

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER SHOAL CREEK REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 500 HOSPITAL DRIVE CRESTVIEW, FL 32539	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to provide a safe, clean and homelike environment in 1 of 6 halls, the 400 hallway. A leak in the roof was observed in the 400 hallway. The findings include: On 7/28/2020 at 4:35 PM, a tour of the B-Wing which includes the 200, 400 and 900 halls was conducted. This wing of the facility was converted into an isolation unit dedicated to COVID-19 residents. On 7/28/2020 at approximately 5:20 PM, the surveyor observed water dripping from the ceiling into a tub in the middle of the 400 Hall which was halfway down the hall and outside of room [ROOM NUMBER]. There was a blanket spread out under the tub as well as a balled up towel. Both the blanket and towel were visibly saturated. There was also a yellow Caution Wet Floor sign. And four ceiling tiles were visibly dark in color and wet. The surveyors entered the facility 7/28/2020 at approximately 9:45 AM and it began raining shortly thereafter. It rained on and off throughout the approximately 11 hour visit. (Photographic evidence obtained) On 7/28/2020 at approximately 5:20 PM, the surveyor asked CNA F who was passing by if this ceiling leak had occurred before and she replied, Yes, every time it rains. On 7/28/2020 at approximately 6:30 PM, and just before concluding the visit, the surveyor informed the Nursing Home Administrator (NHA) and Director of Nursing (DON) of concerns related to the leaking ceiling on the 400 Hall. The NHA stated he's working on getting the roof repaired and in the meantime, maintenance has been replacing the ceiling tiles. He further explained that if maintenance hadn't been replacing the tiles then the ceiling would've crumbled to the floor already.		
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 staff interviews and record reviews, the facility failed to ensure that staff were consistently screened effectively for Coronavirus Disease 2019 (COVID-19) prior to facility entry for 5 staff out of about 350 screening forms reviewed, Staff D, E, I, H, and K. The facility failed to ensure forms were fully completed (staff E). The facility failed to either deny entry or refer staff with potential symptoms of COVID-19 to the infection preventionist for staff I, H, D and K. The findings include: On March 1, 2020, The Office of the Governor issued Executive Order Number 20-51 directing the Florida Department of Health to issue a Public Health Emergency. The Executive Order documented, Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza. On March 9, 2020, The Office of the Governor issued Executive Order Number 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19. The Center for Disease Control and Prevention's (CDC) most recent guidance at the time of writing titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, initiated the following guidance for healthcare workers: -Screen everyone (patients, healthcare personnel, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection and ensure they are [MEDICATION NAME] source control. -Actively take their temperature and document absence of symptoms consistent with COVID-19. - Healthcare personnel should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. An interview was conducted with Staff J, a receptionist and designated screener, on 7/28/2020 at 12:13 PM. The surveyor asked Staff J to describe her screening process. She replied that she obtains temperatures of staff when they enter at the start of their shifts and before they leave at the end of their shifts. She continued that if any boxes on the screening form are marked, Yes then she notifies the Nursing Home Administrator (NHA) or Director of Nursing (DON) and it usually doesn't go any further, they go home. The surveyor asked how employees are screened after hours and she explained that staff report to their assignment and are screened by the nurse on duty at the nurses' station. A record review of employee screening forms from the week of 7/18/2020 to 7/25/2020 was conducted on 7/28/2020. About 350 staff were screened during this week timeframe. The record review revealed that Certified Nursing Assistant (CNA) E documented her name and temperature only, but failed to answer the screening questions on the form on 7/18/2020 and 7/19/2020. On 7/19/2020, CNA I documented shortness of breath, new loss of taste or smell, headache, muscle pain, diarrhea and chills as well as a mild fever of 99.6 F and then worked her whole shift from 3:00 PM to 7:30 AM. She was assigned to work on the COVID-19 isolation hall. She documented experiencing a headache on 7/25/2020 with no other symptoms and a temperature of 96.2, and worked her whole shift from 3:10 PM to 7:30 AM. On 7/26/2020 she documented experiencing new or change in cough, new or change in sore throat, headache and documented on the form that she first began experiencing symptoms 16 days ago on 7/10/2020. The screening form revealed that she worked her entire shift from 3:00 PM to 11:30 PM on 7/26/2020. On 7/26/2020 her temperature was documented as 98.6 degrees Fahrenheit at the beginning of her shift and 97 degrees Fahrenheit at the end of her shift. On an undated screening form she documented new loss of taste/smell and headache and worked her whole shift from 3:00 PM to 7:30 AM. Review of COVID-19 test results revealed staff were routinely tested for COVID-19 every 2 weeks. CNA I had multiple negative tests and 1 inconclusive test. Further review of the employee screening forms from the week of 7/18/2020 to 7/25/2020 revealed LPN H documented a temperature of 97 degrees Fahrenheit and experiencing no smell on her form on 7/20/2020 and worked her entire shift from 7:00 AM to 4:00 PM. She also documented experiencing