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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 105419 | A. BUILDING _____ B. WING _____ | R-C 08/18/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WEST BAY OF TAMPA | 3865 TAMPA RD OLDSMAR, FL 34677 |

| (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<br><br>SKILLED NURSING FACILITY<br><br>An unannounced revisit to a complaint survey, CCR 2017006504 (Event ID: IT0912) was conducted at West Bay of Tampa on 8/18/2017 in conjunction to a new complaint survey, CCR#2017007863 (Event ID: B1FL11) and a recertification survey (Event ID: 9D8R11). The facility was not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility has been out of compliance since 7/17/2017. | {F 000} | | |

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

Electronically Signed | 08/31/2017

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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| | 55257 | A. BUILDING: _____ B. WING _____ | R 08/18/2017 |

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| {N 000} | INITIAL COMMENTS<br><br>SKILLED NURSING FACILITY<br><br>An unannounced revisit to a complaint survey, CCR#2017006504 (Event ID: IT0912) was conducted at West Bay of Tampa on 8/18/2017 in conjunction to a new complaint survey, CCR#2017007863 (Event ID: B1FL11) and a relicensure survey (Event ID: 9D8R11). The facility had deficiencies at the time of the visit. The facility has been out of compliance since 7/17/2017. License #1591096. | {N 000} | | |
| {N 201} SS=D | 400.022(1)(l), FS Right to Adequate and Appropriate Health Care<br><br>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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to ensure one (#134) of three residents reviewed for received proper care related to cross-contamination during care.<br><br>Findings included:<br><br>A review of Resident #134's & assessments dated 7/6/17 indicated a to the right , a to the , a on the , a on the right , an on the left | {N 201} | STEP 1<br>" Assigned nurse who performed care for resident # 134 was re-educated on center dressing policy as it pertains to residents being free of cross contamination when treatments being provided 8/16/17<br>" Observation performed by RN, Unit Manager of assigned nurse for resident #134 during next scheduled treatment(s) to ensure resident was free of cross contamination during treatment/care. 8/17/17 | 8/21/17 |

AHCA Form 3020-0001

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| Electronically Signed | | 08/31/17 |

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| {N 201} | Continued From page 1<br><br>, and a on the left<br>.<br><br>A review of the facility policy titled '<br>Dressings" effective date 6/1/96 and reviewed 3/1/16 indicated 13: If a break in aseptic technique occurs, stop the procedure, remove gloves, cleanse hands, and apply clean gloves.<br><br>An observation of Resident #134 on 8/16/17 at 9:18 a.m. revealed a resident laying on a Low-Air Loss mattress and wearing a left<br>prevention<br><br>An observation of Resident #134's care to multiple areas was conducted on 8/16/17 at 11:11 a.m. with Staff Member K, Licensed Practical Nurse (LPN), Staff Member L, LPN, and Staff Member M, Certified Nursing Assistant (CNA). During observation of the care to the , with resident laying on side, Staff Member K cleansed the then informed Staff Member L that another cotton tip applicator was needed to apply . Staff Member L left the room to retrieve the applicator. Staff member K and M pulled the bed sheet from the end of the bed, over the the resident was wearing and covered the to include the . Staff Member L returned and handed the cotton applicator to Staff Member K. Staff Member M pulled back the sheet and Staff K applied to the .<br><br>An interview with Staff Member K on 8/16/17 at 12:37 p.m., confirmed that the bed sheet covered the and the was not cleansed again prior to applying<br><br>On 8/16/17 at 1:46 p.m. the Director of Nursing (DON) was asked if staff should have re-cleaned | {N 201} | STEP 2<br>" RN / Unit Manager / ADON / DON completed random observation audits of licensed nurse staff providing treatment to ensure residents are free from cross contamination during treatment(s). Appropriate action taken when indicated. 8/21/17<br><br>STEP 3<br>" NHA/DON/ADON/RN Unit Manager re-educated center licensed nurses on center dressing policy as it pertains to residents being free of cross contamination when treatments being provided 8/21/17<br><br>STEP 4<br>" NHA, DON, ADON, Unit Manager, to QI monitor monthly random observation of licensed nurse staff providing treatment to ensure residents are free from cross contamination during treatment(s). Audits to continue until 100% compliant for 3 consecutive months. Appropriate action taken as indicated. Findings reported monthly in QA/RM committee for follow up. | |

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| {N 201} | Continued From page 2<br>the area. The DON stated she did not know because she was not there and did not know if the sheet had touched the<br><br>CLASS III | {N 201} | | |