STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105743	A. BUILDING _____ B. WING _____	**07/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FLEET LANDING	**ONE FLEET LANDING BLVD ATLANTIC BEACH, FL 32233**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, clinical record review, employee record review and facility policy and procedure review the facility failed to ensure infection prevention and control procedures for the [MEDICAL CONDITION] 2019 (COVID-19) pandemic were operationalized by staff to reduce the spread of infection from residents who were residing in identified transmission based precaution rooms (#201 and #202) to a resident who was not residing in a transmission based precaution room (#203). The possible transmission of infectious organisms could present a health risk to the 56 residents of the facility. The findings include: Employee A, Certified Nursing Assistant (CNA) was observed on 07/07/ at 12:05 p.m. with Personal Protective Equipment (PPE) gown, surgical mask and face shield on when passing lunch trays. She took a lunch tray into room [ROOM NUMBER] at 12:08 p.m. The door had a bright pink sign indicating that the room was an isolation/quarantine room. She entered the room and shut the door. She could be heard speaking with the resident. She exited the room at 12:12 p.m. She had the same PPE gown, face mask and shield on. She had no gloves on. She then took a lunch tray off the cart and went into room [ROOM NUMBER] at 12:13 p.m. The door had a bright pink sign indicating that the room was an isolation/quarantine room. She entered the room and shut the door. She could be heard speaking with the resident. She exited the room at 12:16 p.m. She had the same PPE gown, face mask and shield on. She had no gloves on. She then took a lunch tray off the cart and went into room [ROOM NUMBER] at 12:18 p.m. There was no sign on the door indicating it was an isolation/quarantine room. She left the door of the room open and was observed to set the lunch tray on the tray table. She was overheard speaking to the resident. The resident reached up and grabbed the sleeve of the PPE gown and tugged on it. He then let go of it. She moved the tray table in front of him and set up his tray and left the room. She went to the sink in the resident's room and washed her hands for five seconds; dried her hands with a paper towel, discarded the paper towel and then exited the room at 12:24 p.m. She had the same PPE gown, face mask and shield on. She came back to the tray cart to get the next meal tray. During an interview with Employee A at 12:28 p.m., when asked about the rooms with the bright pink signs on them she explained that they are quarantine rooms for newly admitted residents. She confirmed that rooms [ROOM NUMBERS] were isolation rooms for COVID-19 precautions. The residents in those two rooms had been recently admitted from the hospital and they had to be quarantined for 14 days. She stated that she was trained to wear her PPE when entering a quarantine room. She was to wear a gown, mask and face shield. She did not have to wear gloves if she washed her hands thoroughly prior to leaving the room. She did not have to wear gloves to pass meal trays. She did not have to doff the PPE after leaving the room if she were going into another quarantine room. She stated she was expected to doff the PPE when leaving a quarantine room if she were going to another room that was not an isolation/quarantine room. She confirmed that room [ROOM NUMBER] was not an isolation/quarantine room. She stated she was expected to change the PPE if she was going into another room that was an isolation room for another reason other than COVID-19. She stated she did not know where she would throw away the PPE gown after leaving the last quarantine room because there was no red garbage can (biohazardous) in the room and there was no place to hang up the gown in room [ROOM NUMBER]. She stated that she would need to change her PPE if she was assisting residents who were in isolation if she were going from room to room. When asked if she considered her PPE contaminated after leaving an isolation/quarantine room, she stated, I should. I don't know. I was told we could wear them from room to room. Clinical record review for residents in rooms 201 (admitted [DATE]) and 202 (admitted [DATE]) revealed a physician's order that read: Isolation Protocol post hospitalization x14 days. Staff to wear PPE. Every day and night shifts (Photographic evidence obtained). During an interview with the Administrator on 07/07/2020 at 12:51 p.m., she was informed of the observations of Employee A delivering the lunch trays. She agreed the CNA should have doffed her PPE after leaving room [ROOM NUMBER] and prior to entering room [ROOM NUMBER] due to the resident in 203 not being in quarantine. She explained that the staff have been instructed to wear the same PPE from one quarantined room to the next. They hired a consultant to provide more training to the staff regarding infection control. The consultant did train them to wear PPE for the quarantine rooms as if the residents were positive for COVID-19. She stated they have been operating under Crisis Capacity mode and have been trying to use the PPE gowns for a whole shift for quarantined rooms. She stated she would speak to the CNA and the consultant again. During an interview with Employee A on 07/07/2020 at 3:23 p.m. she stated that she is to take off the PPE and throw it away and then wash her hands when leaving an isolation/quarantine room. She later stated that they could re-use the gown during the shift. When asked if she was to leave the gown in the room, she stated yes. She stated she washed her hands in rooms [ROOM NUMBERS]. I always wash my hands. I've been washing my hands for a long time doing this job. I know to wash my hands. She was informed of the observation in room [ROOM NUMBER] when she washed her hands for only 5 seconds. She did not dispute the observation. She stated she is supposed to remove her gloves and wash her hands for 20 seconds prior to leaving a resident's room. During an interview with the Administrator on 07/07/2020 at 4:37 p.m., she stated the facility hired a consultant to advise them on COVID-19. She submitted a written summary of her recommendations to the administrator on 06/25/2020. Review of the report revealed it stated, Gowns worn in 14-day isolation rooms cannot be worn in other rooms. Staff are wearing same gown in and out of all rooms, including 14-day isolation rooms. Develop policy and procedure to dedicate gown to each resident and staff member and