

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER CONSULATE HEALTH CARE OF NORTH FORT MYERS		STREET ADDRESS, CITY, STATE, ZIP 991 PONDELLA RD FORT MYERS, FL 33903	
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 observation, review of policies and procedures, and interview, the facility failed to safeguard residents' wellbeing by not maintaining a safe and sanitary environment on 1 of 4 units. The facility was not storing and disposing infectious waste on the COVID unit in a manner to prevent transmission of communicable diseases in accordance with acceptable standards of practice as outlined in:</p> <p>https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/medical-waste.html www.osha.gov. The findings included: The facility's Waste Disposal policy, revised January 2012, showed, All infectious and regulated waste shall be handled and disposed of in a safe and appropriate manner. All infectious and regulated waste destined for disposal shall be placed in closable leak-proof containers or bags that are color-coded or labeled as herein described. The Infection Preventionist and Environmental Services Director will ensure that waste is properly disposed of and . Disposal of all infectious and regulated waste shall be in accordance with applicable federal, state, and local regulations. During a tour of the facility on 8/4/20 at 10:25 a.m., approximately 12 Biohazard boxes and 7 Biohazard bags were observed piled in the hallway in front of resident rooms [ROOM NUMBERS] in the designated COVID (Friar) unit. The Assistant Director of Nursing/Infection Preventionist was present during the tour and said she did not know why or how long the Biohazard waste had been in the hallway. The facility reported 22 confirmed cases of COVID in the Friar unit. On 8/4/20 at 11:15 a.m., in an interview the Administrator, Director of Nursing and Assistant Director of Nursing/Infection Preventionist said the Biohazard boxes and Biohazard bags should have been disposed of in closed soiled utility rooms and not in the hallway of the COVID unit in front of resident rooms. **Photographic evidence obtained**</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.