STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106131	A. BUILDING _____ B. WING _____	**04/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GOLDEN GLADES NURSING AND REHABILITATION CENTER	**220 SIERRA DRIVE MIAMI, FL 33179**

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F 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations and staff interviews, the facility failed to ensure the medical record reflected medication that was taken from the emergency antibiotic kit, was signed and documented on the medication administration record, for one (1) of three (3) residents medical records reviewed (Resident #3). The findings include: Review of the medication administration record (MAR) on 04/02/2020 at 10:35 a.m., with the 4th floor Nurse Manager, revealed, [MEDICATION NAME] was ordered on [DATE], for four (4) days. The MAR did not reflect the medication had been administered to date. During an interview on 04/02/2020 at 10:40 a.m., accompanied by the 4th floor Licensed Practical Nurse (LPN) Supervisor, LPN #1 acknowledged that she pulled the aforementioned medication from the emergency antibiotic kit, however, did not complete the reorder slip, nor signed the MAR. LPN #1 stated, she did administer the medication to Resident #3 but forgot to sign the MAR. During a telephone interview on 04/03/2020 at 12:01 p.m., the Director of Nursing stated, when nurses took medications from the emergency kit, she expected the medication order to be faxed to pharmacy, the reorder slip completed, and the medication documented as administered on the MAR.
F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, facility staff and hospital staff interviews, and review of the pulse-oximeter Operator's Manual, policy, review of the Interim for suspected of positive for COVID-19, policy, and review of the Coronavirus prevention, policy, the facility failed to 1) ensure to a shared pulse-oximeter used on visitors, staff and residents for screening, that persons fingers were cleaned, to prevent the risk for transmission of COVID-19; 2) failed to ensure that staff was aware of the necessary precautions to take for Resident #2 who was exposed to COVID-19 from Resident #1 who tested positive; 3) failed to implement isolation precautions to control or prevent the potential spread of COVID-19, and failed to accurately complete the Skilled Nursing Facility (SNF) to Hospital COVID-19 patient transfer-communication form, to alert the receiving hospital staff, that Resident #2 was exposed to COVID-19, and 4) failed to ensure the infection control surveillance tool, used to track residents on contact isolation was completed accurately. The Infection Control Nurse was unable to determine after review of the tracking tool utilized, the specific residents listed on contact isolation, or the associated diagnoses. These failures occurred during a COVID-19 pandemic, and had the potential to affect all residents that resided at the facility. The facility census was 179. It was determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment or death to residents. The Immediate Jeopardy was related to 480.80 Infection Control. The Administrator, Vice President of Clinical Services, Infection Control Nurse, Unit Manager (4th Floor), and Licensed Practical Nurse Supervisor (4th Floor) were made aware that Immediate Jeopardy existed on April 2, 2020 at 8:53 p.m. The Director of Nursing was not present onsite during the Immediate Jeopardy notification. Immediate Jeopardy was removed on April 3, 2020 at 2:00 p.m., after an acceptable removal action plan was received and further observations, staff interviews, policy review and review of training's to verify the immediate corrective action taken. The facility remained out of compliance at a lower scope and severity of E at F880. The findings include: 1. On 04/01/2020 at 9:00 a.m., upon entry into the facility, the receptionist while screening visitors, did not clean the finger of the visitor, before or after use of the pulse-oximeter device. During an interview on 04/01/2020 at 10:01 a.m., the receptionist confirmed that she used the same pulse-oximeter on visitors, staff and residents, throughout the day. The receptionist stated, she did not clean visitors, staff or residents fingers, before or after use, to minimize the risk for transmission of COVID-19. The receptionist acknowledged that she was aware that there was a current COVID-19 pandemic. During an interview on 04/02/2020 at 4:10 p.m., the Vice President of Clinical Services (VPCS) stated, she expected visitors, staff and residents' fingers to be cleaned, according to the manufactures instructions. During a phone interview on 04/03/2020 at 12:01 p.m., the Director of Nursing (DON) stated she expected the staff to follow the manufacture's instructions, when using the shared device on visitors, staff or residents. Review of the pulse-oximeter manufacture's instructions, revealed, .Clean the finger being tested using alcohol before and after each test . 