STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105624	A. BUILDING _____ B. WING _____	04/22/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BONIFAY NURSING AND REHAB CENTER	**306 WEST BROCK AVENUE BONIFAY, FL 32425**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to safeguard resident's wellbeing by failing to follow current infection control standards related to Coronavirus Disease of 2019 (COVID-19) set forth by the Center for Disease Control and Prevention (CDC), the Department of Health (DOH), and the Agency for Health Care Administration in prevention of the transmission of Covid19. The findings include: The President declared a Nationwide emergency for COVID-19 on 03/13/2020 and approved a major disaster declaration for Florida on 03/27/2020. On March 1, 2020, The Office of the Governor issued Executive Order Number 20-51 directing the Florida Department of Health to issue a Public Health Emergency. The Executive Order documented, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza. Section 1 directed the State Health Officer and Surgeon General to declare a public health emergency in the state of Florida pursuant to his authority in section 381XXX , Florida Statutes. Section 2 directed the State Health Officer to take any action necessary to protect the public health. Section 3 directed the State Health Officer to follow the guidelines established by the CDC (Centers for Disease Control and Prevention) in establishing protocols to control the spread of COVID-19. Section 4 designated the Florida Department of Health as the lead state agency to coordinate emergency response activities among the various state agencies and local governments. Section 5 specified that all actions taken by the State Health Officer with respect to this emergency before the issuance of this Executive Order are ratified. Section 6 stated The Florida Department of Health will actively monitor, at a minimum, all persons meeting the definition of a Person Under Investigation (PUI) as defined by the CDC for COVID-19 for a period of at least 14 days. Active monitoring by the Florida Department of Health will include at least the following: A. Risk Assessment with 24 hours of learning an individual meets the criteria for a PUI and B. Twice daily temperature checks. Section 7 directed the Florida Department of Health, pursuant to its authority in section 381XXX , Florida Statutes, will ensure that all individuals meeting the CDC's definition of a PUI are isolated or quarantined for a period of 14 days or until the person tests negative for COVID-19. Section 8 directed Florida Department of Health to make its own determinations as to quarantine, isolation and other necessary public health interventions as permitted under Florida Law. Section 9 directs all agencies under the direction of the Governor to fully cooperate with the Florida Department of Health, and any representative thereof in furtherance of this Order. On March 9, 2020, The Office of the Governor issued Executive Order Number 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19. On March 15, 2020, the Division of Emergency Management (DEM) Emergency Order No. 20-006 restricting entrance into residential health care facilities including nursing homes. The Order limited persons who were allowed to enter the facility and directed screening of all individuals seeking entry. The order documented, Individuals seeking entry to the facility under the above section1 (includes staff) will not be allowed to enter if they meet any of the screening criteria listed below: a. Any person infected with COVID-19 who has not had 2 consecutive negative test results separated by 24 hours; b. Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath or sore throat; c. Any person who has been in contact with any person(s) known to be infected with COVId-19, who has not yet tested negative for COVID-19 within the past 14 days; d. Any person who traveled through any airport within the past 14 days; or e. Any person who traveled on a cruise ship within the past 14 days. Part 5 of the Order stated, The following documentation must be kept for visitation within a facility: a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation. b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include: 1. Name of the individual; 2. Date and time of entry; and 3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria, including the screening employee's printed name and signature. On 3/18/20 the Agency for Health Care Administration (AHCA) issued an Alert entitled, Residential and Long Term Care Facilities to Implement Universal Use of Facial Masks. The directive stated, Effective immediately staff of residential and long term care facilities are to implement universal use of facial masks while in the facility. All staff, essential healthcare visitors and anyone entering the facility are to don a mask upon the start of their shift or visit and only change it once it becomes moist. It is important to keep hands away from the mask and only touch the straps of the mask. Gloves are to be worn when providing care to the resident. Continue to perform hand hygiene prior to donning gloves, after removing gloves, and anytime there is contact with the resident environment. Staff in a room with a patient with respiratory symptoms of unknown cause or a patient with known or suspected COVID-19 should adhere to Standard, Contact, and Droplet Precautions with eye protection. This includes wearing gown, gloves, N95 mask (as fitted and available - if not available, at least a facial mask), and eye protection such as face shields or goggles. In addition to securing more gowns, gloves, and masks, facilities will need to immediately order the appropriate eye protection (I.e. face shields) since many do not have this on hand. In the event you are unable to acquire the necessary PPE, please notify your local emergency management agency. Facilities will need to educate their staff on the proper donning (putting on), doffing (taking off), and disposal of any PPE. Information about the recommended duration of Transmission-Based Precautions is available in the Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of hospitalized Patients with COVID-19. CDC The review of the website for the Centers for Disease Control and Prevention found information entitled Strategies to Optimize the Supply of PPE and Equipment dated April 3, 2020 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html . The guidance acknowledges current PPE shortages and offers some optimization strategies. Guidance included: The implementation of extended use of facemasks. Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through. HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene. HCP should leave the patient care area if they need to remove the facemask. Under the page, Interim Guidance for Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#interim-guidance the CDC documented, Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. If infected with [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19, residents are at increased risk of serious illness. Visitors and HCP continue to be sources of introduction of COVID-19 into nursing homes. To protect the vulnerable nursing home population, aggressive efforts toward visitor restrictions and implementing sick leave policies for ill HCP, and actively checking every person entering a facility for fever and symptoms of illness continue to be recommended. As part of source control efforts, HCP should wear a facemask or cloth face covering at all times while they are in the healthcare facility. Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature* and document absence of shortness of breath, new or change in cough, sore throat, and muscle aches. If they are ill, have them

