

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105588	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER CORAL TRACE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 216 SANTA BARBARA BLVD CAPE CORAL, FL 33991	
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and staff interview the facility failed to provide care and services to minimize the risk of infection during wound care for 1 (Resident #2) of 3 residents reviewed with pressure ulcers. The findings included: According to the Wound, Ostomy and Continence Nursing (WOCN) http://journals.lww.com/jwocnonline/Fulltext/2012/Clean_vs_Sterile_Dressing_Techniques_for.7.aspx Clean technique. Clean means free of dirt, marks, or stains. 3 Clean technique involves strategies used in patient care to reduce the overall number of microorganisms or to prevent or reduce the risk of transmission of microorganisms from one person to another or from one place to another. Clean technique involves meticulous handwashing, maintaining a clean environment by preparing a clean field, using clean gloves and sterile instruments, and preventing direct contamination of materials and supplies. Review of the facility's policy and procedure for dressing change (N-1310) with an effective date of 11/30/2014 and a revision date of 12/6/2017 showed the following: A clean dressing will be applied by a nurse to a wound as ordered to promote healing. Sterile dressing will be used only if specifically ordered. The procedure included: Place supplies on prepped work surface Perform hand hygiene Apply gloves Remove and dispose of soiled dressing Remove gloves Perform hand hygiene Apply gloves Evaluate wound for type, color, amount of drainage Cleanse wound as ordered, dispose of gauze Remove gloves and perform hand hygiene Apply treatment as ordered and clean dressing Discard gloves and perform hand hygiene Document in the medical record On 8/24/20 at 2:35 p.m., Registered Nurse (RN) Staff A was observed doing a clean dressing change to Resident #2's pressure ulcer to the right outer ankle. RN Staff A placed 3 individually wrapped packets of 4 by 4 gauze, 2 tubes of [MEDICATION NAME] gel (antimicrobial gel), 1 packet of [MEDICATION NAME] dressing and a bottle of wound cleanser on the resident's dresser. She sanitized her hands with alcohol gel and donned a pair of clean gloves. She prepared her supplies, including squeezing some [MEDICATION NAME] gel onto an [MEDICATION NAME] dressing and sprayed wound cleanser into a 4 by 4 gauze packet. RN Staff A removed the resident's off-loading boot, removed the soiled dressing and discarded it. She wiped the wound with the wound cleanser saturated gauze and discarded it. She then applied the [MEDICATION NAME] with the [MEDICATION NAME] gel to the right outer ankle wound. She reapplied the off-loading boot. RN Staff A did not wash or sanitize her hands after she removed the soiled dressing and cleansed the wound. She did not perform hand hygiene or change gloves before applying the clean dressing. At the completion of the wound care, RN Staff A washed her hands with soap and water. She retrieved the unused packets of dressings, the bottle of wound cleanser and the tubes of [MEDICATION NAME] from the resident's dresser. She transported them against her chest and placed the potentially contaminated supplies back into the clean treatment cart. She took one tube of [MEDICATION NAME] to the North Wing and placed it into treatment cart #2. RN Staff A said she borrowed the [MEDICATION NAME] from this cart because she didn't think she had enough left for the dressing change for Resident #2. On 8/24/20 at 2:50 p.m., during an interview RN Staff A verified she failed to perform hand hygiene as appropriate during the dressing change. She confirmed she transported the potentially contaminated supplies against her uniform and placed them back into the clean treatment cart. She verified the treatment cart contained supplies for multiple residents. On 8/24/20 at 3:10 p.m., during an interview the Director of Nursing said the supplies should not be taken back to the clean cart once they've been in a resident's room, but she did not have a facility policy.</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.