STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105864	A. BUILDING _____ B. WING _____	**03/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PAGE REHABILITATION AND HEALTHCARE CENTER	**2310 N AIRPORT ROAD FORT MYERS, FL 33907**

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 0584 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** Based on observation, interview, and record review, the facility failed to ensure equipment for resident use was maintained in a sanitary manner on 1 (Dalton) of 4 units within the facility. The findings included: During the initial tour of the Dalton unit on [DATE] at 11:00 a.m., a portable telephone was observed at the nurse's station and available for resident use. Observation on [DATE] at 11:20 a.m., Resident #3 was using the portable telephone in her room. Observation on [DATE] at 11:23 a.m., Licensed Practical Nurse (LPN) Staff A cleaned the portable telephone with a disinfectant wipe for 30 seconds. On [DATE] at 11:23 a.m., LPN Staff A said, she does not know how to transfer calls from the nurse's station telephone to the resident's room, and it is easier to just use the portable telephone. She said the disinfectant only has to be in contact with the surface for 30 seconds. Review of the disinfectant label indicated the contact time should be 3 minutes to ensure complete disinfection of all organisms. *Photographic evidence obtained* On [DATE], at 10:45 a.m., the Assistant Director of Nursing confirmed the disinfectant contact time should be 3 minutes.

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