

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105998</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CONSULATE HEALTH CARE OF WINTER HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2701 LAKE ALFRED RD WINTER HAVEN, FL 33881</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the facility failed to maintain an infection prevention and control program to prevent the transmission of COVID 19 for four (#2, #3, #4 &amp; #16) of four residents observed not [MEDICATION NAME] social distancing of a total of 74 residents that were not bedfast most of the time, related to maintaining social distancing and performing hand hygiene prior to eating. Findings Included: 1) A tour of the facility was conducted on 6/25/2020 at 10:54 AM on the 400, 500, and 600 units. During the tour, an observation was made of Resident #2 and Resident #3 sitting in a resident common area, less than 6 feet from each other. Resident #2 had a face mask, but had pulled the face mask under her chin and was observed to be putting her fingers in her mouth and touching the bedside table where Resident #3 was sitting. During the observation Staff A, Patient Care Aide (PCA) was observed handing Resident #3 a pudding cup and a spoon. Staff A, PCA was not observed to assist Resident #3 with hand hygiene prior to handing him the food. An observation was made at 11:00 AM of Staff A, PCA handing Resident #2 a pudding cup while sitting next to Resident #3 in the unit common area. Staff A, PCA did not assist Resident #2 with hand hygiene prior to handing her the food. An interview was conducted with Staff A, PCA following the observation. Staff A, PCA stated that Resident #2 and Resident #3 often sit in the common area to eat in order to ensure that the residents are safe during meal time. Staff A said residents are encouraged to sit at least 6 feet apart, but are not always able to understand instructions of the staff. Staff A, PCA stated that she normally assists the residents with hand hygiene prior to meals, but addressed that she did not assist Resident #2 or Resident #3 with hand hygiene prior to serving them food in the common area. An interview was conducted at 11:10 AM with Staff B, Licensed Practical Nurse (LPN). Staff B, LPN stated that residents are encouraged to eat in their rooms and are encouraged to stay 6 feet apart to ensure proper social distancing. Staff that are handing out food to residents should be assisting residents with hand hygiene. Staff B, LPN stated that they have had multiple and ongoing education on guidelines for social distancing and hand hygiene. An interview was conducted at 03:05 PM with the facility's Nursing Home Administrator (NHA). The NHA stated that all communal dining in the facility had stopped, but there are a few residents that have meals in the community area due to safety concerns. Staff is ensuring that residents are staying at least 6 feet apart during meal times and staff are expected to encourage residents to social distance if they see that residents are less than 6 feet from each other. The NHA stated that they have no communal dining in the facility and that residents should be social distancing. And said that there were a few residents that ate out in the common area and they are social distancing during meal times. The NHA would expect staff to assist residents with social distancing. An interview was conducted at 04:29 PM with the facility's Director of Nursing (DON). The DON stated that staff are expected to encourage and assist residents with hand hygiene and social distancing at meal times. Staff have been educated regarding hand hygiene and social distancing expectations. The DON stated that there are a few residents who eat in the common area for monitoring and safety reasons and they should be spaced at least 6 feet apart.</p> <p>2) During observation of the smoking area at 11:25 a.m. on 6/25/20, two residents (#4 and #16) were observed sitting outside of the screened porch at a small round white table. Resident #16 was sitting closest to the screened porch and Resident #4 was facing the screen porch. Both residents were smoking within 3 feet of each other at the table not maintaining social distancing. During an interview with staff member D, personal care attendant (PCA) at 11:28 a.m. She confirmed she usually has about 7 to 9 people smoking at once. She stated that she tries to keep the residents separated but they will sit at the small round tables and sit close together. She stated they have markings for the residents but they don't follow those and need constant reminding. During an interview with Director of Nursing (DON) at 4:25 p.m. on 6/25/20, she stated, the residents and staff have been educated on keeping a safe distance and have put red tape outside to assist with spacing. Review of the job description for Personal Care attendant reflected Safety: Follow established safety regulations, to include fire protection/prevention, smoking regulations, infection control, etc. Review of the Covid - 19-Pandemic Plan, revised 6/23/20, 7 pages reflected: Covid -19 is a respiratory illness thought to be spread mainly from person to person, between people who came in close contact to one another (about 6 feet).</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.