STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105071	A. BUILDING _____ B. WING _____	**07/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BAYSIDE CARE CENTER	**811 JACKSON ST N SAINT PETERSBURG, FL 33705**

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, record review, policy review, and review of the Center for Disease Control and Prevention (CDC) guidelines, the facility did not maintain an infection prevention and control program related to not implementing best practices for COVID-19. The facility did not ensure 1. the screening questionnaire was updated to include updated symptoms of COVID-19 for one of one questionnaires used to screen all staff and visitors, and 2. staff used correct hand hygiene procedures in 3 observations. Findings Included: 1. On 7/21/2020 at 9:10 a.m. the facility was entered with the receptionist present. A questionnaire titled Prevent COVID-19 Start of shift Daily Employee Screening Log was given to the surveyors. The questionnaire included four screening questions. 1. Cough yes or no, 2. Sore throat yes or no, 3. Shortness of breath yes or no, and 4. Have you been exposed to anyone with COVID-19 if yes, please go home. The receptionist confirmed it was the only questionnaire the facility was using. Approximately at 2:30 p.m. the Director of Nursing (DON) was asked about the facility's Prevent COVID-19 screening questions given to staff members and outside services upon entrance to the facility. He confirmed that the questions were not an updated screening tool. Review of Recommended routine infection prevention and control practices during the COVID-19 pandemic, Updated July 15, 2020 showed Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19 Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with [DIAGNOSES REDACTED]-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented. Symptoms of Coronavirus Updated May 13, 2020 People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html. 2. At 9:50 a.m. Staff B, Therapist was observed walking over to room [ROOM NUMBER]. The door of the room indicated full PPE (Personal Protective Equipment), gown, gloves, mask, faceshield or goggles, was to be worn when the room was entered. Staff B began removing items from the small white cart that was next to the door. He opened the cart and removed a gown that he donned. He had goggles on at the time and then donned a clean pair of gloves. No hand hygiene was practiced. Staff B was asked prior to entering the room if he had session with the resident. He confirmed that he did. He went on to say that the resident was a new admission to the facility and that the resident had a negative test result for COVID-19. Staff B, was asked on the process of performing hand hygiene prior to donning clean gloves. He stated, I missed a step. At 10:00 a.m. Staff C, certified nursing assistant was observed responding to a call light that was activated at room [ROOM NUMBER]. She was heard speaking to the resident from the hallway. As the door was opened to the hallway. The room door contained signage Caution /Stop Please See Nurse Before Entering Room. Apply gloves, apply face mask, apply gown, apply goggles. Staff C was wearing a surgical mask and goggles at the time as she applied a clean pair of gloves. No hand hygiene was practiced. She opened the drawer to the small white cart outside of the bedroom. The drawer was empty. Staff C, then walked over to room [ROOM NUMBER] where another small white cart sat. She opened one of the drawers while still wearing gloves and donned a gown. Staff C then walked into room [ROOM NUMBER]. Staff C left the room after a short period of time and doffed the gown and gloves. She was asked about hand hygiene practice. She said that she had cleaned her hands prior to donning the gloves. She was reminded that she had gloves on when she opened the PPE cart outside of bedroom [ROOM NUMBER] and 26. She stated, there was not any gowns in 25's cart so I went to the other cart. She was reminded that she performed this task while wearing gloves. She stated oh, okay, indicating that her gloves should have been changed prior to entering bedroom [ROOM NUMBER]. The Infection Control Preventionist (ICP) was asked about the process for donning PPE prior to entering a resident room that was on isolation. At 1:45 p.m. the ICP provided a copy of PPE Skills Evaluation for Standard and Transmission-based Precautions 1, copy right date of 6.1.2016. Donning PPE: PPE is put on in the following order; gown, mask/respirator, goggles, and gloves. The ICP stated all staff were training on the competency. She was informed that gloves were being used to open the drawers on the white isolation carts, and that gloves and hand hygiene practice was not observed prior to entering isolation rooms. At 10:15 a.m. Staff D, certified nursing assistant was walking on the east unit carrying two large bags of soiled linen and garbage. She was not wearing gloves as she walked into the soiled room and disposed of the two bags. She immediately turned around and walked out of the room. As staff D walked over to the shower room door, she passed two separate wall mounted hand sanitizer stations. The shower room door contained a number keypad that staff D utilized. And then opened the doorknob with her right hand. She immediately exited the shower room carrying a lift sling. Staff D then walked directly into bedroom [ROOM NUMBER]. Passing two hand sanitizing stations. At 10:25 a.m. Staff E, Licensed Practical nurse was asked about facility process on hand hygiene practices. She confirmed that after disposing of soiled linen and garbage hand hygiene would be needed. She additionally confirmed that prior to entering a resident bedroom to perform any services hand hygiene is required.

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.