</p> <p>A review of the Order Listing Report dated ... revealed that Resident #5 was placed on droplet isolation - presumptive every shift ... with a revision on ...</p> <p>On ... around 10:03 a.m. an interview was conducted with the Director of Nursing (DON) and he confirmed that residents #4 and #5 were tested for COVID-19 and the results remained pending as of today ( ... ). He was then asked about the delay in starting droplet precautions for Resident #4. His medical record indicated a</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>change in condition on ..... The DON stated, "It was on a weekend. I usually look at all the new orders. Even on the weekend. That was one weekend I didn't look at the orders until Monday ....." He confirmed that it was missed.</p> <p>6. At 11:40 a.m. on ....., Resident #12 was observed from her doorway entrance lying in bed. Her ..... tubing along with the drainage bag was lying on the floor (photographic evidence obtained).</p> <p>At 1:10 p.m. on ....., Resident #12 was observed sitting up in a chair in her bedroom she was positioned toward the television screen. Her lunch tray was sitting in front of her as she smiled at the surveyor standing outside of her room door. Resident #12 appeared comfortable and when she was asked how she was feeling today. She stated, "Better, after they finally got me out of bed, I don't like being in bed all the time." Resident #12's ..... tubing and bag laid on the floor next to the chair. Staff H, LPN was in the hallway and she was asked if normal practice was to have ..... tubing lie on the floor next to the ..... bag. She stated, "No, it should not be on the floor."</p> <p>Resident #12's Admission Record indicated that she had been readmitted to the facility on with primary diagnoses of ....., and ....., retention.</p> <p>A review of the .....-Associated ..... (CAUTI) revealed: III. Proper Techniques for Maintenance Keep the collecting bag below the level of the ..... at all times. Do not rest the bag on the</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>floor. <a href="https://www.cdc.gov/.../guidelines/.../index.html#anchor_1552413731">https://www.cdc.gov/.../guidelines/.../index.html#anchor_1552413731</a>.</p> <p>7. An observation on _____ was conducted at 9:55 a.m. on the East hall. Resident _____ # _____ had an isolation kit on the door with a sign showing, "Stop, see nurse before entering." There were gloves, gowns, and surgical masks in the kit. On the North hall, Resident _____ # _____ had an isolation kit with gowns, surgical masks, gloves, and a sign on the door indicating, "Stop. Please see nurse before entering," and Resident _____ # _____ had a sign indicating, "Stop. Please see nurse before entering." There were gowns, surgical masks, gloves, and wipes in the isolation kit on the door. There were no goggles or shields in any of the kits.</p> <p>On _____ at 11:31 a.m. an interview was conducted with the Clinical Educator. She said _____ patients are all on isolation because they go in and out of the building. They are cohorted on the North wing. There are five. She reported they were located in _____.</p> <p>At 12:05 p.m. on _____ an interview was conducted with the DON. He said all the _____ residents are on droplet precautions presumptively.</p> <p>At 2:26 p.m. on _____ an interview was conducted with the DON. He said they check the isolation kits several times a day to ensure they are stocked and that whatever is listed on the signs should be in the caddy.</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>An additional observation on _____ at 9:13 a.m. of the sign on the door for Resident _____ # _____ indicated "Stop see nurse before entering." The sign was green indicating droplet precautions. The PPE, indicated on the _____ of the sign, was a gown, gloves, mask, and _____ shield or goggles. An additional observation of the sign on Resident _____ # _____ door indicating, "Stop, Please see nurse before entering," revealed it was green, indicating droplet precautions. The PPE indicated on the _____ of the sign was a gown, gloves, mask, and _____ shield or goggles. An additional observation of the green sign on the door above the isolation caddy for Resident _____ # _____ indicated the need for gloves, gowns, mask, goggles or a shield.</p> <p>Review of Attachment A, Centers for Medicare and Medicaid Services (CMS) Long Term Care (LTC) _____ Control Worksheet LTC Facility Self-Assessment Tool, dated _____, revealed the following:</p> <p>(page 16) G.1. Supplies necessary for adherence to proper personal protective equipment use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, _____, rooms, and resident rooms). The box was checked 'yes'.</p> <p>A review of the Coronavirus _____ 2019 (Covid-19) Preparedness Checklist for Nursing Homes and other Long-term Care Settings, undated, reflected the following information:</p> <p>Supplies and Resources</p> <p>The facility provides supplies necessary to adhere to recommended IPC practices including:</p> <p>(bullet 5) Necessary PPE is available immediately outside of the resident room and in other areas</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>where resident care is provided. The box was marked "completed." (bullet 6) Facilities should have supplies of facemasks, _____ (if available and the facility has a _____ protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and _____ protection (i.e., _____ shield or goggles). The box was marked "completed."</p> <p>A review of the facility's policy titled, "Manual: Control Standards and Guidelines: Transmission Based Precautions," with an issue date of _____, revealed: "Droplet - small droplets that contain _____ organisms that can be expelled for up to 3 _____ by coughing or sneezing. A susceptible host can contract the _____ by inhaling these organisms or through contact with _____ (_____, _____, and _____). (Utilize Green "Stop and See Nurse" signage outside resident room or on door)," and "It is important to use the standard approaches, as defined by the CDC for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precaution determines the type of PPE to be used. Communication (e.g., verbal reports, signage) regarding the _____ type of precaution to be utilized is important. When transmission-based precautions are in place, PPE should be readily available. Proper _____ washing remains a key preventive measure, regardless of the type of transmission-based precaution employed." The section titled, "Guidelines for Contact Precautions, Gloves," revealed: 5. Wearing gloves is not a substitute for _____ Gloves will be removed and discarded before leaving the resident's room, _____ will immediately</p>	F 880			



