

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAK MANOR HEALTHCARE &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3500 OAK MANOR LANE LARGO, FL 33774</b>	
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 0867  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility's Quality Assurance and Assessment committee failed to implement an effective plan of action related to infection control measures for performing proper disinfection of reusable resident care equipment according to manufacturer's instructions for the contact time required to kill a [MEDICAL CONDITION], and for not using the correct disinfectant products according to the facility's designation for use for reusable resident care equipment. Findings included: Review of the facility's plan of correction for F880 with a completion date of 6/20/2020 revealed the following measures had been taken to correct the deficient practice: 1. Nursing staff were in-serviced on cleaning and disinfecting sit to stand slings and equipment. 2. Nursing and housekeeping staff were in-serviced on current products and on their formulary and the need to use only approved products as well as their appropriate kill times. 3. Random audits were completed by the Director of Nursing (DON) or appropriate designee on the following: 1. Cleaning of sit to stand lifts and slings 2. Cleaning products on formulary and education to kill time. A review of the facility policy and procedure titled, Cleaning and Disinfection/Non-critical care and shared equipment, (not dated) revealed: It is the policy of the facility to ensure that appropriate infection prevention and control measures are taken to provide a safe, sanitary, and comfortable environment to prevent the spread of infection in accordance with State and Federal Regulations, and national guidelines. The policy and procedure included: Any equipment used in rooms while a resident is on transmission-based precautions is to be cleaned with a disinfectant wipe immediately after use/upon exit of room. Disinfectant wipes are an EPA-registered (Environmental Protection Agency) hospital disinfectant with tuberculocidal claim (i.e. intermediate level disinfectant). A review of the facility policy and procedure titled, Infection Control-Standard and Transmission-based Precautions updated with Enhanced Barrier Precautions, dated 3/6/20 revealed: All shared medical equipment used in (transmission-based precautions) resident room will be wiped down with disinfecting wipe upon exit of the room. On 7/14/2020 at 10:56 a.m. during the entrance conference the DON stated that she was not aware of what product was being used for re-used resident equipment. On 7/14/2020 at 12:20 p.m. Staff C, Licensed Practical Nurse (LPN) stated that for re-usable vital sign equipment, she used Brand Name A between resident uses. She stated that the contact time for killing viruses was two minutes. She also stated that the CNAs (certified nursing assistants) were responsible for sanitizing mechanical lifts between use. On 7/14/2020 at 12:30 p.m. an interview was conducted with the Rehabilitation Program Manager in the therapy gym. She stated that the therapy staff used the wipes from the wall unit in the therapy gym to wipe down equipment between use or alcohol wipes. A container labeled Brand Name B was mounted on the wall in the therapy gym. She stated that she didn't know what chemical the wipes were and did not know what the contact time for disinfection was. On 7/14/2020 at 1:00 p.m. Staff B, Certified Nursing Assistant (CNA) was interviewed about the Coronavirus Disease (COVID-19) Persons Under Investigation (PUI) unit. She reported she used the Brand Name A wipes to clean the vitals sign machine before and after resident use, stating, Dries quick. She was unable to confirm what disinfectant product was used or what the contact time was. She did confirm that she wiped down the mechanical lifts between resident use. On 7/14/2020 at 1:00 p.m. Staff A, LPN was interviewed on the PUI unit. She stated that she used either a wipe or alcohol swab to disinfect equipment between resident use. A thermometer and pulse oximeter were observed on top of her medication cart. Staff A was not able to say what kind of wipes she used stating, The ones they give us at the nurse's station. On 7/14/2020 at 4:35 p.m. an interview was conducted with the DON. When asked what product should be used for disinfecting the vital sign equipment, she said that she thought it was the one with the purple top (Brand A). When asked about the contact time for disinfection, she said that different ones have different contact times. On 7/14/2020 at 5:04 p.m. an interview was conducted with the Assistant Director of Nursing (ADON) she stated that Brand Name C was used for disinfecting the mechanical lifts, as well as any other equipment (except glucometers) that was shared between residents. She stated that the dry time was 10 minutes. She stated that the Brand Name A wipes were used for the glucometers with a three-minute contact