

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

PRINTED: 02/03/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/12/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS MARIA MANOR NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10300 4TH ST N</b> <b>SAINT PETERSBURG, FL 33716</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 complaint survey for complaint number 2020020660 was conducted in conjunction with a COVID-19 Focused Control survey on at Bon Secours Maria Manor Nursing Care Center. The facility was in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

/2021

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.

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS MARIA MANOR NURSING CARE CEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10300 4TH ST N SAINT PETERSBURG, FL 33716</b>		
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N 000	INITIAL COMMENTS  A complaint survey for complaint number 2020020660 was conducted, in conjunction with a COVID-19 Focused Control survey, at Bon Secours Maria Manor Nursing Care Center on . Deficient practice was identified at the time of the survey.  Complaint number 2020020660 had a deficiency cited at N201.	N 000		
N 201 SS=D	400.022(1)(I), FS Right to Adequate and Appropriate Health Care  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, and policy review the facility failed to provide adequate and appropriate health care by not ensuring staff properly maintained and implemented best practices to prevent the spread of COVID-19 as evidenced by: 1. possible cross contamination of resident's water cups by storing on the hallway railing by one staff member (F) of one staff member observed, 3. Four staff members (I, G, A, B) of eight staff members observed not donning and doffing personal protective equipment (PPE) correctly and/or performing . . . hygiene, and 4. storing linen in an unsanitary manner in one (C-wing) of four	N 201	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegations of compliance. All alleged deficiencies have been or will be corrected by the date indicated.	

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

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NAME OF PROVIDER OR SUPPLIER  
**BON SECOURS MARIA MANOR NURSING CARE CEN**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**10300 4TH ST N  
SAINT PETERSBURG, FL 33716**

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wings.

Findings included:

On ..... the ..... Control Preventionist ( ) stated, at 2:51 p.m., "Our first outbreak was in ..... (2020) and that was on the locked unit (B-Wing)." She confirmed with the outbreak in ..... the majority of the staff worked on the D wing. The ..... confirmed the tracking and tracing showed that out of the 25 staff members that had tested positive 14 had worked the D-wing. A review of the facility's tracking and trending report with the ..... Preventionist showed that from ..... to ..... thirty-one residents and twenty-five staff members tested positive for COVID-19. Currently the facility's COVID-19 unit had 8 positive residents in ..... - 132 on the A wing.

1. On ..... at 11:30 a.m. a tour was conducted on the A-Wing as Staff F, Certified Nursing Assistant (CNA) was observed walking out of resident # ..... holding two separate white cups. She placed both cups on the ..... railing in the hallway and opened the ice ..... She placed ice into the first cup and placed it ..... on the ..... railing. As she did this, the open end of the straw that remained inside of the cup rested on wall's surface. Staff F then placed ice inside the second cup and returned both cups to the resident room.

Staff F was then observed as she entered resident # ..... After a short period of time she left the room holding two separate white that contained straws. Staff F proceeded to place both cups on the ..... railing. Both lids on the cups were observed not in place. Staff F opened the ice ..... gathered the ice scoop and reached for

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1. Staff F was educated regarding control procedure for passing water to residents with regards to: not placing the white cups on the handrails, utilizing the ice scoop, ensuring the lids for the white cups are fully secure, and straws replaced.  
Staff I, G, A, B were educated regarding proper donning and doffing of PPE and hygiene.  
Linens on the bottom shelf of all linen carts were removed and washed.  
Water bottle and ..... soap on housekeeping cart was removed. Staff "I" was educated to use the sink to wash ..... with soap and water due to her ..... to ..... sanitizer.

2. All residents have the potential to be affected by these deficient practices.

3. Licensed nursing staff, ..... staff, and housekeeping staff member "I" was educated by the Clinical Educator or designee regarding ..... control practices for donning and doffing PPE, ..... hygiene. All licensed nursing staff were also educated on procedure for passing of water to residents. The facility will obtain rolling carts for each unit to be utilized for hydration pass from room to room.

Housekeeping/Laundry Staff were educated by the EVS Manager to not use the bottom shelf of the linen carts.

