

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105736	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER PALM GARDEN OF SUN CITY		STREET ADDRESS, CITY, STATE, ZIP 3850 UPPER CREEK DR SUN CITY CENTER, FL 33573	
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, record review, policy review, and review of the Centers for Disease Control and Prevention guidelines, the facility did not maintain an infection prevention and control program to include not properly maintaining and implementing best practices for COVID-19 as evidence by: 1. Not cleaning reusable equipment (pulse oximeter) between uses for Residents #2 and #3 who were both on droplet precautions. Staff not using hand hygiene before or after contact with residents on droplet precautions; 2. Staff not handling and storing slings and lifts per facility protocol. This deficient practice had the potential to affect all residents in the facility. Census of 111. Findings included: 1. Observation on 07/20/20 at 4:20 p.m. of a room with droplet precaution posted on the door, the door was standing wide open. Staff I, CNA (certified nurses aide) was observed walking into the room without a yellow washable gown, gloves or double masks. She had on a N95 mask and goggles. She was observed putting the pulse oximeter machine on Resident #2's finger and then on Resident #3's finger. The surveyor had been told the residents in this room were on droplet precautions by the ICP (Infection Control Practitioner) earlier in the day. During an interview with the ICP at 4:25 p.m., she stated that Resident #3 had shown symptoms of pneumonia, shortness of breath and coughing. They tested both him and his roommate on July 17th for COVID-19. They were both placed on droplet precautions. She stated that included double masks, yellow washable gown, gloves and face shield or goggles. Asked the ICP to go to the resident's room for an observation. We observed Staff I, CNA in the next room, which housed two residents, with the pulse ox machine. She admitted on interview by the ICP that she had not put on a yellow washable gown, gloves or a double mask. Staff I, CNA then turned around and looked at the door, the droplet precaution signage was posted on the door, but there were no visible yellow washable gowns. She admitted that she did not clean the pulse ox machine between the two residents, nor did she perform hand hygiene between the two residents in the first room. She stated that she was supposed to use bleach wipes to clean the pulse ox machine between residents. She stated that she usually had alcohol wipes in her pocket that she used. She was observed feeling around in her pockets for an alcohol wipe. She removed her hand, it was empty. She admitted she was supposed to get the bleach wipes from the nurses. She admitted she went into the next resident room without using hand hygiene or cleaning the pulse ox machine. The ICP told her that she could have cross contaminated. The ICP told her she should have been using PPE for droplet precautions and that she should have sanitized her hands as well as the equipment between residents. Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. The 07/16/20 progress note showed he was confused, with a blood pressure of 84/62, temperature of 98.8 degrees and an oxygen saturation of 94/5. The physician was notified and ordered a chest x-ray and labs including a COVID-19 screen. He was placed on antibiotics and to repeat the chest x-ray in 10 days. The resident had an order to place him on droplet isolation on 07/17/20. Resident #3 was admitted on [DATE] and his [DIAGNOSES REDACTED]. He was the roommate of Resident #2. He had an to be placed on droplet precautions as of 07/17/20 and an order for [REDACTED]. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. All personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. Use an alcohol-based hand rub containing at least 65% alcohol; or, alternately, soap and water for the following situations: before and after direct contact with residents; after contact with a resident's intact skin; after contact with objects in the immediate vicinity of the resident; after removing gloves; before and after entering isolation precaution settings. Hand hygiene is the final step after removing and disposing of personal protective equipment. Record review of the facility's policy, Cleaning and Disinfection of Resident-Care Items and Equipment, revised October 2018 showed 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 Bloodborne Pathogens Standard. Reusable items are cleaned and disinfected or sterilized between residents. Durable medical equipment must be cleaned and disinfected before reuse by another resident. Reusable resident care equipment will be decontaminated and / or sterilized between residents according to manufacturers' instructions. The IPC gave the Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) from CDC, not dated as their policy for COVID. It shows a resident with known or suspected COVID-19, immediate infection prevention and control measure will be put into place. Place a face mask on the resident and place in a private room with the door closed. Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. PPE includes: gloves, gown, respiratory protection, and eye protection that covers both the front and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Hand hygiene using alcohol based hand sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. Dedicated or disposable patient-care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations. Record review of the facility's, Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 showed the facility monitors Health Care Professionals (HCP) for adherence to recommended IPC practices, including: hand hygiene, selection and use of PPE; including demonstration of competency with putting on and removing of PPE; and cleaning and disinfecting environmental surfaces and resident care equipment. The facility has provided staff with education to use facemask or respirator if more than source control is required. The facility has dedicated a space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit or wing in the facility or group of rooms at the end of the unit that will be used to cohort residents with COVID-19. The facility has dedicated a team of primary HCP staff to work only in this area of the facility. The facility has a plan for how residents in the facility who develop COVID-19 will be handled. The facility uses all recommended PPE for the care of all residents on affected units. PPE is available in resident care areas including outside resident rooms. HCP perform hand hygiene in the following situations: before resident contact, even if gloves will be worn; after contact with the resident; after contact with contaminated surfaces or equipment; after removing PPE. HCP wear the following PPE when caring for residents with suspected or confirmed COVID-19: gloves, isolation gown, N95 or higher mask, eye protection. PPE are removed in a manner to prevent self-contamination and hand hygiene is performed immediately after removal. Hand hygiene and PPE compliance are audited. Non-dedicated, non-disposal resident care equipment is cleaned and disinfected after each use. Review of the facility's Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings, showed a plan was in place for protecting residents, HCP, and visitors from respiratory infections, including COVID-19. The facility has a process to identify and manage residents with symptoms of respiratory infection upon admission and daily during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions. The facility has plans to provide education and training to HCP. Review of the CDC, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, dated May 18, 2019 showed Minimize Chance for Exposure: to ensure facilities policies and practices are in place to minimize exposures to respiratory pathogens including [DIAGNOSES</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19. Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19. Adhere to Standard and Transmission-Based Precautions: Attention should be paid to training and proper donning, doffing, and disposal of an PPE. HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator, gown, gloves, and eye protection. Hand Hygiene: Healthcare Personnel should perform hand hygiene before and after all patient contact, contact with potential infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Personal Protective Equipment: 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. Eye Protection: reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Gloves: put on clean, non-sterile gloves upon entry into the patient room or care area. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Gowns: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gown should be discarded after use. Cloth gowns should be laundered after each use. Patient Placement: If admitted, place a patient with known or suspected COVID-19 in a single-person room with the door closed. As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these patients during their shift. Train and Educate Healthcare Personnel: provide Healthcare Personnel (HCP) with job or task specific education and training on preventing the transmission of infectious agents, including refresher training. Ensure the HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient. Implement Environmental Infection Control: dedicated medical equipment should be used when caring for patients with known or suspected COVID-19. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. Review of the CDC policy, Responding to Coronavirus (COVID-19) in Nursing Homes. Dated April 30, 2020 showed Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19: determine the location of the COVID-19 care unit and create a staffing plan before residents or HCP with COVID-19 are identified in the facility. Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility. Assign environmental services staff to work only on the unit. Place signage on the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 or higher-level respirator at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Ensure the HCP have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE. Assign dedicated resident care equipment to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit.</p> <p>2. On 07/20/20 starting at 9:58 a.m., a tour of the west wing was conducted. At 10:08 a.m., a wheelchair was observed sitting in the hallway and a sling was resting in the seat of the wheelchair. A second wheelchair was observed with linen that was folded and a pillow in the seat of the wheelchair. A (mechanical) lift was observed in the hallway with no sign indicating if it was clean or dirty (photographic evidence obtained). Staff I, CNA, reported that the sling was in the wheelchair from the night shift, because she had not gotten the resident up yet. Staff I stated that the slings are usually kept in the residents' rooms. She reported that there was supposed to be a sign on the (mechanical) lift indicating whether it was clean or dirty. Staff I stated that she did not know what happened or why the linen and pillow was in the wheelchair. She stated that she would not use the sling sitting in the wheelchair and that she would go to the laundry room to get another one. At 10:17 a.m., a wheelchair was observed outside of room [ROOM NUMBER] with a sling resting in the seat. There was a lift outside of rooms [ROOM NUMBERS] with no signage indicating if it was clean or dirty (photographic evidence obtained). On 07/20/20 at 2:15 p.m., the Infection Preventionist stated that slings should be stored in the residents' rooms and not in the hallway. She stated that the (mechanical) lifts should have magnets on them indicating whether they are clean or dirty.</p>		