time for disinfection. On 7/14/2020 at 7:00 p.m. the Administrator provided product manufacturer information sheets for Brand Name A wipes and Brand Name B wipes. He stated that the wipe dispensers mounted on the wall in the therapy gym and the wipes at the nurse's station contained Brand Name B wipes. The information sheet for those wipes revealed that the product was an alcohol-based hand sanitizing wipe and was effective for killing Human Coronavirus on hands with a 15 second exposure time. The information sheet for the other Brand Name A wipes revealed a three-[MEDICAL CONDITION]/kill time. On 7/14/2020 at 6:30 p.m. an interview was conducted with the DON regarding their QAPI initiatives for infection control related to disinfection of shared resident care equipment. She stated that all sit to stand equipment was audited for soilage and any issues identified were corrected immediately. She stated that audits were usually done five times a week. She stated that nursing and housekeeping staff had been in-serviced on cleaning and disinfection of noncritical equipment She stated that she had lost some key staff recently and was now also acting as the facility's Risk Manager. She acknowledged that there were some concerns regarding infection control within the facility.</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, record review and review of the Center for Disease Control and Prevention (CDC) guidelines the facility failed to implement and maintain an infection prevention and control program as evidenced by: 1) not clearly identifying the type of precautions and appropriate personal protective equipment (PPE) to use by not having signage for the transmission-based precautions placed in a conspicuous place outside of five resident rooms (#309, #325, #212, #209, and #207) of five resident rooms, 2) failing to prevent a potential infection (COVID-19) through indirect contact transmission by not cleaning/disinfecting two out of three sit-to-stand lifts used for multiple residents, and by not identifying the necessary contact time required to kill microorganisms for the disinfectant solution used by the facility to clean and disinfect high touch areas. Findings included: 1. An observation was made, on 5/21/20 at 9:51 a.m., of a caddy hanging from the door of Resident room [ROOM NUMBER]. There was no sign in the area of room that identified what type of transmission-based precautions or directions to see a nurse prior to entering for staff or visitors to observe when entering the room or caring for the resident. Staff A, Registered Nurse (RN) stated the resident in 309, bed B, was on contact isolation for extended spectrum beta-lactamases (ESBL). (Photographic evidence was obtained) An observation, on 5/21/20 at 10:06 a.m., revealed a yellow caddy hanging from the door of Resident room [ROOM NUMBER]. The observation of the 4 bed-resident room identified two residents lying in bed. The area surrounding the door, or the caddy failed to identify the type of transmission-based precautions to be observed or instructions to see the nurse prior to entering. A PVC frame held two green laundry-type bags at the end of second bed. (Photographic Evidence was obtained) On 5/21/20 at 10:46 a.m., an observation identified a yellow isolation caddy hanging from the door of Resident room [ROOM NUMBER]. A sign was not</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>posted as to what type of isolation precaution was to be utilized or instructions to see the nurse prior to entering. Staff B, Certified Nursing Assistant (CNA), stated the resident that resided in the A-bed had a fever and staff were to use gloves and masks when entering the room. (Photographic evidence was obtained). At 10:49 a.m. on 5/21/20, an observation of Resident room [ROOM NUMBER] revealed a yellow isolation caddy hanging from the door. A sign was not posted as to what type of isolation precaution was to be utilized or instructions to see the nurse prior to entering. On 5/21/20 at 11:00 a.m., an observation of the door to Resident room [ROOM NUMBER] revealed an isolation caddy hanging from it. The area and door to Resident room [ROOM NUMBER] was observed not to have a sign that identified what type of transmission-based precautions or directions to see a nurse prior to entering for staff or visitors to observe when entering the room or caring for the resident. A review of the LTC (long term care) Respiratory Surveillance Line List dated 5/18/20 revealed that the resident in the B-bed had a fever and shortness of breath and yes was indicated in the hospitalized column. The Infection Control Preventionist (ICP) provided the facility's current list of rooms that documented the type of transmission-based precautions for each room. The list included resident rooms #309, #325, #212, #209 and #207, which were located outside of the admission quarantine hallway. At 1:48 p.m., the ICP stated the facility utilized stop signs that attach to the hanging caddies that instructed staff and/or visitors to see a nurse