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F 880	Continued From page 16 be washed with soap, and water or a waterless will be used.	F 880			

Agency for Health Care Administration

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STREET ADDRESS, CITY, STATE, ZIP CODE

**APOLLO HEALTH AND REHABILITATION CENTER**

**1000 24TH ST N**

**SAINT PETERSBURG, FL 33713**

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N 000	<b>INITIAL COMMENTS</b>  A COVID-19 focused control visit was conducted on 05/15/2020 at Apollo Health and Rehabilitation. There were deficiencies found at the time of the visit.	N 000		
N 201 SS=E	<b>400.022(1)(f), FS Right to Adequate and Appropriate Health Care</b>  The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.  This Statute or Rule is not met as evidenced by: Based on observations, interviews, record review, policy review, and review of the Center for Disease Control and Prevention guidelines, the facility did not provide adequate and appropriate health care related to not properly maintaining and implement best practices for COVID-19 as evidenced by: 1. a screening device ( ) used for staff and persons from outside services was not cleaned and disinfected following the recommended contact time, 2. Staff not washing hands after leaving a resident care area, 3. Staff not following posted droplet precautions by not donning required personal protective equipment (PPE) for two residents (#6 and #7) of four residents on isolation for droplet precautions, 4. not providing dedicated resident equipment on droplet precautions and not cleaning a reusable screening device by its recommended contact time and not properly storing a utilized N95 mask	N 201	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.  (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:  1. On 05/15/2020 Staff Member A was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards as it relates to process for screening employees and cleaning of equipment. Validation of competency	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/20

