

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER REHAB & HEALTHCARE CENTER OF CAPE CORAL		STREET ADDRESS, CITY, STATE, ZIP 2629 DEL PRADO BLVD CAPE CORAL, FL 33904	
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. Based on observation and interview the facility failed to safeguard residents' well-being by failing to follow current infection control standards related to COVID-19 recommendations set forth by Centers for Disease Control and Prevention (CDC). Refer to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html The findings included: On 6/9/20 at 12:27 p.m., during a tour with the Administrator, Resident #1 was observed sitting in the hall in a wheelchair. The resident's face mask was positioned under his chin, exposing his nose and mouth. The Administrator confirmed the resident should be wearing the mask when out of his room. On 6/9/20 at 12:30 p.m., during a tour with the Administrator, Kitchen Staff A was observed with face mask positioned below his nose while working over food preparation counter. The Administrator confirmed the staff should be wearing the mask correctly while in the facility. On 6/9/20 at 12:35 p.m., during a tour of the laundry room with the Administrator, Laundry Aide Staff B was observed with face mask positioned below her chin exposing her nose and mouth while sweeping in the clean laundry room. Laundry Aide Staff C was observed with face mask positioned under his nose while sweeping the lint traps. The Administrator confirmed the laundry staff should be wearing their face masks correctly while in the facility. On 6/9/20 at 12:45 p.m., during tour with the Director of Nursing (DON), Resident #2 was observed sitting in the hall in a wheelchair. The resident's face mask was positioned under her chin, exposing her nose and mouth. The DON confirmed the resident should be wearing the face mask correctly when out of her room.		

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.