

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER TARPON BAYOU CENTER		STREET ADDRESS, CITY, STATE, ZIP 515 CHESAPEAKE DR TARPON SPRINGS, FL 34689	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record reviews and interviews the facility failed to follow their policy and procedure to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of identified and suspected communicable diseases and infections regarding, the facility 1. did not ensure proper hand hygiene based on standards of practice were followed after handling of soiled linen 2. did not practice social distancing for the secured unit 1 of 1 and 3. did not implement their isolation procedure to have personal protective equipment (PPE) readily available for all residents meeting facility based requirements for 1 of 1 units. Findings included: A review of the facility policy titled Covid19 Protocols updated on 4/08/2020 listed on page 4 under Education and Training: Keeping residents, visitors, and staff safe with social distancing and available PPE. A review of the facility policy titled Infection Prevention and Control Program with an effective date of November 2017. Policy: The Infection Prevention and Control Program is comprehensive program that addresses detection, prevention and control of infections and communicable diseases among residents, visitors, volunteers, those individuals providing services under contractual agreement and personnel. Procedure: C. Implementation of Infection control and prevention measures-Prevention of spread of infections is accomplished by use of Standard Precautions, organism specific precautions, and other barriers, appropriate treatment and follow-up, and employees work restrictions for illness. A review of the facility policy titled Isolation Precautions-Categories of Transmission-Based Infections with an effective date of December 2017 and updated December 2018. Policy: ' .Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable disease or infections that can be transmitted to others. The sign will be placed on the Resident's door and should state, Report to Nurse Before Entering Room. Droplet Precautions In addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets-larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). 1. An observation was conducted on 4/22/2020 at 1:14 p.m., Staff B, Laundry with a bag of soiled linen in one hand and she unlocked the key pad with the other and entered the soiled utility room. Staff B walked out of the soiled utility room and into the clean laundry room without washing her hands or using hand sanitizer that was located on the wall outside of the soiled utility room. There was not a sink in the soiled utility room. An interview was conducted on 4/22/2020 at 1:15 p.m., Staff B, Laundry said, No there is not a place to wash your hands in the soiled utility room. I should have used the hand sanitizer on the wall. 2. An observation of the secured unit was conducted on 4/22/2020 at 1:17 p.m., observed 3 residents sitting at two of the round tables (approximately 5 feet in diameter) and 4 residents sitting at a third round table (approximately 5 feet in diameter) in the common area. The residents sitting at the tables were sitting next to each other with less than 3 feet between them. Two residents were in the middle of the hallway in their wheel chairs with two staff members trying to assist one resident to the bathroom. The residents had the hall way blocked. Two residents were observed standing at the nurse's station elbow to elbow. The residents observed did not have on a face mask for protection. An observation was conducted on 4/22/2020 at 1:20 p.m., 2 residents were observed in room [ROOM NUMBER] with one residents head resting on the lap of the other resident who was sitting on the side of the bed eating a piece of cake. There were no staff members observed at that end of the hall. An interview was conducted on 4/22/2020 at 1:21 p.m., Staff B, nurse said, We do the best we can to keep them separated. It is very hard to practice social distancing with these type of residents. We do the best we can. An interview was conducted on 4/22/2020 at 3:15 p.m., with the Director of Nursing (DON), Nursing Home Administrator (NHA) and the Staff Educator all agreed they needed to come up with a plan to protect the residents on the secured unit. The NHA said, We will have to separate them somehow. 3. A tour of the identified isolation hall was conducted on 4/22/2020 at 1:35 p.m., with the unit manager who identified the 400 hall (413-420), as the isolation area. The entrance to the hall was covered with a plastic barrier with a zipper for staff entrance and exit. After crossing the plastic barrier to the isolated area there were two rooms noted with isolation signage and personal protective equipment in plastic bins with drawers containing masks, gowns, gloves for residents #1 and #2 who had been tested for COVID19 and the facility were waiting on their results. There were 2 resident rooms with signage typed on white copier paper that read, 14 day isolation. There was no PPE bins for those rooms. Noted on the isolation hall was the office for medical records and also a central supply room where supplies such as over the counter medications were stored. An interview was conducted on 4/22/2020 at 1:35 p.m., the unit manager said, This is where we have decided to place all of our isolation patients. Yes, that includes those residents who are new admissions or residents who have gone out to the hospital and return to us. Those residents are in the rooms with the signs 14 day isolation. No, I understand they are on the same hall with residents who have been tested for suspicion of [MEDICAL CONDITION]. I agree, they should all be on isolation with PPE. Yes, that is a supply room. If the nurses need something for their medication cart, they will come here. Yes, the medical records personnel are located here. True, we do not really have designated staff to limit contact with this hall.</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.