prior to entering. The ICP reviewed the photographic evidence and stated, Clearly they are not there. She stated the facility staff knew to see the nurse, but wanted signs posted to see the nurse for the agency staff. At 7:13 a.m., the Director of Nursing (DON) stated her expectation was to have signs on the door of the precaution rooms. The policy titled, Infection Control - Standard and Transmission-Based Precautions, dated November 28, 2016, showed it was the policy of the facility to ensure that appropriate infection prevention and control measures are taken to prevent the spread of communicable disease and infections in accordance with State and Federal Regulations, and national guidelines. Procedure #7 of the policy identified, To designate a room for transmission-based precautions, a sign will be placed _____ (facility note where it will be, what it looks like, if color coded, etc.). 2. On 5/21/20 at 9:50 a.m., an observation on the low 300-hall revealed a sit-to-stand lift in the hallway with a blue and red sling lying across the handles. The footrest of the lift was littered with white, brown, and black unknown debris. (Photographic evidence obtained) At 9:51 a.m., Staff A, RN stated she was not sure if the sit-to-stand was used for different residents, and that she imagined the lift was used for multiple residents since the facility had only so many (lifts). At 10:46 a.m., Staff B, CNA confirmed the sit-to-stand lift was used for multiple residents and cleans the lifts after each use. Staff C, CNA, stated, at 11:10 a.m., she never cleaned the lifts. She said, Thought housekeeping cleaned them, and that she uses the same sling for sit-to-stand, for multiple residents. After answering a call light, Staff C returned to the interview and stated that she uses wipes to clean the sit-to-stand sling. An observation, at 11:19 a.m., was made of an area at the end of the high-300 hallway of multiple different types of lifts. Three sit-to-stand lifts were observed with slings lying across the handles. One of the sit-to-stand lifts was the lift observed previously on the low 300-hall. The footrest continued to be littered with white, brown, and black debris. The sling lying across the handles appeared to be the same previously observed sling and labeled East Wing. The sling was fabric-lined as evidence by the material piling. Another sit-to-stand stored in the same area had a black footrest littered with an unknown substance and dried liquid outline. (Photographic evidence obtained) At 11:28 a.m., the Maintenance/Housekeeping Director stated housekeeping does not clean the lifts daily, but deep cleans them weekly. At 3:38 p.m., the DON stated lifts are cleaned by CNAs and nurses in between residents. She stated she would like to have two Brand Name pads for each resident but would have to check on the slings for the sit-to-stand. The DON stated, I want to say sit-to-stand slings are patient specific. The DON described assisting staff with sit-to-stand transfers, and they got them from the resident room, and after use, the slings should be put in the laundry. An observation of the Restorative Dining Room with the DON revealed the slings that were lying across the sit-to-stands had been removed. When the previous observation was described to the DON, she stated, Oh no, no, no, they shouldn't be stored with the lift. She observed the two lifts with dirty footrest pads and confirmed the dirtiness and the debris was not from one resident. The DON stated the CNAs should have cleaned the lifts. The DON stated the slings could be wiped down. When asked if the fabric slings could be wiped down, the DON did not answer. The policy titled, Infection Control -Cleaning and Disinfection/Non-critical care and shared equipment, undated, identified it was the policy of the facility to ensure that appropriate infection prevention and control measures are taken to provide a safe, sanitary, and comfortable environment to prevent the spread of infection in accordance with State and Federal Regulations, and national guidelines. Procedure #5 revealed non-critical medical equipment (equipment that only comes in contact with intact skin) is to be wiped down with a disinfectant wipe once per shift and as needed when soiled. At 9:37 a.m. on 5/21/20, Staff E, Housekeeper was observed in the high-200 hallway. The observation revealed an open pail on top of the housekeeping cart with a roll of white wipes and a smaller roll on top of the larger roll. The staff member stated, Another guy cleans high-touch areas every day with bleach wipes. Staff E stated she had to pour bleach in the pail. An observation was made, at 11:13 a.m. on 5/21/20, of Staff D, Floor Tech, entering the low 300-hall from the double doors at the entrance of the hallway pulling a 4-wheeled utility cart, and atop of the utility cart was a green bucket. Staff D was observed wiping the top of the handrail, that ran entire length of the hallway, with one white cloth. Staff D was asked what was in the green bucket. He stated, bleach