no smell/taste on her form with a temperature of 97.8 degrees Fahrenheit on 7/22/2020, and worked her whole shift from 7:00 AM to 7:50 PM. There was no evidence that LPN H was evaluated by the Infection Preventionist or designee prior to starting her shift. A review of the facility's staff results revealed LPN H tested positive for COVID-19 on 7/27/2020. A review of the facility's staff schedules from 7/20/2020 to 7/23/2020 revealed LPN H was assigned to work on the COVID-19 isolation unit. An interview was conducted with the DON who was also the facility's designated Infection Preventionist on 7/28/2020 at approximately 3:00 PM. The surveyor placed the screening forms with documented signs and symptoms and the list of positive staff in front of the DON for review. The surveyor asked the DON what the rationale or justification was for permitting ill and symptomatic staff to work. She replied, Not without looking at staff schedules and my notes. She stated that these screening forms were never brought to her attention although the form states ***Infection Preventionist/designee and DON to evaluate staff member with cough, sore throat, shortness of breath or loss a new loss of taste or smell, headache, muscle pain and document any underlying medical condition(s). The DON stated that if any boxes on the left are checked then staff are to be sent home. Boxes on the left include: Have you had close contact with someone with or under investigation for COVID-19 in last 14 days while not wearing mask and eye protection?, Have you been infected with COVID-19?, In the last 14 days, have you been on a cruise ship?, In the last 14 days, have you traveled internationally?, and In the last 14 days, have you traveled through a domestic (US) airport? And if staff check boxes with asterisks, then it is up to her and the NHA's discretion. Boxes with asterisks include: New or change in cough, New or change in sore throat, Shortness of breath, New or loss of taste or		

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	<p>(continued... from page 1)</p> <p>smell, Headache, and Muscle Pain. The surveyor then asked the DON when the outbreak initially occurred and she replied that the first batch of positive residents came back from the 6/30/2020 facility-wide testing that was conducted, but not all of the results were received until after the holiday (July 4, 2020). As a result, additional employee screening forms surrounding the holiday were reviewed. RN D documented experiencing new or change in cough, new or change in sore throat, headache, and documented a low-grade fever of 99.1 F at 10:30 PM at the start of her shift on 7/2/2020. There was no evidence that RN D was evaluated by the Infection Preventionist or designee prior to starting her shift. A telephone interview conducted with RN D at 7:47 PM on 7/28/2020 revealed she first started experiencing symptoms on 7/1/2020. She didn't feel well on 7/2/2020 which she informed her unit manager of and documented on her screening form. She worked the night shift from the evening of 7/2/2020 and went to the Emergency Department when her shift ended the morning of 7/3/2020. She received her test results on 7/5/2020 and informed the facility she was positive. The surveyor asked RN D if Administration was aware of her symptoms and she replied, Yes, they said we are short staffed and you only have like one symptom, so you still have to work. She continued that her last day worked was 7/3/2020 and as of 7/28/2020, she has not yet returned to work. Further review of employee screening forms revealed LPN K documented experiencing new loss of taste or smell and headache on 7/10/2020 along with a Temperature of 96 degrees Fahrenheit. She worked her entire shift from 7:00 AM to 4:45 PM. There was no evidence that LPN K was evaluated by the Infection Preventionist or designee prior to starting her shift. Review of the facility's employee test results revealed LPN K was tested on [DATE] with a positive result received 11 days later on 7/21/2020. LPN K's last day worked was 7/10/2020 and she returned to work on 7/23/2020. On 7/28/2020 at 6:30 PM, the surveyors met with the Administrator and DON and asked about the staff screening process. They were unable to explain how the 5 staff got through the screening process without being referred to the infection preventionist for evaluation. On March 15, 2020, the Division of Emergency Management (DEM) Emergency Order No. 20-006 restricting entrance into residential health care facilities including nursing homes. The Order limited persons who were allowed to enter the facility and directed screening of all individuals seeking entry. The order documented, Individuals seeking entry to the facility under the above section 1 (includes staff) will not be allowed to enter if they meet any of the screening criteria listed below: a. Any person infected with COVID-19 who has not had 2 consecutive negative test results separated by 24 hours; b. Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath or sore throat; c. Any person who has been in contact with any person(s) known to be infected with COVID-19, who has not yet tested negative for COVID-19 within the past 14 days; d. Any person who traveled through any airport within the past 14 days; or e. Any person who traveled on a cruise ship within the past 14 days. Part 5 of the Order stated, The following documentation must be kept for visitation within a facility: a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation. b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include: 1. Name of the individual; 2. Date and time of entry; and 3. The documentation used by the facility to screen the individual showing the individual did not meet any of the enumerated screening criteria, including the screening employee's printed name and signature.</p>		