2. Review of Resident #1's medical record revealed, the resident resided in the same room with Resident #2, prior to (Resident #1) hospitalization on [DATE]. Review of the nurses notes for Resident #1 dated 03/31/2020, revealed, .0700 (7:00 AM) resident appears lethargic .1000 (10:00 AM) resident noted lethargic .1055 (10:55 AM) resident is leaving to [MEDICAL TREATMENT] in stable condition accompanied by two transporters .10 pm resident was transferred to (name of hospital) from [MEDICAL TREATMENT] center due to fever and pneumonia in ICU (intensive care unit) . Further review of Resident #1's laboratory results dated [DATE], revealed, coronavirus detected. During an interview on 04/02/2020 at 3:57 p.m., Nurse Manager (4th floor) and Licensed Practical Nurse (LPN) Supervisor (4th floor), confirmed they were not aware upon starting their work shift, for 1st shift, on 04/02/2020 of any coronovirus concerns for Resident #s 1 and 2. The LPN Supervisor also confirmed that she was not aware of any concerns on 04/01/2020. During an interview on 04/02/2020 at 6:00 p.m., the Administrator and the Infection Control Nurse (ICN) acknowledged awareness, that the hospital notified the facility on 04/01/2020, that Resident #1 tested positive for COVID-19. Both the Administrator and ICN confirmed they did not verify isolation precaution, was implemented for Resident #2, nor verified if the direct care staff, were made aware of Resident #1's status, and Resident #2's exposure to COVID-19. Telephone interviews conducted with direct care staff on 2nd shift and 3rd shift confirmed, that staff was not aware Resident #2 was exposed to COVID-19, nor did the staff observe personal protective equipment (PPE) outside Resident #2's door, or signage posted on the door. During an interview on 04/02/2020 at 6:18 p.m., the Registered Nurse Supervisor (RNS) who worked 3pm - 11pm on 04/01/2020, stated, he was not aware of any COVID-19 concerns with Resident #s 1 and 2 on 04/01/2020. The RNS indicated that he did not observe any posted door signage or isolation equipment setup, outside Resident #2's room, throughout his work shift on 04/01/2020. During an interview on 04/02/2020 at 4:10 p.m., the VPCS stated, she expected direct care staff, to have been notified, related to Resident #s 1 and 2 health status, and the facility's coronavirus policy followed. During a telephone interview on 04/03/2020 at 12:01 p.m., the DON stated, she expected effective communication to have occurred, so staff was made aware of Resident #s 1 and 2 status/exposure, so the necessary safety precautions, could have been taken. Review of the coronavirus prevention policy, dated 03/18/2020, revealed, .The facility will emphasize on prevention efforts on early recognition of suspected cases or contact with cases. The nursing staff will be aware of some common exposures and how to protect themselves and the residents . 3. Review of Resident #2's medical record revealed, the resident was transferred via ambulance service, to the hospital per physician order [REDACTED]. Further review of the SNF (skilled Nursing Facility) to Hospital COVID-19 Transfer Communication Tool revealed, the form was not completed accurately. The form read, .8. Has the patient been in contact with anyone who has tested positive for COVID-19? No . Review of the .Resident Hospital Transfer

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 -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) and Discharge Summary . dated 04/02/2020, revealed, Resident #2 was transferred from the SNF to the hospital for .low grade fever (temperature) . There was no other communication on the form that reflected Resident #2 was exposed to COVID-19. During a telephone interview on 04/02/2020 at 3:57 p.m., accompanied by the Administrator, ICN, VPCS, Nurse Manager (4th floor) and LPN Supervisor (4th floor), the hospital Associate Nurse Manager (ANM) stated Resident #2 was in route back to the facility. The facility staff observed from the first floor conference room window, that the resident had arrived back at the facility via ambulance, and was in progress of being transported, back into the facility. The ANM stated the facility did not communicate to the hospital the resident was exposed to COVID-19. The ANM indicated, if the facility staff had communicated such information, it was likely, that the hospital physician, would have proceeded with COVID-19 testing, prior to discharging the resident, back to the skilled nursing facility. During an interview on 04/02/2020 at 4:10 p.m., the VPCS stated, she expected the SNF transfer form to have reflected Yes that the resident was exposed, to someone who tested positive for COVID-19. During a telephone interview on 04/03/2020 at 12:01 p.m., the DON stated she expected the SNF transfer to hospital form to be completed correctly. During an interview on 04/03/2020 at 1:52 p.m., LPN #1 stated, she was not aware that Resident #2 had been exposed to COVID-19, nor was she aware Resident #1 tested positive for COVID-19. Therefore, she marked No on the SNF transfer form to the hospital, on 04/02/2020 (date the form was completed). LPN #1 also confirmed she did not recall, any door signage posted on Resident #2's door or PPE outside the door. Review of the coronavirus prevention policy, dated 03/18/2020, revealed, .Prior to transfer, emergency medical services .the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer . 4. On 04/02/2020 at 6:33 p.m., the ICN stated, that she had not included any residents as of 04/01/2020, on her surveillance tracking form related to COVID-19, nor residents that required isolation precautions. Further review of the ICN surveillance-tracking tool, revealed, the ICN was unable to identify or clarify unknown residents listed on the antibiotic report for contact isolation, for September 2019, and the associated diagnoses. The ICN stated she needed to develop a better plan of tracking residents, for future reference. During a telephone interview on 04/03/2020 at 12:01 p.m., the DON stated, she expected the surveillance-tracking tool to reflect the residents and their diagnosis, and why contact precaution was required. Review of the interim policy for suspected or positive for COVID-10 revised, 03/30/2020, revealed, .The facility will emphasize on prevention efforts on early recognition of suspected cases or symptomatic residents or staff. The facility will implement control measures to minimize the spread of the COVID-19 in the facility from an outbreak . The facility provided an acceptable removal action plan on April 3, 2020 at 12:40 p.m., that read: At 4:10 PM Resident #2 was immediately placed in isolation upon return from the hospital on [DATE] by the Unit manager assisted by the ADON. The isolation sign was placed at the door. The PPEs cart which contains mask, gowns, gloves was placed at the door by the Unit Charge Nurse. At 4:15 PM call was placed to the by physician by the nurse assigned to resident #2. At 5:00 PM, The physician was notified that the resident return to the facility from the hospital by the nurse. MD was made aware that the resident was exposed to COVID_19 from his roommate prior to his discharge to the hospital. MD ordered to transfer the resident back to the hospital. On 4/3/2020 approximately 5 AM the nurse on the 4th floor spoke ER nurse who explained to her that resident has no symptoms and will be transfer back to the facility. Resident returned to the facility around 11 AM. Resident remains on Isolation pending COVID-19 test result. The staff was made aware that resident remains on isolation to use their PPEs. At 5 PM Staff on the 4th floor was reeducated to have the resident wear a mask during transfer and to notify the EMS and the hospital about the resident's exposure. Education was complete nursing supervisor and ADON. The staff was also educated by Unit Manager and ADON regarding placing the Isolation sign at the door and have the cart with the PPEs at the door. PPEs including gown, mask and gloves. On 4/2/2020 8:30 PM - 12 Midnight the active residents at the facility were evaluated for signs and symptoms of COVID-19 by the ADON, Nursing supervisor and MDS coordinators. Vital signs were taken including oxygen saturation. The Nursing supervisor, ADON, MDS Coordinators, Infection Control Nurse were educated by the Vice-President of clinical services regarding the facility infection control policy. Any resident noted to be suspected, symptomatic will be placed in isolation. The Nurssing staff is to be notified immediately of any suspected, symptomatic confirmed case of COVID-19. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. At 8:45 PM, Administrator, Infection Control Nurse, Vice-President of Clinical Services validated and observed the resident with possible Exposure in isolation with Isolation sign, and the chart with PPEs at the door. 1-On 4/2/2020 at 9 PM, The Administrator, ADON, Infection Control Nurse and the 3-11 supervisor were immediately re-educated by the Vice-President of Clinical Services on the requirement to promptly notify the staff of any residents tested positive, suspected or exposed to COVID-19, the isolation precautions and appropriate Protective Equipment such as gloves, gown and mask when entering the resident's room. Contact, droplet precaution is to be implemented for any resident suspected, symptomatic or positive for COVID-19 to prevent the potential spread of COVID-19 and alert persons. At 9 PM Staff working on 3-11 shift were made aware by nursing supervisor of the suspected or exposed residents to Covid-19. At 11 PM, 11-7 were made aware of the suspected or exposed residents to COVID-19 by the ADON & Nursing Supervisor and the Administrator. At 11 PM in-serviced provided by the Corporate MDS Coordinator and the Vice President of Clinical serviced to the 3-11 and the 11-7 nursing staff. Infection Control Protocol including PPEs and Isolations precautions were reviewed with the staff. Resident on isolation will be documented in 24 hr report and communicate to the incoming shift during report. In-services will be provided in every shift by the ADON, Staff development nurse, Unit Manager and unit supervisor 2- On 4/2/2020 between 10:30 PM 11:30 PM Education provided by the Corporate MDS Director to the staff regarding the fully implementation of contact droplet precautions for as a measure to prevent the potential spread of Covid-19. The Signage will be at the door indicated the resident is on isolation, to see the nurse prior entering the room. The cart with the PPEs will be by the door to include the gloves, masks and gowns. Competencies completed on 3-11 and 11-7 staff on how to properly Donning and Doffing PPEs. Education and Competencies will be conducted on every shift to ensure the staff is in-serviced on this component of the infection control protocol. Facility infection control policy, the interim policy for residents suspected, symptomatic and positive for COVID-19. Reeducation of transmission-based precautions Personal Protective Equipment (PPEs). 