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N 201	<p>Continued From page 1</p> <p>appropriately, 5. not donning required PPE to assist two residents (#4 and #5) on droplet precautions, 6. not maintaining tubing for an _____ and the drainage bag off the floor to potentiate cross contamination for one resident (#12) of 14 residents with _____, and 7. not having appropriate PPE readily accessible in the isolation caddies for three of three resident rooms (_____, #_____, #_____, and #_____) indicated as droplet precautions.</p> <p>Findings included:</p> <p>Review of the CDC and the World Health Organization _____ hygiene guidelines revealed: Standard Precautions</p> <p>Handwashing with Soap and Water:</p> <ul style="list-style-type: none"> <li>o Wet _____ first with water (avoid using hot water)</li> <li>o Apply soap to _____</li> <li>o Rub _____ vigorously for at least 15 seconds, covering all surfaces of _____ and _____</li> <li>o Rinse _____ with water and dry thoroughly with paper towel</li> <li>o Use paper towel to turn off water faucet</li> </ul> <p>2. Indications for _____ Hygiene</p> <p>Always perform _____ hygiene in the following situations:</p> <ul style="list-style-type: none"> <li>o Before touching a patient, even if gloves will be worn</li> <li>o Before exiting the patient's care area after touching the patient or the patient's immediate environment</li> <li>o After contact with _____, _____, or _____</li> <li>o Prior to performing an _____ task (e.g., accessing a port, preparing an injection)</li> <li>o If _____ will be moving from a contaminated-body site to a clean-body site</li> </ul>	N 201	<p>completed by visual observation.</p> <p>2. On _____, Resident (_____, #_____) was assessed by a licensed nurse, and sustained no ill effects related to potential _____ related to safe handling of linen.</p> <p>On _____, Staff Member C was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on proper hygiene and safe handling of linen. Validation of competency completed by visual observation.</p> <p>3. On _____, Residents # 6 and #7 were assessed by a licensed nurse and sustained no ill effects related to potential failure of staff to don _____ shield.</p> <p>On _____, Staff Member D was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment. Validation of competency completed by visual observation.</p> <p>4. On _____, Staff Member G was re-educated by the Clinical Educator and Regional Director of Clinical Operations on the components of this regulation with an emphasis on Transmission Based Precautions, cleaning of shared equipment, and Universal Masking. Validation of competencies completed by visual observation. Additionally, identified items and med cart were _____.</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**APOLLO HEALTH AND REHABILITATION CENTER**

**1000 24TH ST N  
SAINT PETERSBURG, FL 33713**

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N 201	<p>Continued From page 2</p> <p>during patient care o After glove removal CDC Guideline for Hygiene in Health-Care Settings (available at: <a href="http://www.cdc.gov/mmwr/PDF/rrrr5116.pdf">http://www.cdc.gov/mmwr/PDF/rrrr5116.pdf</a>) WHO Guidelines on Hygiene in Healthcare 2009 (available at: <a href="http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf">http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf</a>)</p> <p>1. On _____ at 9:15 a.m. the survey team entered the facility as Staff A, Transportation Coordinator/Certified Nursing Assistant (CNA), donned in gloves and a mask, stood at the entrance telling the surveyors to use the sanitizer. She picked up a touchless thermometer and _____ that lay on top of a white foam tray. The temperature was taken followed by the _____. After the temperature and _____ were used, she placed them directly on top of the receptionist desktop without cleaning the equipment. Staff A then completed the questioning process. She was asked at that time if she was the designated person that performed the screening. She said that she was the Transportation Coordinator and was only filling in until the receptionist arrived.</p> <p>At 9:18 a.m. Staff A was observed as she donned a pair of gloves. She removed one bleach wipe from a container and cleaned the _____ and the thermometer for a total of three seconds. She then removed the gloves and used _____ sanitizer.</p> <p>At 9:20 a.m. an outside vendor was allowed to enter the front entrance. He was observed wearing cloth utility gloves on both _____. While he waited at the receptionist desk, he donned a pair of purple gloves over the top of his utility</p>	N 201	<p>cleansed with adherence to appropriate wet time.</p> <p>On _____, Residents #4 and #5 were assessed by a licensed nurse and sustained no ill effects related to potential failure of staff to don _____ shield.</p> <p>5. On _____, Staff Member A was re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment. Validation of competency completed by visual observation.</p> <p>On _____, Residents #4 and #5 were assessed by a licensed nurse and sustained no ill effects related to potential failure of staff to don _____ shield.</p> <p>6. On _____, Resident #12 assessed by licensed nurse, and sustained no ill effects. _____ drainage bag/tubing was not in contact with the floor during this review.</p> <p>On _____ Staff member H and rehab staff member re-educated by the Clinical Educator on appropriate _____ care and a competency was completed for _____ care and emptying of a bedside drainage bag. Follow up education and competency completed by Clinical Educator on _____</p> <p>7. On _____, resident isolation caddies were visualized, and all appropriate PPE in place as indicated in accordance with transmission based</p>	