wipes. Staff D stated he does the whole facility once a day. The observation of the staff member did not reveal any cleaning of doorknobs on the hallway. At 11:28 a.m., an interview was conducted with the Maintenance/Housekeeping Director. He stated Staff D cleans high-touch areas daily. The Director described high-touch areas as handrails, and doorknobs (resident rooms and double doors). During an interview, at 2:26 p.m., Staff F, Housekeeping Supervisor Assistant (Floor Tech Supervisor), stated the Maintenance/Housekeeping Director was the manager. Staff F stated the Disinfectant Sanitizer liquid in the pails observed to be used by housekeeping and Staff D was a form of chlorine bleach. Staff F stated, Like what is used in pools. The staff member stated he mixes up a jug of Disinfectant Sanitizer every three (3) days. Staff F stated he and Staff D cleaned handrails daily. The staff member described high-touch areas as doorknobs, handles, handrails, and everything in the hallway. Staff F stated housekeeping cleaned lifts when they were in the hallway. He stated the wet time for cleaning with Disinfectant Sanitizer was like 3 minutes. Staff F provided a container of Disinfectant Sanitizer. The container directions instructed users to, Prepare the appropriate solution strength by referring to Usage table, Refer to Dilution Chart for solution preparation. Apply to pre-cleaned surface with mop, cloth, sponge, brush, wipe, or mechanical sprayer. Allow surface to remain wet for appropriate contact time as indicated on Usage Table. Allow to air dry for areas contaminated with [MEDICAL CONDITION]. The container of Disinfectant Sanitizer included instructions for healthcare disinfection without preclean performance. The instructions indicated Disinfectant Sanitizer was a healthcare disinfectant when used at the doses and contact times indicated in the Usage Table. The container did not include information regarding the contact time for disinfection. At 3:37 p.m., the Maintenance/Housekeeping Director stated the Disinfectant Sanitizer was not safe, as the facility, don't know the dilution rate. The Maintenance/Housekeeping Director stated, Sometimes its 3 or 5. The Director was unable to provide the Usage Table or product insert, which the container instructions referred to for healthcare disinfection. The Director stated he was unable to provide any further information regarding Disinfectant Sanitizer. During an interview, at 7:13 p.m. on 5/21/20, the NHA and DON stated neither of them knew of the contact time for disinfection of the Disinfectant Sanitizer. The NHA stated high-touch areas are cleaned daily. The NHA stated the facility switched to other cleansers on Tuesday, so the new cleaners have a definite kill time. The Administration and Housekeeping staff were unaware of the necessary contact time to kill microorganisms of the Disinfectant Sanitizer liquid used to clean the facility and the high-touch areas of the facility were cleaned daily instead of per shift during the pandemic as recommended by the CDC. The Centers of Disease Control guidelines titled, Key Strategies to Prepare of COVID-19 in Long-Term Care Facilities - Webinar: Sparkling Surfaces: Stop COVID-19's Spread, (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>), revealed [MEDICAL CONDITION] that causes COVID-19 can be spread by indirect contact with contaminated surfaces, surfaces that are touched frequently increase the chance that germs could be spread to residents or staff, and while surfaces may look clean pathogens may be lurking. The Webinar educated viewers that environmental and equipment surfaces create an opportunity for viruses and bacteria to survive, the coronavirus causing COVID-19 has been shown to survive on surfaces for several hours to days. The guidance, Sparkling Surfaces, indicated high-touch areas included door handles and light switches and the long-term care facility should create a process for cleaning equipment and room surfaces, clean high-touch surfaces at least once during each shift, and build in time to wipe down/clean all equipment shared between residents. The guidance revealed the following for products and practices: - Know which products should be used for each surface being cleaned; - Know how to apply products: clean the surface first and then apply the disinfectant and many products need to remain on surfaces for several minutes to fully kill the germ (contact time). A review of the Interim Infection Prevention</p>		

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 2)</p> <p>and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings updated on 5/18/20, located at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>, revealed: 10. Implement Environmental Infection Control Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19. o All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. o Refer to List Nexternal icon on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the Healthcare Infection Prevention and Control FAQs for COVID-19.</p>		