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) keep their cloth face covering or facemask on and leave the workplace. *Fever is either measured temperature >100oF or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0oF) or other symptoms (e.g., nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, fatigue) based on assessment by occupational health or public health authorities. Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Hand Hygiene Supplies: Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas. Extended use of respirators, facemasks, and eye protection, which refers to the practice of wearing the same respirator or facemask and eye protection for the care of more than one resident (e.g., for an entire shift). Extreme care must be taken to avoid touching the respirator, facemask or eye protection. If this must occur, HCP should perform hand hygiene immediately before and after contact to prevent contaminating themselves or others. Prioritizing gowns for activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. Make necessary PPE available in areas where resident care is provided. Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff. Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE, prior to exiting the room, or before providing care for another resident in the same room. Consider implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing. Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Assign dedicated HCP to work only in this area of the facility. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. The health department should be notified about residents or HCP with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other. In addition to the actions described above, these are things facilities should do when there are COVID-19 cases in their facility or sustained transmission in the community. Resident Monitoring and Restrictions: Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others) DOH guidance for facilities: On April 1, 2020, in response to the COVID-19 pandemic, the Florida Department of Health issued a document entitled, Assessment of Long-Term Care Facility Guidance. In a facility without any COVID-19 cases and without any patients under investigation (PUI) for COVID-19, residents and staff should practice social distancing including separating by more than 6 feet, avoiding communal dining, and avoiding groups larger than 10 people. All non-residents, staff included, should be screened prior to entry and wear a facemask whenever inside a building where residents are present. Staff who fail screening or develop symptoms of possible COVID-19 infection during their shift, should leave the facility and isolate themselves while arranging further follow up care. On 4/22/2020 at approximately 9:03AM, an observation was made of a resident sitting in a wheelchair outside the facility without a mask. Also observed was a staff member sitting on a bench next to the resident, the staff member was wearing a surgical type face mask however it was noted to be pulled down below her nose. On 4/22/2020 at approximately 9:06 AM, an interview was conducted with the facility's receptionist who stated the resident was waiting for county transportation to pick him up for [MEDICAL TREATMENT]. She verified he was a resident of the facility and was not currently wearing a mask. On 4/22/2020 at approximately 9:15 AM, an interview was conducted with the Administrator and the Director of Nursing (DON). At this time, they were notified that neither the surveyor nor the accompanying Department of Health representative had been screened prior to entering the building or before being escorted to the conference room. At this time the Administrator obtained a thermometer and the screening forms and began the screening process. The administrator stated that the Medical Director of the Facility had previously tested positive for COVID-19. He received his positive result on 4/13/2020. The last date he visited the facility was 4/3/2020. The medical director also works at the local hospital. One staff member Certified Nurse's Assistant (C.N.A) A had received a positive test result for COVID-19 on 4/16/2020. Another staff member C.N.A B tested for COVID-19 on 4/21/2020, the results were pending. The DON reported that currently none of the residents have tested positive. Resident #1 was tested this morning (4/22/20) due to a fever. They have had two residents under investigation. Resident #2 had direct contact with the medical director at the hospital. Resident #3 was in the hospital at the time but had no direct contact with the medical director at the hospital. Both residents have been on isolation in their rooms but have not yet been tested . So far, the residents have been asymptomatic. The Person's Under Investigation (PUIs) where located on three different halls within the facility, resident #1 on the 200 hall, resident #2 on the 100 hall and resident #3 on the 300 hall. The Administrator stated that there was not dedicated staff caring for these residents. Staff who were caring for these residents were also caring for other residents on the hall. On 4/22/2020 at approximately 9:35 AM, tour of the facility was initiated. There were multiple residents out in each of the three hallways, none of the residents in the facility had face masks on. On the 100 hall six residents were seated near the nurse's station closer than six feet away from each other. Two were seated in armchairs. The rest of the residents were in wheelchairs. During the tour we asked about plans and processes for an isolation/observation area for residents under investigation or positive for COVID-19. The DON responded by showing a tentative area where they might set up in but offered no specific plans. On 4/22/2020 at approximately 11:25 AM, the Administrator stated, I did not know that the residents were required to wear face masks.