STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106051	A. BUILDING _____ B. WING _____	**04/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOUTHERN OAKS CARE CENTER	**600 W GREGORY ST PENSACOLA, FL 32502**

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, review of Centers for Disease Control and Prevention (CDC) Guidelines, and review of directives from the State Survey Agency (Agency for Health Care Administration/ (AHCA)), the facility failed to have staff wearing facemasks at all times and failed to establish a process to limit contact between residents on a Memory Care Unit with Coronavirus Disease of 2019 (COVID-19) infected residents (total of 53 residents). The findings include: 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. 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. 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 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 facemask 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 facemask and only touch the straps of the facemask. 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 facemask (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 facemasks, 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. On 04/19/2020 at approximately 9:10am, an observation was made of staff D, environmental services, entering the foyer through the main facility doors. Staff D was not wearing a facemask. At this time an interview was conducted with staff D, who stated that he came in this morning and had his screening, had his facemask on and was asked to check on something outside by the administrator, he was hurrying and just forgot to put his facemask back on when he entered. He stated the facility has set up an area with a laundry line where staff can put their facemask in a identified brown bag with their name on it, and clip it to the laundry line in an empty area by the exit door. This way staff can leave their facemask and have easy access when they re-enter. There is also hand sanitizer in the area to utilize after donning the facemask and prior to entering any care areas. There was a total of 1 COVID-19 positive resident on the 1st floor. On 04/19/2020 at approximately 9:40am, in the stairwell at the 2nd floor entrance an observation was made of a full and overflowing trash can with cloth gowns and trash. Upon entering the 2nd floor from the stairwell observed 2 CNAs (certified nursing assistants) CNA E and CNA F in the activities office with the door wide open. CNA E was not wearing a facemask and CNA F had facemask on, covering the mouth, but not the nose. There was a total of 2 COVID-19 positive residents out of 46 residents on the 2nd floor. On 4/19/2020 at approximately 9:35am, an interview was conducted with CNA H who was in the hallway with a facemask on. She stated she was recently hired, had a lot of education and knows about hand hygiene, PPE, and following the training she received to prevent spreading [MEDICAL CONDITION]. On 04/19/2020 at approximately 9:55am, in stairwell at entrance to 3rd floor, observed cloth gowns strewn over railings and one on top of trash can. The stairwell landing is the donning/doffing area. The 3rd floor is on lock down for COVID-19 isolation, due to having a total of 13 positive COVID-19 residents out of 58 residents. During tour of floor observed that only 1 of 2 Air Handlers were on. CNA G was observed in room [ROOM NUMBER], removing a trash bag from the room and not wearing gloves. CNA G stated he was about to perform hand hygiene. On 04/19/2020 at approximately 10:20am, entered 4th floor Memory Care Unit, via stairwell. The entire 4th floor is on isolation. Resident #4 was observed without a facial mask wandering past the stairwell doorway, staff not in vicinity, surveyor attempted to redirect resident from entering stairwell. Resident #4 wandered further down the hallway and entered room [ROOM NUMBER], where resident #5, and #6 reside. Neither resident #4, #5, nor #6 have been tested for COVID-19 and none had any known symptoms. A few minutes later, Resident #4 was observed exiting room [ROOM NUMBER] and wandering towards a central area in the main hallway where resident #1, 2 and 7 were located. Shortly after Resident #4 exited room [ROOM NUMBER], Resident #3, a COVID-19 positive resident, entered room [ROOM NUMBER] and sat on bed A, where resident #5 was laying. Resident #6 was still resting in the other bed. Resident #3 was positive for COVID-19. None of the residents were wearing facemasks and staff did not intervene at any time or attempt to place facemasks on residents or re-direct them. Staff were observed in the area during this observation. Resident #3 stayed for a few minutes, and then exited the room and headed toward her room. Observed residents #1 and #2, both identified as COVID-19 positive, sitting in chairs in the main hallway and neither resident was wearing a facemask. Resident #1 was actively coughing and resident #7 was mobilizing in his wheelchair, moving around the hallway between the residents. Resident #7 has not been tested for COVID-19, has no symptoms, was not wearing a facemask, and was the roommate of resident #1. Staff did not make any attempt to intervene or offer facemasks to any of the residents or redirect them. In the adjoining hallway, through hall doors, observed resident #8 and #9 sitting next to each other, not wearing facemasks, neither had been tested for COVID-19, and they had no symptoms. There were a total of 14 COVID-19 positive residents on 4th floor out of 53 total residents. The first facility resident with a positive COVID-19 test was identified on 4/7/20 residing on the Memory Care Unit on the 4th floor. This resident was transferred to the 1st floor and isolated with dedicated staff, then later transferred to a hospital and passed on 4/17/20. Currently as off 04/19/2020, there are 32 COVID-19 positive residents (3 residents transferred to hospital), and 7 pending. There are 12 staff who tested COVID-19 positive, 7 pending, and 3 negative. The total positive count for staff and residents was 44. On 04/19/2020 at approximately 1:10pm, conducted interview with CNA A who works with the dementia residents. CNA A stated that staff encourage the residents to stay in their room and keep their facemask on, but they take it off. The residents can easily become aggressive and agitated and they wander all the time. We don't have enough staff to stay 1:1 with each of them. On 04/19/2020 at approximately 1:30pm, conducted interview with CNA B who works on the 4th floor. CNA B expressed that it was hard to keep the dementia residents in their rooms, but we really try. The residents will grab at you and can be aggressive, but we are trained to stay with them, walk with them, offer drinks, snacks, and try and find what they enjoy doing and direct their focus. Often though they spend the day walking up and down the hallways. They wander into other rooms and it is really hard to stop that. They will not keep facemasks on, we give them one, and we find facemasks in their