3- On 4/2/2020 between 10:30 Pm and 11:30 PM, reeducation provided to licensed nurses by the Vice-President of Clinical Services and the Corporate Director of MDS regarding how to correctly complete the SNF to Hospital COVID-19 communication transfer form to convey to the receiving hospital staff resident. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. Transfer form to the hospital will be complete accurately to reflect any resident symptomatic or suspected for COVID-19. Education provided on the step to properly complete the form. Around 11:45 PM Teachable moment will be provided to the nurse who incorrectly complete the transfer form for resident #2 by the Vice-president of Clinical Services . Education will be continued every shift before the staff starts working to ensure they are educated to properly. The ADON, Administrator, Vice-President of Clinical Services will ensure the ongoing education and validate staff receive the education. The Unit Manager, supervisor, ADON, Vice-president will conduct review of discharge resident record to ensure on going compliance. 4. on 4-2-2020 at 11:30 PM reeducation provided by the vice-president of Clinical Services and the Corporate Director of MDS to the 3-11 and 11-7 nursing staff regarding the procedure to ensure shared pulse oximeter used for visitors and residents finger for COVID-19 screening finger is cleaned according to the manufactures instructions to prevent potential spread of COVID-19. The individual fingers to be cleaned with alcohol and The pulse oximeter to be cleaned before and after each use. Competencies with return demonstration conducted with the 3-11 & 11-7 nursing staff verified by the Vice-president of Clinical Services and the Corporate Director of MDS. Facility will continue re-education and competency every shift to ensure staff is reeducated prior starting their shift to ensure compliance to the infection control policy and prevent spread of infection. DON, ADON, Staff development/infection control nurse, Regional Director of Clinical Services, Vice-President of Clinical Services, Corporate MDS Director will monitor compliance. The Manufacturer's instructions concord Oximeter was obtained by the administrator on 4-1-2020 at 11 AM regarding the cleaning instruction. The education was provided the staff screening the visitors and the employees by the staff development. Cleaning the finger tip pulse oximeter: use medical alcohol to clean the silicone touching the finger inside of oximeter. Also clean the finger being tested using alcohol before and after each use. The ADON, Unit Managers, Nursing Supervisors, Vice-President of Clinical Services, DON and Regional Director of Clinical Services will monitor the process for compliance. 5- On 4-2-2020 at 6 PM, the Vice-President of Clinical Services developed a new tool to be used to track residents who are on contact isolations and be able to identify residents associated with the [DIAGNOSES REDACTED]. New residents with infection or new antibiotic order will be entered into the log by the infection control log and document accurately. The infection control

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) log will be reviewed by the Regional Director of clinical service or Vice-President of Clinical Services weekly to ensure the facility is properly tracked the infection in the facility. On 4-2-2020 at 11 PM the administrator called the department of health for notification of resident#2 exposure to COVID-19. No one was available to take the call. Recorder responded a message to call in the morning. On 4-2-2020 at 11 PM The Medical Director was notified by the Administrator of the survey Immediate jeopardy and the Plan of action for removal. The plan was discussed with the ADON, DON, Nursing supervisor, MDS coordinator, Vice-president of Clinical Services, Vice-President of Operations. On 4/3/2020 at 5 AM Ad Hoc Quality Assurance members present Social services Director, Business office Director, Human Resources, Assistant DON, Vice-President of Clinical Services, Vice-president of Operations, Corporate Director of MDS, Infection Control Nurse, Maintenance Director, Housekeeping Director, Activity Director, MDS Coordinator. The Meeting chaired by the administrator. Medical director, Regional Director of Clinical Services and Director of Nursing participated via phone. The Vice-president of Clinical services, Vice-president of Operations, Regional Director of Clinical services, Corporate Director of Operations, Director of Nursing and Facility administrator are assigned to monitor the Plan of Action for compliance. Alleged Removal Date of Immediate Jeopardy: April 3rd, 2020. Validation of the removal plan was completed on April 3, 2020 at 2:00 p.m., after the survey team verified corrective actions taken by the facility had been implemented. This included observations, staff interviews, policy review and review of training's to verify the immediate corrective actions were in place.