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N 201	<p>Continued From page 3</p> <p>gloves. Staff A picked up the thermometer and the _____, that had just been cleaned for 3 seconds, telling the vendor he needed to take his glove off. He removed the glove from this left _____ as she placed the _____ to his first _____. She placed both the thermometer and the _____ directly on the bare surface of the desktop. A cell phone began to ring as it was observed lying on top of the desk positioned next to the used _____. Staff A picked up the phone as the vendor donned his gloves and left the reception area. The equipment and desktop were not cleaned.</p> <p>A nurse was standing outside of the front entrance with her uniform that indicated she was from a hospice agency. Staff A placed her phone on top of the receptionist desk and walked over to the front door and used her ungloved right to open the door.</p> <p>Staff A performed the same process with the thermometer, _____ and questionnaire with the hospice nurse. Staff A performed the same cleaning process of a total of 3 seconds with the thermometer, _____.</p> <p>Staff A donned a pair of gloves and removed one bleach wipe from the container. She used the one wipe to clean two thermometers and two _____, for a total of 12 seconds. The phone was never cleaned, nor the surface of the desk where the thermometers and _____ were set.</p> <p>The container of the bleach wipes contained _____ directions for use that revealed: 2. wipe surface with wipe until completely wet. 3. To _____, allow surface to remain wet for contact time: _____ -30 seconds, V/ruses - 1 minute and _____ ( _____ ) spores- 3</p>	N 201	<p>precautions</p> <p>(B) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <ol style="list-style-type: none"> <li>By _____ a quality review of staff screenings completed to ensure appropriate process in place for prevention of spread of _____. No issues or concerns identified.</li> <li>By _____ a quality review of residents assessments completed to ensure no S/S of _____ related to safe handling of linen present. No issues or concerns identified.</li> <li>By _____ a quality review of residents assessments completed to ensure no S/S of undiagnosed _____, symptoms present. No issues or concerns identified.</li> <li>By _____ a quality review of residents assessments completed to ensure no S/S of undiagnosed _____, symptoms present. No issues or concerns identified.</li> <li>By _____ a quality review of residents assessments completed to ensure no S/S of undiagnosed _____, symptoms present. No issues or concerns identified.</li> <li>On _____, facility wide quality review of residents with _____</li> </ol>	

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N 201	<p>Continued From page 4</p> <p>minutes. Cleaning Procedure: cleaning is to include vigorous wiping and/or scrubbing, until all visible soil is removed. Special attention is needed for high-touch surfaces. Do not reuse soiled clothes. Contact time: allow surfaces to remain wet for 1 minutes, let air dry, for all other organisms, see directions for contact times. (Photographic evidence obtained)</p> <p>The Regional Nurse was asked on _____ at approximately 2:00 p.m. for the manufacturer's contact time for the bleach wipes that the facility had been utilizing during the screening process. She indicated that the facility does not have anyone with _____ (_____) so the three-minute wet time did not need to be used. She was informed that the one-minute contact time had also not been observed for viruses during the screening process upon entry to the facility. The Regional Nurse did not respond.</p> <p>2. At 10:10 a.m. on _____ Staff C, Certified Nursing Assistant (CNA) was observed as she left Resident _____ by closing the door behind her. She stood in the hallway and removed gloves to both _____. A linen cart was just outside of the room as she reached inside of cart, without practicing _____ hygiene, and removed a washcloth. Staff C then returned to resident _____ and knocked on the door. She opened the door and reached inside of the doorway and handed the washcloth to the resident. Staff C, CNA walked across the hall and used a _____ sanitizer to her _____.</p> <p>3. On _____ at 10:35 a.m. Resident #6's &amp; #7's room door was closed. The door was observed with an isolation caddy holding personal protective equipment and a sign indicating droplet precautions. Just then the room door was opened</p>	N 201	<p>_____ completed to ensure care system in place and functioning as designed and bedside drainage bags/tubing are not in contact with the floor. Issues or concerns were addressed as they were identified.</p> <p>7. On _____, facility wide quality review of residents receiving transmission based precautions completed to ensure isolation caddies have appropriate personal protective equipment. No issues or concerns identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>1. By _____ Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards as it relates to process for screening employees and cleaning/_____ of equipment with adherence to recommended wet time, and competency with return demonstration conducted.</p> <p>2. By _____ Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on proper _____ hygiene, and safe handling of linen, and competency with return demonstration conducted.</p> <p>3. By _____ Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding</p>		

