STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105550	A. BUILDING _____ B. WING _____	07/02/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS	1990 S CANAL DRIVE HOMESTEAD, FL 33035

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to implement appropriate infection control measures to prevent the spread of infection as evidenced by 1.) failure to ensure proper use of Personnel Protective Equipment (PPE) related to donning and doffing, storage of N-95 respirators, face shields, and not performing hand hygiene on a dedicated Coronavirus Disease 2019 (COVID-19) unit. These deficient practices could potentially affect 34 residents residing in 24 out of the 34 rooms on the dedicated COVID-19 unit. This deficient practice has the potential to increase the risk of cross contamination and spread of infection. There were 96 residents residing in the facility at the time of the survey. The findings included: On 7/2/20 at 10:45 AM a tour of the dedicated COVID-19 unit located on the 500 & 600 unit was conducted with the Assistant Director of Nursing (ADON) revealed, the ADON donning a disposable gown in the dining room prior to walking through the facility down a long hallway to enter the dedicated COVID-19 unit. The ADON was also wearing an N-95 respirator covered by a surgical mask. Observation revealed that, prior to entering the COVID-19 unit, there was no clean area designated for donning PPE. There was no PPE available at the entrance to the COVID-19 unit located on the 500 and 600 wings. There were a total of 34 residents who tested positive for COVID-19 on the unit (12 residing on the 600 wing and 22 residing on the 500 wing). The PPE was located at the end of the 600 wing of the COVID-19 unit near the nurse's station. Staff had to walk through the entire 600 wing before donning PPE. There was one room on the 600 wing (room [ROOM NUMBER]) which was designated as a stakeholder changing room. Observation revealed opened boxes of disposable gloves stored on the handrails outside of each resident's room Observation across from the nurse's station revealed a table in the hallway which contained two plastic bins with the lids open. Inside the bins were plastic zipper bags used for the storing staffs used N-95 respirators and face shields. Bin #1 was labeled yellow gowns, but it contained plastic bags labeled with staff names which contained their N-95 respirators and face shields. Bin #2 was labeled face shields. The ADON on 7/2/20 at 10:50 am revealed, the staff comes into the unit wearing their street clothes and then change into their uniforms in the empty resident room (room [ROOM NUMBER]). This room is also where they are supposed to don and doff their PPE. On 7/2/20 at 10:55 AM staff B, Licensed Practical Nurse (LPN) revealed, we are issued N-95 respirators for use on the COVID unit. They are reused until they are soiled. At the end of the shift they are stored in plastic bags in the facility. They are stored in bins by the nurses' station on the 600 wing. On 7/2/20 at 11:00 AM, staff C, Certified Nursing Assistant (C N A) revealed she is assigned to work on the COVID unit. I enter the facility through the front door where I am screened. I come into the unit wearing a surgical mask and a head cover. I wear my uniform to work. I do not change after I enter the unit in staff changing area. I come into the unit through the plastic and walk through the 600 wing to the nurses' station where I ask the nurse for a gown. This is also where my N-95 respirator and face shield is stored in the plastic bin across from the nurse's station. At the end of the shift I put the N-95 respirator and face shield into a plastic bag and store then it in the bin until my next shift. I take the used gown off in the hallway and put it in the biohazard bag in the day room. Observation on 7/2/20 at 11:05 AM revealed, the ADON unzipping the plastic barrier to exit the COVID-19 unit. She left the unit without doffing her gown. After exiting through the plastic barrier, she re-entered and asked a C N A for a clean plastic disposable gown. The C N A provided the gown. The ADON removed the soiled gown and replaced it with a clean gown. The ADON did not perform hand hygiene during donning and doffing of the PPE. The C N A had to walk through the COVID-19 unit, down the hallway on the 600 wing to get a biohazard bag to dispose of the used gown. On 7/2/20 at 2:56 PM, during an Interview with the ADON and staff D, Registered Nurse (RN) and designated back up to the Infection Preventionist revealed, in the COVID unit the staff must wear full PPE including N-95 respirators, disposable gowns, gloves and face shield. Sometimes they wear a plastic gown covered by a disposable gown. There is only one entrance to the COVID-19 unit covered by the plastic barrier. The procedure for donning and doffing PPE for the COVID-19 unit is to use the empty patient room on the unit. This room is located inside the unit, after entering the zippered plastic barrier. The staff enters the unit with a surgical mask, and dons the rest of the PPE after they enter the unit. The PPE includes gowns, gloves, face shields, N-95 respirators and head covering. The gloves are changed after providing care to the resident, but the gowns are reused during the shift. At the end of the shift the staff removes all PPE on the unit and they place it in a biohazard bin in the soiled utility room. On the COVID-19 unit, they reuse N-95 respirators. We extend the use of the N-95's for up to 72 hours. At the end of the shift, the staff disinfects the face shield with the bleach disinfectant, and they place them inside a zippered plastic, and they are stored inside a bin across from the nurse's station. The N-95 respirators are also stored inside a zippered plastic bag which is also placed in the bin near the nurse's station. They are labeled with the staff's name. They then wear a surgical mask to leave the unit through a designated door to the outside. The ADON on 7/2/20 at 3:15 PM revealed, after we toured the COVID unit today, we moved the clean PPE into a set up room (resident room [ROOM NUMBER]) which is now closer