

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAKS OF CLEARWATER, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>420 BAY AVE CLEARWATER, FL 33756</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and interview the facility did not ensure appropriate infection control and prevention practices were in place in one of one laundry room as evidenced by no separation of clean and soiled linens to prevent the spread of infection. Findings included: On 8/5/20 at 10:10 a.m., an observation and interview was conducted of the laundry room with the Housekeeping Manager. There were three washers and three dryers across from each other in one room. The Housekeeping Manager said only one washer and one dryer worked. There was no soiled holding room or separate soiled processing area. The washers and dryers were only about three feet apart. The clean linens were stored in the room as soiled laundry was washed and processed. There was a fan in the corner of the room near the ceiling potentially contaminating the room and its contents due to the lack of separation between clean and dirty. The Housekeeping Manager stated the housekeepers sort the soiled items on the unit. They re-bag it and bring it to the barrel in the hallway. The laundry attendant removes the bagged clothing and prewashed it in the sink in the laundry room. Isolation laundry was sorted and put in a brown vinyl bag in the laundry room and then placed in the bin in the hallway. The laundry attendant wears a hair cover, gown, gloves, and goggles. The PPE was unable to be located in the room. The Housekeeping Manager looked in the cabinet in the laundry room, and then in the closet across the hall. No PPE could be located. Observation of the laundry room revealed a load of wet, clean personal laundry sitting on top of one of the washers, and another load of clean, wet personal laundry sitting on top of one of the dryers. The Housekeeping Manager said they were waiting for the dryer to finish a load so they could put these personal items in for drying. There was an open bag of soiled personal laundry sitting on the floor between the washers and dryers. The Housekeeping Manager reported that she couldn't find any of the brown bags they use for isolation linens. She went in a storage room where other laundry bags were located, but no isolation bags could be found. Photographic evidence was obtained.</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.