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N 201	<p>Continued From page 5</p> <p>and Staff D, CNA exited the room holding two clear colored bags. One of the bags was observed with a yellow gown and the second bag contained resident personal clothing. She was asked as she entered the hallway where her shield was. She stated, "I was wearing one." She was asked where her shield was again. She did not respond as she walked down the hallway. Staff D walked the length of the North hall to a set of double doors at the end of the unit and continued to another set of double doors that lead to the outside of the facility. Staff D, CNA was asked if she had to leave the facility to dispose of the garbage and residents' personal clothing daily. She stated, "Yes, they moved our dirty linen room for . . . ." She then added, "I forgot to wear a shield in (Resident #6's and #7's) room," as she confirmed the isolation personal protective equipment (PPE) posted for their room (droplet precautions) included to wear a shield upon entry.</p> <p>A review of the Order Listing Reports dated and revealed Residents #6 and #7 were on droplet precautions as of . . . . . The DON revealed that both residents receive outside . . . . . services and all residents that receive outside services are put on droplet precautions.</p> <p>The DON identified a total of four residents (#6, #7, #10 and #11) that received outside . . . . . services. Additionally, the facility provided a list that contained all of the four residents' names that revealed they had come in contact with the receptionist that was currently out of work after being tested positive for COVID-19.</p> <p>4. At 10:50 a.m. . . . ., Staff G, Licensed Practical Nurse (LPN) was observed standing in Resident #8's room, as the resident was noted</p>	N 201	<p>Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment. Competency with return demonstration conducted.</p> <p>4. By . . . . ., staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on Transmission Based Precautions inclusive of dedicated equipment, adherence to wet times during cleaning of shared equipment, and Universal Masking and Mask Conservation. Competency with return demonstration conducted.</p> <p>5. By . . . . . Staff were re-educated by the Clinical Educator/Designee on the components of this regulation with an emphasis on facility standards regarding Transmission Based Precautions, and proper donning and doffing of Personal Protective Equipment with an emphasis on universal masking and shield utilization. Competency with return demonstration conducted.</p> <p>6. By . . . . ., the Clinical Educator/designee reeducated facility staff on the components of this regulation with an emphasis on ensuring care system in place and functioning as designed for residents with . . . . . and bedside drainage bags/tubing are not in contact with the floor.</p> <p>7. By . . . . . the Clinical Educator/designee re-educated facility staff on the components of this regulation with an emphasis on personal protective</p>	

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N 201	<p>Continued From page 6</p> <p>sitting on the edge of his bed facing the nurse. On top of the over the bed side table an electronic _____ machine with an attached cuff lay on its bare surface. Staff G, LPN removed her personal PPE equipment of gown and gloves, and exited the room carrying the electronic _____ machine. She placed the machine next to two _____ monitors that were sitting on the medication cart in the hall. Staff G, LPN returned to her medication cart after washing her _____ for 3 seconds and opened up the right second drawer, which revealed a brown paper bag. She removed her N95 mask and placed it inside of the bag. Just at that time the Regional Nurse approached and was overheard telling Staff G, LPN you can't store the mask inside of the drawer.</p> <p>Medical record review was conducted for Resident #8 and the Admission Record indicated he had been a long-term care resident at the facility with a history of _____ and _____ failure. A review of his physician orders for _____ indicated ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT (microgram/active clotting time) 2 puff inhale orally every 4 hours as needed for _____ or _____ related to _____ with a start date of _____.</p> <p>Resident #9 was the roommate for Resident #8 and his Admission Record was reviewed and revealed a readmission date of _____ and diagnoses of _____ failure and _____.</p> <p>In review of his physician orders for _____ an _____ indicated a routine _____ that was performed four times a day ( _____ Solution 0. _____ (3) MG/3ML</p>	N 201	<p>equipment required for transmission based precautions, and locations/availability of PPE in the facility if items unavailable on isolation caddy.</p> <p>Newly hired employees will receive education in orientation</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>Area will be routinely monitored by IDT members while performing their daily assigned area rounds, and during weekly _____ Control Rounds. Staff will report any issues observed during morning meeting; with follow-up being validated daily by Executive Director/Designee.</p> <p>1. The facility Director of Nursing Services/designee will conduct a Quality Review on alternating shifts to ensure staff are maintaining proper _____ control practices during screening process, with an emphasis on cleaning/ _____ of equipment with adherence to recommended wet time Daily x 4 weeks, and then 3 times weekly x 2 months.</p> <p>2. The facility Director of Nursing Services/designee will conduct a Quality Review via staff observation of 5 staff on each unit to ensure staff are maintaining proper _____ control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper hygiene, and safe handling of linen.</p>	



