

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER RIVIERA HEALTH RESORT		STREET ADDRESS, CITY, STATE, ZIP 6901 YUMURI STREET CORAL GABLES, FL 33156	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement infection control precautions as evidenced by failure to properly screen a visitor for Coronavirus (COVID-19) symptoms prior to entering the facility. This has the potential to result in the spread of COVID-19 and potentially affect 205 residents residing in the facility at the time of the survey. The findings included: Upon entrance to the facility on [DATE] at 9:05 AM observation revealed signs posted on the entrance door regarding visitor restrictions and information regarding COVID-19. Prior to entrance, there was a screening station located outside the entrance door. A Certified Nursing Assistant (staff A) was stationed at the table and was wearing a mask. The screener took the surveyor's temperature which was reported to be 96.4 degrees F (Fahrenheit). Hand sanitizer was available on the table. There were no additional screening questions asked prior to or upon entrance to the facility. The surveyor was escorted to a conference room. Although the surveyor presented an AHCA (Agency for Health Care Administration) business card to staff A upon arrival, the screener did not request or record the surveyor name on the visitor screening form. Staff A did not provide any instructions to this visitor related to PPE (personal protective equipment) use or the need to practice hand hygiene prior to entrance. Review of the Visitor Screening Tool indicated the following information should be documented on the form: Name of Visitor and date of visit. The following screening questions should be answered: Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days, Fever >99.6 or history of fever within the last 14 days, sore throat, cough, runny nose, shortness of breath, diarrhea (Yes/No), contact with a person with confirmed or under investigation for Coronavirus (COVID-19) within the last 14 days. Education and/or materials provided. Review of the completed Visitor Screening Tool on 6/1/20 at 12:53 PM revealed the following information documented on the form: Date 6/1/20, Name of visitor: AHCA. Temperature 96.4. All yes/no questions were answered No related to sore throat, cough, runny nose, shortness of breath, and diarrhea. These questions were not asked by the screener prior to entrance. Interview with the Infection Control Officer on 6/1/20 at 12:15 PM revealed screening procedures for visitors included a temperature check and screening for recent travel, COVID-19 and/or respiratory symptoms. The screening process is done outside the building. All visitors are offered PPE and a mask provided. Hand sanitizer is located at the entrance and throughout the building. We use a visitor screening form which is completed prior to entrance. Interview with the Certified Nursing Assistant (staff A) on 6/1/20 at 1:12 PM revealed, if someone visits the facility I have to take their temperature and ask them if they have any symptom of COVID-19 and if they have traveled outside the United States. The symptoms include fever, cough and shortness of breath. I have to fill out the paper and records temperature and the answers to each question. Interview with the Risk Manager on 6/1/20 at 1:20 PM revealed all visitor and staff should be screened prior to entering the building. The screening process includes taking the individuals temperature and asking and answering all the screening questions on the form. Review of the Visitor Screening Tool on 6/1/20 at 12:53 PM revealed the following questions were answered No - sore throat, cough, runny nose, shortness of breath, diarrhea. The surveyor was not asked these questions by the screener prior to entrance. The surveyor was not instructed to sanitize hands prior to entrance. Review of the facility policy titled Emergency Response: Emergency Procedure - Pandemic Influenza: SAR- COC-2/COVID-19 (revised February 2014) revealed: Residents, employees, and visitors should be evaluated daily for symptoms. Review of the facility policy titled COVID-19, Prevention and Control revised 5/28/20 revealed: This facility follows current guidelines and recommendations for the prevention and control of COVID-19. Review of the CDC (Centers for Disease Control) website, CDC.gov Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings indicated: Manage Visitor Access and Movement Within the Facility: -Actively assess all visitors for fever and COVID-19 symptoms upon entry to the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility. -Establish procedures for monitoring, managing, and training all visitors, which should include: All visitors should be instructed to wear a facemask or cloth face covering at all times while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other area designated by the facility. Informing visitors about appropriate PPE use according to current facility visitor policy.</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.