

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER GRACE HEALTHCARE OF LAKE WALES		STREET ADDRESS, CITY, STATE, ZIP 730 N SCENIC HWY LAKE WALES, FL 33853	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and policy review, the facility failed to follow recommended guidelines from the Center for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) and the facility's policies and procedures related to infection control for the COVID-19 pandemic. The facility failed to ensure adherence to infection control practices as evidenced by: 1. a lack of COVID-19 recommended screening and monitoring for 2 of 8 sampled residents (#5 and #4) and 2. by laundering a resident's personal laundry with the facilities laundry. This deficient practice had the potential to affect all residents in the facility, a census of 74. Findings included: 1. During the Entrance Conference on 07/08/20 at 9:30 a.m. with the Administrator, the Director of Nursing (DON), and the Assistant Director of Nursing (ADON); they stated that they screen all the residents every shift using the electronic chart COVID tool, which included the taking of the temperature and pulse oximetry (to measure oxygen saturation of the blood). The assessment was documented in the electronic chart every shift. Resident #5 was admitted on [DATE] with a readmission on 5/11/18. [DIAGNOSES REDACTED]. Record review of the annual Minimum Data Set (MDS) dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact). The resident required extensive assistance with care. Observation on 07/9/20 at 2:00 p.m. showed Resident #5 lying in bed asleep. The enablers were up. His television was off. There were fluids on his overbed table. A wheelchair was at the bed side. Record review of his Physician order [REDACTED]. Record review of the Medication Administration Records (MAR) for April, May, June and July 2020 all showed COVID 19 assessment, check temperature, if above 100, new onset of cough, shortness of breath, notify MD and IP. All MARs only had xs. They all lacked documentation of temperature and pulse ox. Review of the Weights and Vitals Summary from 03/25/20 to date showed the following: Temperatures: 03/25: 97.7 04/01: 97.5 05/29: 97.6 06/07: 97.5 06/12: 97.6 06/29: 97.8 07/04: 97.7 07/05: 97.8 Pulse Ox: 05/13: 98% During an interview on 07/09/20 at 3:00 p.m. with the DON, the ADON and the Regional Nurse accessed the electronic chart of Resident #5 while in the room with the surveyors. The DON confirmed that the nursing staff was supposed to perform the COVID assessment every shift and document in the chart. The DON stated, there it is and turned the computer screen toward the surveyor. When asked to please verify the documentation on the MAR, the ADON confirmed the whole month of July had xs going across it. The ADON stated that the order was there, but it had been xd out. The DON stated that there was some temperatures documented in June but were not showing on the June MAR. The ADON stated that the nurses perform the assessments. The DON confirmed the temperatures were not documented as done every shift. They verified Resident #5 had not had his COVID assessment on a regular basis, which included temperature and pulse oximeter. When asked if they thought the nurses should have told someone the COVID assessment was not there or being done, the DON stated, they had been educated to perform temperatures, and pulse ox.; they should have said something. At 4:15 p.m. the Regional Nurse stated that they would do a facility wide review of the orders and COVID assessments. She agreed that by now the nurses should have noticed they were not performing the assessment every shift for this resident. She stated they will notify the physician and do a mass screening.</p> <p>2. At 9:26 a.m. on 7/9/20, Resident #4 was observed lying in bed, a television was on across from the residents' bed. A staff member was sitting under the television. Immediately following the observation, Staff Member A, Licensed Practical Nurse (LPN), stated the Resident #4 was under 1:1 observation due to behaviors. Resident #4 was admitted on [DATE]. The Admission Record included [DIAGNOSES REDACTED]. A review of the Active Order Summary Report, printed on July 9, 2020 at 16:47 (4:47 p.m.) did not instruct staff to monitor Resident #4's temperature or oxygen saturation related to COVID-19. The review of the Weights and Vital Summary identified Resident #4's temperature was obtained as following: - Eight (8) times in April following the residents admission on 4/9/20. Two of those times on 4/9/20. - Four (4) times during the month of May. - Eighteen (18) times during the month of June. - Twice (2) from July 1 - July 7. The Weights and Vital Summary identified Resident #4's oxygen saturation was obtained as following: - Was not obtained during the month of April. - Twice (2) during the month of May. - Nine (9) times during the month of June. - Twice (2) during the month of July, on July 2 and July 7. A review of Resident #4's June and July Medication and Treatment Administration Records did not show staff members had documented the resident's temperature or oxygen saturation. The care plan for Resident #4 did not include a focus or interventions related to monitoring for signs and symptoms of COVID-19. At 3:46 p.m. on 7/9/20, the Director of Nursing (DON) confirmed Resident #4's temperatures and oxygen saturation were not completed every shift or daily. She stated when the facility moved records over to a new electronic record system, in April 2020, the corporate office was to put batch orders in for residents, which she said included the COVID-19 daily monitoring of all residents. Review of the facility's policy, Coronavirus-Resident, dated 03/19/2020 showed the purpose, to direct resident care to prevent and contain in the event of susceptible infection of COVID 19 in community. To guide care and direction for active screening, prevention, and containment of a resident, visitor or staff member that may be exposed to COVID 19. Any resident with a temperature, and/or shortness of breath (without route cause), and /or cough must have the following: initiate contact and respiratory isolation and update Care plan and Kardex; reported to IP, DON, Administrator, RNC, RCO for tracking, reported to health department, reported to Medical Director, reported to resident, reported to significant other / responsible party. Add active batch orders: COVID 19 to monitor per shift temp, shortness of breath, and cough. According to the Centers of Disease Control and Prevention (CDC) guidance titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, Nursing Home facilities are to actively monitor all residents upon admission and at least daily for fever (temperature (T=100.0 Fahrenheit)) and symptoms consistent with COVID-19 and ideally include an assessment of oxygen saturation via pulse oximetry. This information can be located at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. Review of the CDC, Testing Guidelines for Nursing Homes, revised July 1, 2020 showed to at least daily take the temperature of all residents and ask them if they have any COVID-19 symptoms.</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.