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N 201	<p>Continued From page 7</p> <p>(milligrams/milliliters) 3 ml inhale orally every 4 hours related to _____ with (acute) exacerbation started on _____, and Pulout suspension 0.25 MG/2 ML 4 ml inhale orally two times a day for _____ related to _____ with (acute) exacerbation started on _____. The _____ was given by a small volume _____ machine.</p> <p>The Director of Nursing and the Regional Nurse on _____ had indicated that all residents that receive _____ are put on droplet precautions and confirmed that _____ shields need to be utilized upon entrance to the resident rooms.</p> <p>At 11:00 a.m. _____ the Regional Nurse was asked about bringing equipment into residents' rooms that are on droplet precautions. She indicated that the residents should have their own equipment, and if it were to be used it needed to be cleaned and _____ prior to reuse. The Regional Nurse was asked about the _____ machine that still remained on the medication cart that had not been cleaned after it was in an isolation room. Staff G, LPN confirmed she had not cleaned it yet. At that time, she removed a single bleach wipe from the medication cart. She first cleaned the bottom of the machine by wiping it one time. Then the top of the machine was cleaned by one swipe. She then followed the same technique by the outside of the cuff and the inside of the cuff with one swipe.</p> <p>The bleach wipe instructions indicated a contact time of one minute for viruses and a three-minute contact time for _____. Neither of the two contact times were observed.</p>	N 201	<p>3. The facility Director of Nursing Services/designee will conduct a Quality Review of residents receiving transmission based precautions to ensure staff are maintaining proper control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper transmission based precautions, and appropriately donning and doffing PPE.</p> <p>4. The facility Director of Nursing Services/designee will conduct a Quality Review of residents receiving transmission based precautions to ensure staff are maintaining proper control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper transmission based precautions inclusive of dedicated equipment, adherence to recommended wet times during cleansing of shared equipment, and maintaining appropriate _____ control practices with universal masking/mask conservation.</p> <p>5. The facility Director of Nursing Services/designee will conduct a Quality Review of 5 staff on each unit to ensure staff are maintaining proper _____ control practices 3 times weekly x 4 weeks, and then every week x 2 months. Quality Review to include visual observation of staff maintaining proper transmission based precautions inclusive of _____ shield/_____ protection, and maintaining appropriate _____ control</p>	

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N 201	<p>Continued From page 8</p> <p>At 11:40 a.m., Staff G, LPN was observed as she opened up and exited the room of Resident #4 &amp; #5, which was located directly across from the conference room where the survey team was located. She immediately hung up a _____ shield on the door and left the area. The _____ shield was not cleaned after it was brought out into the hallway on the North hall, as the _____ shield surface was observed dry. This observation was told to the Nursing Home Administrator as she walked into the conference room,</p> <p>5. At 11:44 a.m. the call light went on for Resident #4 &amp; #5, who resided in a room identified for droplet precautions by the "Stop. See Nurse," sign on the resident room door. A staff member was in the hallway and directed Staff A, CNA to answer the call light. Staff A, CNA was observed donning a gown, gloves and surgical mask prior to entering the residents' room. The room door remained open as she was speaking with the resident and assisting with an article on the opposite side of his bed. She removed her PPE at the doorway and exited the room. She was asked at that time why neither a _____ shield nor a N95 mask had been worn when she entered the room. She stated, "Didn't know that room was COVID." Staff A, CNA was asked if there were bleach wipes in the room. She stated, no, they are not kept in bedrooms or in the hallways. If something needs to be cleaned, you need to go to the desk to get the wipes.</p> <p>A medical record review was conducted for Resident #4 and the Admission Record indicated he had been at the facility for two months. His primary diagnosis was _____ of _____. Nursing Progress notes were reviewed and</p>	N 201	<p>practices with universal masking/mask conservation.</p> <p>6. The facility Director of Nursing Services/designee will conduct a weekly quality review of residents with an _____ x 4 weeks, and then every 2 weeks x 2 months to ensure care system in place and functioning as designed, with an emphasis on ensuring _____ bag/tubing secured and not in contact with the floor.</p> <p>7. The facility Director of Nursing Services/designee will conduct a Quality Review of residents with transmission based precautions to ensure appropriate personal protective equipment readily accessible in isolation caddies and stored appropriately daily x 4 weeks then 3 times weekly x 2 months to ensure systematic process is in place and functioning as designed.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends quarterly monitoring by the Regional Director of Clinical Operations when completing their quality systems review.</p>		