prioritize gown use for high contact care activities. (Copy obtained). The administrator confirmed that the staff should use the same transmission based precautions for the quarantined residents as they would any resident in isolation for any reason. They should consider the resident to be infected with COVID-19 and the PPE they wear in the room to be contaminated. Review of the training file for Employee A revealed she received infection control training on 05/19/2020 and 05/21/2020. The training curriculum stated, Strategies to get the best possible use of difficult to obtain PPE. Do Not Wear Gown into multiple resident rooms from a resident that is on Contact Precautions. Handwashing. Practice effective hand hygiene, lather for 20 seconds. Employee A received Infection Control Precautions training on 03/29/2020 and Personal Protective Equipment (PPE) training on 03/26/2020 (Copy obtained). Review of the facility policy and procedure for infection control revealed it read: It is our policy to take appropriate precautions, including isolation, to prevent transmission of infectious agents. Definitions: Isolation refers to the practices employed to reduce the spread of an infectious agent and/or minimize the transmission of infection. Standard precautions (formerly Universal Precautions) refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed [DIAGNOSES REDACTED]. Transmission-based precautions (a.k.a. Isolation Precautions) refers to the actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. Airborne precautions refers to actions taken to prevent or minimize the transmission of infectious agents/organisms that remain infectious over long distances when suspended in the air. Contact precautions are measures that are intended to prevent transmission of infectious agents including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. Droplet precautions refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. 1. Facility staff will apply Standard Precautions to all residents under the

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) assumption that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. 3. The facility will use standard approaches, as defined by the Centers for Disease Control and Prevention (CDC), for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precautions will determine the type of personal protective equipment (PPE) to be used. Review of the table entitled Recommendations for PPE revealed for Standard precautions gloves, gown, mask, eye protection, and or face shield are to be used. For Contact precautions gloves and gowns are to be worn. For Droplet precautions gloves, gown and mask are to be worn and for Airborne precautions gloves, gown and respirator are to be worn (Copy obtained). Review of the facility COVID-19 Policy and Procedure revealed it read: Staff members have been in-serviced on the following: 1. General Standard Precautions, including respiratory hygiene/cough etiquette. 5. Hand hygiene including a return demonstration. 6. Proper PPE use. 7. Transmission Base Precautions. Physician Appointments: 1. Only medically necessary appointments are recommended at this time ([MEDICAL TREATMENT], life sustaining, etc.). Upon return from the appointment the resident will be placed in isolation/quarantine for 14 days. 2. Staff members rendering care will utilize face shields and surgical masks when entering the room. Admission of new residents: 3. All new admissions will be quarantined to their rooms for 14 days. 4. Staff members rendering care will utilize gowns, face shields and surgical masks when entering the room (Copy obtained). Reference: In healthcare facilities, education and training on Standard and Transmission-Based Precautions are typically provided at the time of orientation and should be repeated as necessary to maintain competency; updated education and training are necessary when policies and procedures are revised or when there is a special circumstance, such as an outbreak that requires modification of current practice or adoption of new recommendations. Education and training materials and methods appropriate to the health care workers (HCWs) level of responsibility, individual learning habits, and language needs, can improve the learning experience. Adherence to recommended infection control practices decreases transmission of infectious agents in healthcare settings. Education and training of healthcare personnel are a prerequisite for ensuring that policies and procedures for Standard and Transmission-Based Precautions are understood and practiced. Understanding the scientific rationale for the precautions will allow HCWs to apply procedures correctly, as well as safely modify precautions based on changing requirements, resources, or healthcare settings. Hand hygiene has been cited frequently as the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Precautions. Hand hygiene is always the final step after removing and disposing of PPE. Isolation gowns should be removed before leaving the patient care area to prevent possible contamination of the environment outside the patient's room. Isolation gowns should be removed in a manner that prevents contamination of clothing or skin (Figure). The outer, contaminated, side of the gown is turned inward and rolled into a bundle, and then discarded into a designated container for waste or linen to contain contamination. Removal of a face shield, goggles and mask can be performed safely after gloves have been removed, and hand hygiene performed. The ties, earpieces and/or headband used to secure the equipment to the head are considered clean and therefore safe to touch with bare hands. The front of a mask, goggles and face shield are considered contaminated (Figure). Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Last update: October 2017. Pages 45, 47, 48, 51, and 53 of 203, https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html Reference: Interim Infection and Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic. 2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. HCP who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions. HCP should perform hand hygiene by using ABHS with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS. Employers should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I). HCP must receive training on and demonstrate an understanding of: when to use PPE what PPE is necessary how to properly don, use, and doff PPE in a manner to prevent self-contamination how to properly dispose of or disinfect and maintain PPE the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html