4. Nursing administration or designee will conduct audits for donning and doffing PPE, Hygiene, and passing of water

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N 201	<p>Continued From page 2</p> <p>the first cup and as she did this the inside surface of the cover had brief contact with the wall. After the second cup was filled with ice, it was then placed on the railing. The straw was noted as it gently rested on the wall for support.</p> <p>Staff F was asked about the process of filling the cups up with water. She said there is no place to put the cups when I re-fill it with ice. Staff F was asked if anyone had informed her on where the cups should sit while she prepares to fill them with the ice. She stated, "That's a good question to ask."</p> <p>2. An observation at 11:39 a.m. revealed Staff G, CNA exiting resident # holding a white cup that contained a straw in her right . . . Her right . . . donned a glove. She walked up to the ice . . . that remained sitting outside of . . . # . . . and pushed the . . . to the nursing station with her left . . . After she left the station, she removed the glove to her right . . . and walked . . . to the unit. Still holding the cup in her . . . , she walked into resident # and then into #109 and left the cup on the resident's over bedside table. At that time an interview was conducted with Staff G and she confirmed she had a glove on and removed it without hygiene.</p> <p>A tour was conducted on the memory unit at 11:50 a.m. as Staff I, Housekeeper was noted walking outside of resident . . . #. . . holding a mop in her right . . . and a bag of garbage in her left. Both . . . were donned with gloves. Staff I placed the mop on the housekeeping cart ledge and disposed of the garbage and doffed the gloves and put them inside of the cart garbage container. Staff I then pushed the cart off the unit. After she left the unit the cart was positioned in</p>	N 201	<p>daily. The EVS Manager will conduct audits of the linen carts. The DON and EVS Manager will report findings to the Quality Assurance Performance Committee for three months or until resolved.</p>		

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N 201	<p>Continued From page 3</p> <p>the immediate hallway up against the wall. Staff I removed a set of keys from her pocket and opened a locked cabinet on the upper portion of the cart. As the door opened cleaning products were observed. She reached inside of the cabinet and removed a water bottle and a container of soap. At that time, Staff I was asked why she had not practiced hygiene after removing her gloves. Staff I stated, "I can't use the sanitizer here." As she held up her hand and pointed in between her fingers stating, "I get a little." No sanitizer was observed at the time. Staff I then held up a bottle stating, "I bring this from home. I can only use this soap to wash." The bottle contained a label indicating it was [Brand Name] soap. She was asked if she had told anyone about the soap, she gets from the sanitizer. Staff I did not answer the question and stated that she was late for her lunch as she walked away.</p> <p>An interview was conducted at 2:14 p.m. with the Control Preventionist (CPI) related to the current precautions the facility was using. She stated, "We were doing droplet precautions in the whole house before the outbreak. The only change we have made since the outbreak in the house is more oversight with the audits." The CPI was asked about the practice of removing gloves and practicing hygiene prior to leaving a resident room. The CPI stated, "Of course gloves are to be removed and cleaned." The CPI was informed of an observation that revealed a staff member placing resident water cups on the railing in the hallway, that caused the straws to come in contact with the wall. The CPI shook her head in a side to side motion stating, "... That should not happen." The CPI was asked about a housekeeper not able to use the sanitizer due to having a reaction to it. The CPI stated, "I</p>	N 201		
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N 201	<p>Continued From page 4</p> <p>have not heard anything about that. If they can't use the sanitizer then they need to use soap and water. There are sinks in each of the resident's bedrooms."</p> <p>During an interview at 4:28 p.m. the Director of Nursing (DON) stated, "We are using droplet precautions throughout the entire facility. Everyone is expected to wear a kn95 and protection."</p> <p>A review of the provided facility policy titled, "Hygiene," with a review date on _____ was conducted. It revealed, Policy: The recommendations from the Centers for Control and Prevention (CDC) Guideline for Hygiene in Health Care Settings 2002 provides guidance for this policy. All employees, medical staff, students, vendors, contractors, and volunteers who provide services to or otherwise do business with [Facility Name] will adhere to the policy. All (Company Name) facilities will monitor hygiene compliance on an ongoing basis and report monthly findings to the local executive team. All (Company Name) facilities will have appropriate equipment and will provide education and resources to ensure all healthcare workers meet their hygiene Selection and Approval of Hygiene Products (page 2 of 5): All hygiene products and moistening products will be approved through the authority of the Prevention Committees, of (Company Name), Healthcare workers who report sensitivities to approved hygiene products should discuss their concerns with the manager/supervisor and if necessary be evaluated by their respective employee services department. Indications for Hygiene: A. Indications for Hygiene - using soap/water, or</p>	N 201			