to the entrance to the unit but inside the zippered plastic barrier. We also placed a biohazard waste container inside this room so the staff can don and doff their PPE inside that room. The donning and doffing process will now take place in the same area. On 7/2/20 at 3:21 PM, telephone interview with the Nursing Home Administrator (NHA) revealed, part of the problem with the PPE is that initially we only had residents on the 500 wing and there was a double door between the 500 and 600 wings. The 600 wing where you entered through the plastic barrier was then considered the clean side, but this was not changed when we started to use the 600 wing for COVID positive residents. We will need to make changes to the donning and doffing areas so there is a clean area that is off the unit to don PPE. Interview with the Registered Nurse Care Consultant on 7/2/20 on 3:57 PM regarding concerns, revealed the operational aspect of the COVID-19 unit is determined by the administrator and team but corporate makes recommendations. We need to review the setup of the unit. We need to find and area located outside of the unit, before the staff enters for them to don the PPE and upon leaving the unit they need a separate area for doffing. It will either be in two rooms or we will create a separated area. There needs to be two distinct separate areas for donning and doffing. The PPE should not be located all the way down the hall once inside the unit. There must be a barrier between the clean and the dirty side and the clean PPE should be located before entering the unit. When we opened the COVID-19 unit, we were only using the 500 wing for residents who were COVID-19 positive. There was a double door separating the 500 and 600 wings. We had a room designated on the 600 wing to don the PPE before going through the double door to the 500 wing where the residents resided. Once we opened the 600 wing for COVID positive residents, this protocol was never changed. The doffing area was a room designated on the 500 wing at that time. Now, as I understand it there is no clean area to don the PPE and no separate area for doffing. Review of the facility policy and procedure titled Novel Coronavirus (COVID-19) revised 6/17/20 revealed: If facilities reuse surgical masks due to limited supply they should follow the process below for extended use/reuse of masks. Provide stakeholders with a brown paper bag at the beginning of each shift and have stakeholders write their name on the bag with a marker. Plastic bags/baggies are not to be used because they are not breathable and lock moisture inside the bag, preventing drying, etc. Review of the facility policy and procedure titled Hand washing/Hand Hygiene revised August 2015 revealed: 8. Hand Hygiene is the final step after removing and disposing of personal protective equipment (PPE). Review of the CDC Centers for

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) Disease Control instructions for Use of Personal Protective Equipment (PPE) when caring for patient with confirmed or suspected COVID-19 revealed: PPE must be donned correctly before entering the patient care area (isolation room or unit). PPE must remain in place and be worn correctly for the duration of work in the potentially contaminated area. Review of Center for Disease and Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) Recommended Guidance for Extended Use and Limited Reuse of N 95 Filtering Face piece Respirators in Healthcare Settings indicated: The decision to implement policies that permit extended use or limited reuse of N 95 respirators should be made by the professionals who manage the institution's respiratory protection program, in consultation with their occupational health and infection control departments with input from the state/local public health departments. The decision to implement these practices should be made on a case by case basis taking into account respiratory pathogen characteristics (e.g., routes of transmission, prevalence of disease in the region, infection attack rate, and severity of illness) and local conditions (e.g., number of disposable N 95 respirators available, current respirator usage rate, success of other respirator conservation strategies, etc.). Some healthcare facilities may wish to implement extended use and/or limited reuse before respirator shortages are observed, so that adequate supplies are available during times of peak demand. For non-emergency (routine) situations, current CDC recommendations specific to that pathogen should also be consulted. The . specific steps to guide implementation of these recommendations, minimize the challenges caused by extended use and reuse, and to limit risks that could result from these practices. Respirator Extended Use Recommendations Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. Please see the section on Risks of Extended Use and Reuse of Respirators for more information about contact transmission and other risks involved in these practices. A key consideration for safe extended use is that the respirator must maintain its fit and function. Workers in other industries routinely use N 95 respirators for several hours uninterrupted . If extended use of N 95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N 95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper Personal Protective Equipment (PPE) donning and doffing technique. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission after donning: Discard N 95 respirators following use during aerosol generating procedures. Discard N 95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients. Discard N 95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit) Review of the Center for Disease and Control and Prevention (CDC) guidelines for Strategies for optimizing the supply of N 95 Respirators revealed: Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N 95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hours expected survival time for [DIAGNOSES REDACTED]-CoV2. (Strategies for optimizing the supply of N 95 Respirators .2 Apr .2020. www.cdc.gov/Coronavirus/2019-ncov/hcp/respirators-strategy.