

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER LAKELAND NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1919 LAKELAND HILLS BLVD LAKELAND, FL 33805	
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**</p> <p>Based on observations, record review and interviews, the facility failed to maintain an infection control program to provide a safe, and sanitary environment related to not ensuring correct disinfection of reusable personal protective equipment (PPE) and disinfection of high touch areas of the facility in 1 unit hallway (100-hall) of 4 unit hallways in the facility. Findings included: At 10:37 a.m. on 6/17/20, an observation was made of rooms 116 - 126 on the 100-hall of the facility. During the observation, Staff A, Housekeeper, came out of a resident room, cleaned the face shield with a wipe removed from a container, then waved it and slid the strap of the shield onto her wrist. At 10:40 a.m., the Housekeeper was asked what the contact time of the (Name Brand) bleach wipes, she responded, Like 10 minutes. When questioned regarding the waving of the face shield, the Housekeeper began waving the face shield again and stated, To dry it. At 10:43 a.m., the Business Office Manager, (BOM), was observed leaving a resident room, on the 100-hall, wearing personal protective equipment (PPE) of a gown, gloves, face shield, and face mask. She began removing the PPE in the hallway and deposited it into the trash can. During the observation of the staff member, the Infection Control Preventionist (ICP) was standing with the team. At 10:46 a.m., the ICP went over to the Business Office Manager and spoke briefly with her. The BOM was observed using a (Name Brand) bleach wipe to clean the face shield, waved it in the air then placed it into a manila envelope. The staff member stated she had not received any training on the cleaning of the face shield. A review of the facility's floor map indicated the 100-hall was the location of the facility's Persons Under Investigation (PUI) unit. There were 17 resident rooms available on the PUI unit and a review of the Resident List Report indicated fifteen rooms were being used by nineteen residents. On 6/17/20 at 9:58 a.m., an interview was conducted with Staff B, Housekeeper. The housekeeper identified (Brand Name concentrated disinfectant) was used to clean the resident room. Staff B removed a spray bottle of (Name Brand) lemon scented furniture polish and stated the polish was used to clean the dressers in the resident rooms, then a spray bottle of (Name Brand odor [MEDICATION NAME]) from the housekeeping cart and revealed the (Name Brand odor [MEDICATION NAME]) was used to clean the hallway handrails. The housekeeper stated handrails are cleaned once a week. At 10:05 a.m., Staff C, Housekeeper, was observed in the housekeeping closet on the 400-hall. The staff member identified a concentrated cleaner, (Name Brand), hanging on the wall, that was used for the mop water. During an interview, on 6/17/20 at 11:59 a.m., with the Nursing Home Administrator (NHA) and the ICP, the NHA revealed the COVID-19 Preparedness, bulleted and undated, was the policy and speaks for everything. When asked if it regarded the environmental cleaning, the NHA stated, She's copying it, housekeeping. The ICP stated each unit had a checklist that social services and nursing are doing for each unit, it started before COVID-19 and addressed psychosocial issues. She stated some of the issues included how equipment was cleaned, staff observed with gloves in the hallway, staff doing hand hygiene, and if residents are more anxious than normal. The ICP identified the housekeepers were educated on contact time and the Material Safety Data Sheet (MSDS) had been reviewed with them. The ICP stated, during an interview at 2:31 p.m., staff are re-using face shields but are supposed to clean in between residents and the contact time for (Name Brand) bleach wipes was 30 seconds. The ICP stated the PUI unit was for residents coming from or back from the hospital and are suspected of having COVID-19. She identified the unit had two residents who were re-admissions and approximately 15 new admissions. The ICP confirmed she had not reviewed the contact time of (Name Brand) bleach wipes with the Business Office Manager. The job description for the Infection Preventionist revealed the primary purpose of the job position was to plan, organize, develop, coordinate, and direct our infection prevention and control program and its activities in accordance with current federal, state, and local standards, guidelines, and regulations that govern such programs, and as may be directed by the Administrator and the Infection Prevention and Control Committee to ensure that an effective infection prevention and control program is maintained at all times. The Administrative Functions of the description included plan, develop, organize, implement, evaluate, coordinate, and direct out infection prevention and control program in accordance with current rules, regulations, and guidelines that govern such requirements in nursing care facilities and make rounds to nursing units for the purpose of case findings, review of environmental sanitation procedures, and supervision of standard and transmission-based precautions/practices. At 1:19 p.m., the Housekeeping Director was asked what type of education staff had received regarding COVID-19. She stated the education included personal equipment, daily handrail cleaning, doorknobs, and PPE going in and out of rooms. The Housekeeping Director stated, There hasn't been any change in the daily cleaning since COVID. The Director acknowledged that the disinfectant, (Brand Name concentrated disinfectant), was used for doorknobs and handrails. She stated (Brand Name concentrated disinfectant) had a kill time of 10 minutes. You spray it on, wait 10 minutes, go back, and wipe it down. The Director identified (Name Brand of lemon scented furniture polish) was used for dressers and stands after using (Brand Name concentrated disinfectant) and (Name Brand odor [MEDICATION NAME]) was an air freshener and not a disinfectant. When asked how often mop water was expected to be changed, the Director stated, 3 to 4 rooms, and it was an observational determination as to when the water should be changed. When asked if (Name Brand odor [MEDICATION NAME]) would provide disinfection when used to be cleaned handrails, the Director stated, No it would not. When asked if using (Name Brand lemon scented furniture polish) on the over-the-bed tables and dressers provided disinfection, the Director stated, No just the (Brand Name concentrated disinfectant). The Director of Housekeeping was asked if (Name Brand) mop cleaner was on the Environmental Protective Agency's (EPA) list N, and the Director asked the NHA. The NHA reviewed the MSDS sheets for the chemical, (Name Brand) mop cleaner, and informed the Director to go get new ones. The Director of Housekeeping stated, at 1:49 a.m., that the (Name Brand) mop cleaner was not a disinfectant and was not effective against COVID-19. The Director stated the (Name Brand) mop cleaner was just a mopping solution. The Safety Data Sheet revealed the (Name Brand) mop cleaner was a water-based neutral detergent and all-purpose cleaner. The MSDS for the (Name Brand) lemon scented furniture polish revealed its recommended use was for furniture care. The MSDS for the (Name Brand odor [MEDICATION NAME]) cleaning solution in the spray bottle indicated it was a water-based alkali detergent used as an all-purpose cleaner.</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.