

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105351</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CONCORDIA VILLAGE OF TAMPA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4100 E FLETCHER AVE TAMPA, FL 33613</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to ensure that linens were handled to prevent potential contamination. This deficient practice had the potential to affect all residents in the facility. Census was 134. The findings include: 1. Observation on 4/2/2020 at 11:15am, revealed NA1 (Nursing Assistant1) came out of R1 (Resident1)'s room donned with mask and gloves. NA1 went to the hallway approximately six feet away from the room to a covered clean linen cart and retrieved some linens to make R1's bed. On the door of R1's room was a posted sign which indicated droplet precautions. When asked if she should have retrieved clean linens with the same gloves used in R1's room, NA1 stated, No, but I forgot. Review of the electronic record revealed R1 was hospitalized on [DATE] due to shortness of breath with fever and was diagnosed with [REDACTED]. The facility had implemented droplet precautions upon admission. Review of Centers for Disease Control and Prevention (CDC) Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings and Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) (updated July 2019) revealed, .Gloves. Gloves are used to prevent contamination of healthcare personnel hands when anticipating direct contact with blood or body fluids, mucous membranes, non-intact skin and other potentially infectious material; having direct contact with patients who are colonized or infected with pathogens transmitted by the contact route e.g., VRE ([MEDICATION NAME] resistant [MEDICATION NAME]),[MEDICAL CONDITION] (methicillin resistant staphylococcus aureus), RSV (respiratory [MEDICAL CONDITION]) or handling or touching visibly or potentially contaminated patient care equipment and environmental surfaces . During patient care, transmission of infectious organisms can be reduced by adhering to the principles of working from clean to dirty, and confining or limiting contamination to surfaces that are directly needed for patient care . Hand hygiene following glove removal further ensures that the hands will not carry potentially infectious material that might have penetrated through unrecognized tears or that could contaminate the hands during glove removal . Donning personal protective equipment (PPE) upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., VRE ([MEDICATION NAME]-resistant [MEDICATION NAME]), [DIAGNOSES REDACTED])cile, noroviruses and other intestinal tract pathogens; RSV . 2. Observation on 4/2/2020 at 11:25 am with the Director of Nursing (DON), revealed E1 (laundry staff) in the laundry room. All laundry dryers and washers were fully loaded and operating. E1 unloaded the clean linens out of one dryer. During the unloading process, E1's clothes were in contact with the clean linens as he unloaded them to the folding table. The surveyor asked E1, through an interpreter, if he was using PPE when sorting and loading soiled linens to the washers. In the soiled linen area, E1 pointed to a facial shield and a disposable yellow gown that was hanging on a hook. Two large washers were loaded and operating at this time. Two uncovered large cart near the washers full of wet linens were noted. When asked, if these were washed linens or soiled linens, E1 indicated that these linens were already washed and ready to be dried. In the same soiled linen area were four uncovered large carts full of soiled linens and personal laundry. Two empty large carts separated the washed linens from the rest of soiled linen carts. During this observation, the DON was asked if she had concerns with the way E1 was handling the clean linens. The DON confirmed that clean linens should not be touching E1's uniform. The DON also expressed the potential contamination of E1's uniform with frequent reuse of the disposable yellow gown as PPE when handling soiled and wet linens. Review of the Guidelines for Environmental Infection Control in Health-Care Facilities (2003) updated 7/2019 revealed, .Laundry Facilities and Equipment Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for workers . Laundry Process Package, transport, and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during inter facility loading, transport, and unloading . Review of the facility's Infection Control Policy and Procedure Manual dated 10/1/19 revealed, . In the laundry, handwashing facilities and protective barriers (e.g., gowns, gloves and mask/face protection should be made available to personnel who sort out laundry .</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.