

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105864</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PAGE REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2310 N AIRPORT ROAD FORT MYERS, FL 33907</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)		
<p>F 0921</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on review of the center for disease control (CDC) guidelines, observation and interview the facility failed to provide a safe and sanitary environment to help prevent the transmission of communicable infections such as COVID-19. COVID-19 virus is a transmissible respiratory infection that presents severe risk to persons who are aged, infirm, or suffer from co-morbidities. All residents, staff, and visitors were at risk. The findings included: According to the CDC guidelines <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>? .place a patient with known or suspected COVID-19 in a single-person room with the door closed . Management of laundry should be performed in accordance with routine procedures. 1. On 5/18/20 at 2:35 p.m., during a tour of the COVID-19 Unit with the Administrator, observed rooms [ROOM NUMBER] with the doors wide open. The residents in the rooms were not wearing face masks. The Administrator confirmed the doors should be closed. 2. On 5/18/20 at 2:45 p.m., during a tour of the COVID-19 Unit with the Administrator, observed rooms 310, 311, 315, 316, 317, 318, 319, and 320 with the doors wide open. The residents in the rooms were not wearing face masks. The Administrator confirmed the doors should be closed. 3. On 5/18/20 at 3:01 p.m., observed a clean laundry cart in the hallway near room [ROOM NUMBER] with cover flap open, which left the laundry exposed to environment. The lower end of a panel of the protective cover was resting on the floor. 4. On 5/18/20 at 3:14 p.m., during a tour of the Memory Care Unit, observed a clean laundry cart in the hallway with cover flap open, which left the laundry exposed to environment. There was a resident sitting in a wheelchair next to the laundry cart. The resident was wearing a face mask, but the face mask did not cover the resident's nose. 5. On 5/18/20 at 3:28 p.m., observed a clean laundry cart in a hallway near room [ROOM NUMBER] with cover flap open, which left the laundry exposed to the environment. 6. On 5/18/20 at 3:30 p.m., observed a clean laundry cart in a hallway near room [ROOM NUMBER] with cover flap open, which left the laundry exposed to the environment. 7. On 5/18/20 at 3:41 p.m., during a tour of the clean laundry room with the Administrator, observed a cell phone and a closed cookie box on the table next to clean folded laundry. The Administrator said he would check the facility policy. 8. On 5/18/20 at approximately 3:45 p.m., during a tour of the kitchen with the Administrator, observed three female staff standing around a table with an open container of food on the table. One staff was stirring the food. One staff had her face mask pulled down below her chin while she was talking near the food. The Administrator confirmed the face mask should cover the staff's nose and mouth. 9. On 5/18/20 at 4:20 p.m., during an interview with the Administrator, he said he could not locate a policy for processing clean laundry. 10. On 5/18/20 at 4:47 p.m., during a 2nd tour of the COVID-19 Unit, observed a clean laundry cart with flap open near room [ROOM NUMBER]. The lower end of one side of the protective cover was resting on the floor. 11. On 5/18/20 at 4:50 p.m., during the 2nd tour of the COVID-19 Unit, observed several resident rooms with doors wide open. Many of the residents in the rooms were not wearing face masks. 12. On 5/18/20 at approximately 4:55 p.m., during an interview Licensed Practical Nures (LPN) Staff C, working on the COVID-19 Unit, said she was not sure if the resident doors on the COVID-19 Unit should be closed or not, and she would have to check with the Director of Nursing (DON). 13. On 5/18/20 at 5:00 p.m., during an interview with the DON, she said the resident doors on the COVID-19 Unit should be closed to help stop the spread of [MEDICAL CONDITION]. Approximately 10 minutes later, the Administrator confirmed the COVID-19 Unit doors were open and should be closed.</p> <p><b>**Photographic Evidence Obtained**</b></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.