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N 201	<p>Continued From page 9</p> <p>revealed:</p> <p>" at 9:34 p.m. (21:34): "T (temperature) 100.8, c/o (complaint of) painful , 02 ( ) sat (saturation) 95% on room air, no abnormal sounds are auscultated. Resident denied discomfort. provided prn (as needed) med (medication) with positive result (t 100), informed MD (medical doctor), ordered lab, Continue to monitor."</p> <p>" at 3:08 p.m. (15:08): " informed ARNP (Advanced Registered Nurse Practitioner) of , cmp. (standard tests) and results and members temp.97.6 at this time, having loose stools x 3 today and complains of at night received new orders: 500 mg po x 5 days, and screen swab. Hold colase x 3 days."</p> <p>" at 10:01 p.m. (22:01): " (vitals), informed MD, ordered consult with "</p> <p>" at 1:53 a.m. vitals note Temperature Warning: " value: 100.0"</p> <p>" at 3:25 p.m. (15:25): "spoke with dr. regarding orders. Received orders to start resident on NS at 75ml/hr (milliliters per hour) x 2 liters, specimen, 2 gm (grams) q8hrs (daily) x 7 days, continue with 500 mg po (500 milligrams by two times per day) x 7 days and stop "</p> <p>" at 2:51 a.m. vitals note: temperature 100.2.</p> <p>Physician orders for revealed that Resident #4 was started on droplet precautions on .</p> <p>A medical record review was conducted for Resident #5 and the Admission Record indicated he was admitted to the facility on with a primary diagnosis of stage</p>	N 201			

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N 201	<p>Continued From page 10</p> <p>3 and type II . . . . . with . . . . . . . . . . A review of the Order Listing Report dated . . . . . revealed that Resident #5 was placed on droplet isolation - presumptive every shift . . . . . with a revision on . . . . .</p> <p>On . . . . . around 10:03 a.m. an interview was conducted with the Director of Nursing (DON) and he confirmed that residents #4 and #5 were tested for COVID-19 and the results remained pending as of today (. . . . .). He was then asked about the delay in starting droplet precautions for Resident #4. His medical record indicated a change in condition on . . . . . The DON stated, "It was on a weekend. I usually look at all the new orders. Even on the weekend. That was one weekend I didn't look at the orders until Monday ." He confirmed that it was missed.</p> <p>6. At 11:40 a.m. on . . . . ., Resident #12 was observed from her doorway entrance lying in bed. Her . . . . . tubing along with the drainage bag was lying on the floor (photographic evidence obtained).</p> <p>At 1:10 p.m. on . . . . ., Resident #12 was observed sitting up in a chair in her bedroom she was positioned toward the television screen. Her lunch tray was sitting in front of her as she smiled at the surveyor standing outside of her room door. Resident #12 appeared comfortable and when she was asked how she was feeling today. She stated, "Better, after they finally got me out of bed. I don't like being in bed all the time." Resident #12's . . . . . tubing and bag laid on the floor next to the chair. Staff H, LPN was in the hallway and she was asked if normal practice was to have . . . . . tubing lie on the floor next to the . . . . . bag. She stated, "No, it should not be on the floor."</p>	N 201		

