

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER OAK HAVEN REHAB AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 919 OLD WINTER HAVEN RD AUBURNDALE, FL 33823	
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 F 0812	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews and record review the facility failed to maintain professional standards for food safety as evidenced by the kitchen staff's lack of correct usage of the surgical face masks for five of seven observed kitchen staff members. Two staff member's face masks were hanging on their ears, two staff members had cloth masks on and one staff member had their mask under their nose. Findings included: 1. Observation on 06/17/20 at 1:25 p.m. of the kitchen revealed, two kitchen personnel were observed with their yellow surgical masks hanging from their ears. They were conversing while washing dishes. They replaced their masks when they observed the surveyors standing in the kitchen. Two other kitchen staff members, cleaning and walking around in the kitchen, were observed wearing black cloth masks. A male kitchen employee, bustling around the kitchen, had a blue surgical mask under his nose. The Certified Dietary Manager (CDM) emerged from his office. The surveyors stood in the middle of the kitchen with the CDM observing the kitchen staff work. On interview the CDM was asked if the kitchen staff was to be wearing surgical masks. He stated yes, that they were supposed to be wearing surgical masks and were supplied masks at the beginning of each shift. He stated that he did not know why they were not wearing their masks. One kitchen staff member with a cloth mask on was standing next to the CDM, he did not address her regarding her cloth mask. He stated that the two-kitchen staff members with the cloth masks had just come on shift and that they knew they were not supposed to wear cloth masks. He said that he did not know why they had not put on their surgical masks and verified that the kitchen staff had all been instructed on infection control, hand washing and personal protective equipment (PPE) by himself and management. He stated that he was responsible for observing for compliance. He stated that the staff had infection control sign-in sheets in each of their files. He was observed getting a box of surgical masks from under a table and giving the two kitchen staff members with cloth masks, surgical masks. 2. On 06/17/20 at 1:40 p.m., the Director of Nursing (DON) was informed of the observation of the kitchen staff related to lack of proper face mask usage. She stated that they had all been educated to use surgical face masks and not cloth masks. She stated that she would address it with the staff as well as the CDM. At approximately 2:45 p.m. the DON provided a sign-in sheet, dated 6/17/20 related to education on the use of face masks for the kitchen staff. It had been signed by seven staff members including the CDM. It stated, Please be aware that under no circumstances are the cloth face mask to be work in the facility, as noted at the time clock. Each person is to get checked in at the time clock, for temperature and a face mask for the day. The mask should cover your nose and mouth, however, if that mask is soiled, please stop by the office and obtain one for usage. Face mask should be worn in and outside the of the kitchen. 3. Record review of the facility's in-service form dated 04/15/20 showed the CDM had presented the following information to the kitchen staff: mask-wearing in the kitchen working around food/plus when in close proximity to the residents Record review of the facility's Infection Prevention and Control Assessment Tool for Long-Term Care Facilities, dated as completed by 02/26/20 showed the facility had a policy on Standard Precautions which included selection and use of PPE. The facility has a policy on Transmission-based Precautions that included the clinical conditions for which specific PPE should be used. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment. The facility routinely audited the adherence to PPE use. Review of the facility's policy, COVID-19 Personal Protective Equipment and Hand Hygiene Procedure, dated 05/11/20 showed the facility would provide appropriate PPE's in accordance with OSHA's PPE standards for all employees. This included the dietary department within our facilities. Review of the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in HealthCare Settings, updated May 18, 2020 showed as part of source control efforts, Healthcare Personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use. Healthcare Personnel (HCP) include, but not limited to, nurses, nursing assistants, dietary, environmental services, and 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.