

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER KRYSTAL BAY NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 16650 W DIXIE HWY NORTH MIAMI BEACH, FL 33160	
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 and record reviews the facility failed to implement appropriate infection control measures related to the reuse of Personnel Protective Equipment (PPE), as evidenced by staff (Staff A, Staff B and Staff C) assigned to the Coronavirus (COVID-19) unit taking home used N 95 Respirators for reuse, also staff taking home N 95 Respirators and washing them for reuse. This deficient practice has the potential to increase the risk of cross contamination and spreading of COVID-19. There were 85 residents residing in the facility at the time of the survey. The findings included: On [DATE] at 9:32 A.M. the Director of Nursing/ Risk Manager (DON, RM) and the Administrator revealed that the facility had a shortage of N 95 respirators in the middle of April. They explained that during that time the shortage was statewide. The staff should have left the used N 95 respirators in a lunch box that had their names for reuse the next day. The staff had to reuse the N 95 respirator for one week. The DON reported that now the facility had at least 30 days of PPE supplies and the staff are using the N 95 respirator for only one day. An interview on [DATE] at 10:38 A.M. with Staff A, Certified Nursing Assistant (CNA), working on the on the designated COVID-19 station revealed she was using the same N 95 respirator for two days. Staff A reported she placed the N 95 respirator inside a little zip locked bag that she left in her car. In a follow up interview on [DATE] at 2:35 P.M. Staff A stated that nobody told her to keep using the N 95 respirator for two days, but she was doing so because some days (Staff A could not specify dates N 95 respirators were not available) the facility did not have N 95 respirator to provide. However, this week the facility gave her a new mask every day, but she always kept the used N 95 masks inside her car in case she did not get a new one the next day. An interview on [DATE] at 10:45 A.M. with Staff B, a CNA assigned to the COVID-19 station revealed that she used the same N 95 Respirator for 5 days. At the end of her shift, she would place the used N 95 respirator in a plastic bag that was kept in her pocket and take it home. Staff B reported, the mask is taken back to work the next day to be used again. A follow up interview on [DATE] at 2:03 P.M. with staff B revealed, the reason she took the N 95 respirator home was because she needed the mask to use inside the facility the next day. Staff B reported she took the mask home in a plastic bag and washed it in her home with hand soap mixed with a little alcohol and water. During the interview, staff B reported that the N 95 respirator she was wearing was used the day before and that she had washed in her home. Observation of the mask staff B was wearing revealed it was a N 95 respirator, the mask was faded, appeared worn out and tattered. Staff B stated that nobody told her to wash the N 95 respirator and she made the decision to wash the N 95 respirator. On [DATE] at 12:44 P.M. regarding the concerns related to staff taking the used N 95 respirators home and washing them for reuse, the DON stated that the staff knew the N 95 respirators were not to be reused anymore and had to be discarded after daily use. In addition, the staff should not take the N 95 respirator home. The DON stated that all the staff were given in-service regarding discarding the used N 95 respirator at the end of the shift. The DON explained that the CDC guidelines stated that they could reuse the N 95 respirator, but the used N 95 respirator should be left in the facility. The DON explained that during the shortage of N 95 respirators, the facility had a dedicated spot where the staff left the used masks. The dedicated space for staff to leave used N 95 respirators was in the front lobby in a box and reinforced that the facility was not reusing the N 95 respirators anymore. Review of undated documentation received from the Director of Nursing (DON) on [DATE], titled New CDC guidelines on use of masks, gowns and eye protection to conserve supplies. Noted at the top of the document there was a written note by the DON indicating : masks were placed in brown bags for reuse. That was done only for one to 2 days as of the next shipment. We have plenty of N 95 respirator An interview on [DATE] at 1:52 P.M. with Staff C, a CNA working on the COVID-19 unit stated that sometimes she took the N 95 respirator home. She placed the N 95 respirator in a plastic bag inside her car, washed it at home with soap, water and Lysol then put it to dry. Staff C explained she was washing and reusing the N 95 respirator in case she did not receive a new N 95 respirator in the facility, this way she had a mask to use. Staff C stated that before last week, they were using the same N 95 respirator for 5 days. Staff C stated that they told her to put the N 95 respirator in a paper bag and leave it inside the facility but she did not. Staff C stated that even though they are receiving a new N 95 respirator every day, she still was not discarding the used N 95 respirator because she was scared not to have one available. A phone interview on [DATE] at 2:16 P.M. with the Infection Control Preventionist (ICP), revealed that staff were receiving a new N 95 respirator every day from the assigned nurse upon entrance to the facility. The staff that provided care to the residents had to discard the used N 95 respirator at end of shift every day. The staff that worked in administration and had no direct contact with residents, placed the N 95 respirator in a paper bag and placed it in the bin located at the entrance in the lobby to reuse the next day. The ICP explained that in mid-April the facility was reusing the N 95 respirators due to shortages. During the shortage ,staff received two new N 95 respirators and were required place the mask in a brown bag and leave it in the at the entrance door. Each staff had two bags In the box, one for the new masks and another to put the used masks to alternate masks. The ICP stated that as soon as the facility received the shipment of N 95 respirators , around third week of the April, the staff was advised to discard the used N 95 respirators every day at end of shift, especially the staff that worked in the COVID-19 area. The ICP reported staff received in-service that included donning and doffing of PPE and were instructed to discard the N 95 respirators every day and the facility never recommended for staff to take the N 95 respirator home. Record review on [DATE] of residents listed positive for COVID-19, the list of expired residents and residents transferred to the hospital revealed that the facility had at total of 35 residents that tested positive for COVID-19. Review of the facility's Infection Prevention and Control Program Policy and Procedures, dated [DATE], revealed, It is policy to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections. Review of Center for Disease and Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) Recommended Guidance for Extended Use and Limited Reuse of N 95 Filtering Facepiece Respirators in Healthcare Settings indicated: The decision to implement policies that permit extended use or limited reuse of N 95 respirators should be made by the professionals who manage the institution's respiratory protection program, in consultation with their occupational health and infection control departments with input from the state/local public health departments. The decision to implement these practices should be made on a case by case basis taking into account respiratory pathogen characteristics (e.g., routes of transmission, prevalence of disease in the region, infection attack rate, and severity of illness) and local conditions (e.g., number of disposable N 95 respirators available, current respirator usage rate, success of other respirator conservation strategies, etc.). Some healthcare facilities may wish to implement extended use and/or limited reuse before respirator shortages are observed, so that adequate supplies are available during times of peak demand. For non-emergency (routine) situations, current CDC recommendations specific to that pathogen should also be consulted. The specific steps to guide implementation of these recommendations, minimize the challenges caused by extended use and reuse, and to limit risks that could result from these practices. Respirator Extended Use Recommendations Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission. Please</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>see the section on Risks of Extended Use and Reuse of Respirators for more information about contact transmission and other risks involved in these practices. A key consideration for safe extended use is that the respirator must maintain its fit and function. Workers in other industries routinely use N 95 respirators for several hours uninterrupted . If extended use of N 95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N 95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper Personal Protective Equipment (PPE) donning and doffing technique. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission after donning: Discard N 95 respirators following use during aerosol generating procedures. Discard N 95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients. Discard N 95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit) Review of the Center for Disease and Control and Prevention (CDC) guidelines for Strategies for optimizing the supply of N 95 Respirators revealed: Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N 95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hours expected survival time for [DIAGNOSES REDACTED]-CoV2. (Strategies for optimizing the supply of N 95 Respirators .2 Apr .2020. www.cdc.gov/Coronavirus/2019-ncov/hcp/respirators-strategy</p>		