

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OF SUPPLIER ROYAL OAK NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 37300 ROYAL OAK LANE DADE CITY, FL 33525	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record reviews the facility failed to follow their policy and procedure for handwashing, use of gloves and disinfection of shared resident equipment on 1(isolation unit) of 2 units. Findings included: A review of the facility policy titled Handwashing/Hand Hygiene revised on August 2015 read as follows Policy Statements: The facility considers hand hygiene the primary means to prevent the spread of infections. 7. Use an alcohol-based hand rub containing at least 62% alcohol or alternatively soap and water for the following situations: b. before and after direct contact with residents l. After contact with medical equipment in the immediate vicinity of the resident m. After removing gloves n. Before and after entering isolation precautions settings 9. The use of gloves does not replace handwashing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated infections. A review of the facility policy title Cleaning and Disinfection of Resident- Care Items Equipment revised on July 2014 read as follows. Policy Statement: Resident care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA blood-borne pathogen standard. 3. Durable medical equipment must be cleaned and disinfected before use by another resident. 4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturer's instructions. 5. Only equipment that is designated reusable shall be used by more than one resident. 6. Single use items will be discarded after a single use. An observation was conducted on 4/16/2020 at 1:18 p.m., on the 200 hall (hall identified as the facility isolation hall) Staff A, Housekeeping was observed coming out of room [ROOM NUMBER] with her blue gloves on. Staff A went to her cart and proceeded to move to the next room. An interview was conducted with Staff A said, Yes, I should have removed my gloves and washed my hands after leaving the room. An interview was conducted on 4/16/2020 at 1:20 p.m., with Staff B, Certified Nurse's Aide (CNA) who said, Yes, we are to remove our gloves and wash our hands before leaving a resident's room. An observation was conducted on 4/16/2020 at 1:22 p.m., Staff C, CNA walked into a resident's room took the residents temperature, then walked out of the resident's room without washing her hands. Staff C, CNA walked the thermometer over to a wire basket on the wall and placed the un-cleaned thermometer in the basket. An interview was conducted on 4/16/2020 at 1:24 with Staff D, Nurse on the floor who said, I had Staff C, CNA go and take the residents temperature quickly. I am sure she put it back and planned to go back and clean it later. A second observation was conducted on 4/16/2020 at 1:30 p.m., on the 200 hall a thermometer sitting on a bed side table out in the hallway. (photographic evidence was obtained). Staff D, nurse confirmed it should be cleaned and put back where it belongs. I expect the thermometer to be cleaned after each resident use. Yes, staff should wash their hands after leaving a residents room and after removing their gloves.</p>		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.