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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>105523</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>06/02/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>NORTH PORT REHABILITATION AND NURSING CENTER</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>6940 OUTREACH WAY<br/>NORTH PORT, FL 34287</b> |   |
| 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<br><b>F 0880</b>  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |   |
| <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>                     | <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, and review of the Centers for Disease (CDC) communication memo the facility failed to safeguard residents' well-being by failing to follow current infection control standards related to COVID-19 recommendations set forth by Centers for Disease Control and Prevention (CDC), to minimize the risk of transmission of the COVID-19 virus. Refer to <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> The findings included: Review of the CDC communication dated 4/15/20 indicated residents should wear a cloth face covering or face mask for source control whenever they leave their room or were around others. Reinforce adherence to standard Infection Prevention Control measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Management of laundry should be performed in accordance with routine procedures. On 6/2/20 at 12:31 p.m., during a tour with the Assistant Director of Nursing (ADON) one female resident was observed in her wheelchair in the hallway not wearing any face covering. On 6/2/20 at 12:32 p.m., in an interview the ADON confirmed the resident was not wearing a face covering. She confirmed residents were to wear a face covering when exiting their rooms. On 6/2/20 at 12:37 p.m., an observation was made of Licensed Practical Nurse (LPN) Staff A entering room [ROOM NUMBER] with isolation droplet precaution. She was observed wearing a surgical mask, but no gloves and gown. Upon exiting the room did not perform any hand hygiene. On 6/2/20 at 12:40 p.m., in an interview the ADON stated the protocol for staff entering rooms with residents on isolation droplet precaution were for staff to don masks, gloves and gowns prior to entering the rooms, removing them prior to exiting the room and performing hand hygiene. She confirmed that LPN Staff A did not don any gloves or gown and did not perform hand hygiene upon exiting the room. On 6/2/20 at 12:42 p.m., a female resident was observed sitting at nurses' station #2 in her wheelchair not wearing any face coverings. On 6/2/20 at 12:45 p.m., in an interview the ADON confirmed residents upon exiting their rooms were to wear face coverings. ADON verified the resident was not wearing a face covering. On 6/2/20 at 12:50 p.m., during tour of laundry room with ADON a bottle of water and a lunch bag was observed on the clean folding table next to clean folded linens. On 6/2/20 at 12:52 p.m., in an interview the Laundry Aide Staff B stated the bottle of water and lunch bag belonged to her. She confirmed that personal items were not be on the clean folding table. On 6/2/20 at 12:53 p.m., in an interview the ADON verified the bottle of water and lunch bag on the folding table, and confirmed no personal items were allowed on the clean folding table.</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.