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N 201	<p>Continued From page 11</p> <p>Resident #12's Admission Record indicated that she had been readmitted to the facility on _____ with primary diagnoses of _____ and _____, retention.</p> <p>A review of the _____ -Associated _____ (CAUTI) revealed:</p> <p>III. Proper Techniques for _____ Maintenance</p> <p>Keep the collecting bag below the level of the _____ at all times. Do not rest the bag on the floor.</p> <p><a href="https://www.cdc.gov/.../guidelines/.../index.html#anchor_1552413731">https://www.cdc.gov/.../guidelines/.../index.html#anchor_1552413731</a>.</p> <p>7. An observation on _____ was conducted at 9:55 a.m. on the East hall. Resident # _____ had an isolation kit on the door with a sign showing, "Stop, see nurse before entering." There were gloves, gowns, and surgical masks in the kit. On the North hall, Resident # _____ had an isolation kit with gowns, surgical masks, gloves, and a sign on the door indicating, "Stop. Please see nurse before entering," and Resident # _____ had a sign indicating, "Stop. Please see nurse before entering." There were gowns, surgical masks, gloves, and wipes in the isolation kit on the door. There were no goggles or _____ shields in any of the kits.</p> <p>On _____ at 11:31 a.m. an interview was conducted with the Clinical Educator. She said _____ patients are all on isolation because they go in and out of the building. They are cohorted on the North wing. There are five. She reported they were located in _____.</p> <p>At 12:05 p.m. on _____ an interview was conducted with the DON. He said all the _____</p>	N 201		

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N 201	<p>Continued From page 12</p> <p>residents are on droplet precautions presumptively.</p> <p>At 2:26 p.m. on _____ an interview was conducted with the DON. He said they check the isolation kits several times a day to ensure they are stocked and that whatever is listed on the signs should be in the caddy.</p> <p>An additional observation on _____ at 9:13 a.m. of the sign on the door for Resident _____ # _____ indicated "Stop see nurse before entering." The sign was green indicating droplet precautions. The PPE, indicated on the _____ of the sign, was a gown, gloves, mask, and _____ shield or goggles. An additional observation of the sign on Resident _____ # _____ door indicating, "Stop. Please see nurse before entering," revealed it was green, indicating droplet precautions. The PPE indicated on the _____ of the sign was a gown, gloves, mask, and _____ shield or goggles. An additional observation of the green sign on the door above the isolation caddy for Resident _____ # _____ indicated the need for gloves, gowns, mask, goggles or a shield.</p> <p>Review of Attachment A, Centers for Medicare and Medicaid Services (CMS) Long Term Care (LTC) _____ Control Worksheet LTC Facility Self-Assessment Tool, dated _____, revealed the following: (page 16) G.1. Supplies necessary for adherence to proper personal protective equipment use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, _____, rooms, and resident rooms). The box was checked 'yes'.</p> <p>A review of the Coronavirus _____ 2019 (Covid-19) Preparedness Checklist for Nursing</p>	N 201		

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N 201	<p>Continued From page 13</p> <p>Homes and other Long-term Care Settings, undated, reflected the following information:</p> <p><b>Supplies and Resources</b></p> <p>The facility provides supplies necessary to adhere to recommended IPC practices including:</p> <p>(bullet 5) Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided. The box was marked "completed."</p> <p>(bullet 6) Facilities should have supplies of facemasks, _____ (if available and the facility has a _____ protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and _____ protection (i.e., shield or goggles). The box was marked "completed."</p> <p>A review of the facility's policy titled, "Manual: _____ Control Standards and Guidelines: Transmission Based Precautions," with an issue date of _____, revealed:</p> <p>"Droplet - small droplets that contain organisms that can be expelled for up to 3 _____ by coughing or sneezing. A susceptible host can contract the _____ by inhaling these organisms or through contact with _____ and _____. (Utilize Green "Stop and See Nurse" signage outside resident room or on door)," and "It is important to use the standard approaches, as defined by the CDC for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precaution determines the type of PPE to be used. Communication (e.g., verbal reports, signage) regarding the _____ type of precaution to be utilized is important. When transmission-based precautions are in place, PPE should be readily available. Proper _____ washing remains a key preventive measure, regardless of the type of transmission-based</p>	N 201		

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N 201	Continued From page 14  precaution employed." The section titled, "Guidelines for Contact Precautions, Gloves," revealed: 5. Wearing gloves is not a substitute for Gloves will be removed and discarded before leaving the resident's room, will immediately be washed with soap, and water or a waterless will be used.  Class III	N 201		