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N 201	<p>Continued From page 5</p> <p>...-based ...rubs/waterless ... agent, CDC Recommendations are: 3. before donning gloves and after removing gloves. Compliance Monitoring &amp; Barrier Identification (page 4 of 5): Each facility will have a process to identify barriers, monitor and enforce hygiene compliance Local executive leaders are responsible for reviewing and eliminating existing barriers to ... hygiene compliance. All [Company Name] entities are required to comply with the (Company Name) ... Hygiene Policy and implement a program for monitoring hygiene compliance.</p> <p>The facility policy titled, "Isolation- Transmission Based Precautions," that contained an effective date of ... was reviewed. It revealed: Purpose It is the policy of this facility to use category specific precautions for residents who have ... or communicable ... which may necessitate the use of barriers in addition to those used in Standard Precautions ... C. Droplet Precautions In addition to standard precautions for an individual documented or suspected to be ... with the microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking, or by performance of procedures such as suctioning ... All personnel who enter a Droplet Precautions resident room shall wear gown, gloves, and mask. After care has been completed, all PPE must be removed inside the resident's room and discarded in the waste receptacle. All personnel must wash their hands immediately after doffing PPE, taking care not to touch potentially contaminated environmental surfaces.</p> <p>The facility provided a copy of their "Coronavirus ... 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other</p>	N 201		

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Long-Term Care Settings," with a last reviewed date of (2020). It showed for Education and Training: (on page 6 of 8): The facility has plans to provide education and training to HCP (health care personnel), residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for, COVID-19. Consultant HCP should be included in education and training activities. A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personal attendance).

On . . . . . at 11:49 a.m. Staff A, Licensed Practical Nurse (LPN) on the B-Wing was observed to have gathered medications from her medication cart. She held the medications in her left . . . . ., walked into the doorway of a resident's room, grabbed a reusable gown that was hanging up on the wall. While Staff A, LPN donned the reusable gown the bottom of the reusable gown was dragging on the floor as she held the medications in one . . . . . and tried to don the reusable gown using the other . . . . . Staff A, LPN then switched the medications from her left to her right . . . . . and slid her left arm into the reusable gown. She then walked into the resident's room and gave the resident the medications.

An interview with the . . . . . Preventionist was conducted on . . . . . at 2:43 p.m. she stated when a nurse gives medications, they should bring the cart to the doorway set the medications on top of the medication cart, put on the gown while maintaining . . . . . on the medications. They should not be holding the medications and putting

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N 201	<p>Continued From page 7</p> <p>on the reusable gowns and letting it drag on the floor.</p> <p>On _____ at 11:57 a.m. Staff B, _____, Assistant (PTA) was observed to be in a resident room on the B-Wing leaning over talking with the resident, who was sitting in a wheelchair. The PTA had one gloved _____ resting on the resident's wheelchair and the other gloved _____ touching the resident's _____. Staff B, PTA was not wearing a gown. Staff B, PTA exited the resident's room and was asked if she should have been wearing a gown? Staff B stated she just got done doing the resident's _____, so she should have been wearing a gown. She continued to say whenever there is a COVID positive case anywhere in the building they have to wear gowns when they are in contact with the residents.</p> <p>An interview was conducted with the Preventionist on _____ at 2:14 p.m. and she stated that Unit Managers, Physical _____, or anyone who is not the nurse or CNA should get a new gown from the linen cart prior to providing care.</p> <p>4. An observation was conducted on _____ at 12:19 p.m. of the clean linen cart on the C-Wing. The ties on the reusable gowns were observed to be resting on the floor (Photographic Evidence Obtained).</p> <p>An interview with the _____ Preventionist on _____ at 2:43 p.m. was conducted and she stated nothing in the clean linen cart should be touching the ground.</p> <p>During an interview with the DON on _____ at 5:00 p.m., she stated the facility does not have a policy on storing linen in a clean and sanitary</p>	N 201		

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