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

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) room, or on the floor, or in the trash. It is difficult and that is why they isolated the whole floor. She said the residents are getting better, they don't have fever any longer and that makes us feel better knowing they are better. On 04/19/2020 at approximately 12:25pm, conducted interview with Administrator who said the Memory Care Unit was placed on lock down after multiple residents tested positive to COVID-19. It was a difficult decision and was discussed with DOH (Department of Health). It was difficult to keep residents in their room as most wander and can move about independently, and staff cannot close their doors as it is unsafe. The residents do not want to keep facemasks on, they wander and staff encourage them to wear facemasks. The administrator stated they are looking to get everyone on the floor tested and will be discussing moving the negative/non-symptomatic folks out and move the positive folks together. She said, most of the residents are improving and are afebrile and all of them are still being monitored every 4 hours. Our providers are here daily and informed of any changes or concerns, we have sent 3 out to the hospital, and sadly one of our residents passed away yesterday. On 04/19/2020 at approximately 12:25pm, conducted interview with Administrator who said the Memory Care Unit was placed on lock down after multiple residents tested positive to COVID-19. It was a difficult decision and was discussed with DOH (Department of Health). It was difficult to keep residents in their room as most wander and can move about independently, and staff cannot close their doors as it is unsafe. The residents do not want to keep facemasks on, they wander and staff encourage them to wear facemasks. The administrator stated they are looking to get everyone on the floor tested and will be discussing moving the negative/non-symptomatic folks out and move the positive folks together. She said, most of the residents are improving and are afebrile and all of them are still being monitored every 4 hours. Our providers are here daily and informed of any changes or concerns, we have sent 3 out to the hospital, and sadly one of our residents passed away yesterday. The review of the website for the Centers for Disease Control and Prevention found information entitled, Interim Guidance for Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#interim-guidance, accessed 04/14/2020, 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 keep their cloth face covering or facemask on and leave the workplace. *Fever is either measured temperature >100 degrees Fahrenheit 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 (<100.0 degrees Fahrenheit) 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).