

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER SEMINOLE PAVILION REHABILITATION & NURSING SERVICE		STREET ADDRESS, CITY, STATE, ZIP 10800 TEMPLE TERRACE SEMINOLE, FL 33772	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<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 follow infection control practices related to prevention of COVID-19 by not ensuring the thermometer was disinfected correctly, precaution signs for suspected Covid 19 residents indicated the proper precaution type to be observed, gloves were not cleaned with hand sanitizer, personal protective equipment was discarded prior to entering and leaving a resident room, face shields were disinfected correctly, the laundry room was clean and surfaces were cleanable, housekeeping services were available and that the facility staff management had enacted a process to ensure staff were knowledgeable about correct infection control practices.</p> <p>Findings Included: 1. On 4/29/2020 at 10:20 a.m. upon entering into the facility front door entrance a table was set up with a staff member present that asked the surveyor to fill out a questionnaire. A second staff member Activity Aid B (AAB) appeared from inside the facility. Staff AA B produced an ear thermometer that was cradled on top of its base. After the thermometer was picked up off the base it revealed opened and exposed ear probes. AA B placed the tip of the thermometer into one of the exposed probes and stated she needed to take the surveyors temperature prior to entering the facility. The surveyor asked if there was another way the temperature could be checked at that time. AA B then used a non-contact thermometer and stated the temperature reading was at 95.4 degrees Fahrenheit on this surveyor. Then AAB stated that it's been calibrated and the NHA knows about its reading, that's why we were using the ear thermometer. After the temperature reading was completed the AA B removed a bleach wipe and wiped the thermometer. Review of the Disposable Germicidal surface wipes showed Effectively kills the microorganisms at room temperature with a 2-minute contact time when used as directed. https://mms.mckesson.com/product/3/McKesson-Brand-50- . At 3:45 p.m. an interview was conducted with the Operational Specialist and the Interim Director of Nursing (IDON), she was asked about the staff performing the temperature checks outside of the facility front entrance. She confirmed that they had all been in-serviced on this task. She was then questioned about this surveyor's temperature registering at 95.4 Fahrenheit, and asked if it was an accurate temperature reading. The Operational Specialist said that they had ordered more thermometers. They then were asked if the training had included the cleaning and disinfecting in-between use. Both the (IDON) and the Operational Specialist agreed that had been part of the training. Both confirmed that the thermometer is cleaned with the wipes. They were informed at that time the Germicidal wipes had indicated a 2-minute contact time required to [MEDICAL CONDITION] and that 2 minutes of contact time had not been performed two out of the two times the surveyors had entered the facility on 4/29/2020. 2. During the tour of the facility signs were posted outside of each of the residents' doors with the words STOP CONTACT PRECAUTIONS (in addition to standard precautions) (If you have questions, ask nursing staff) Everyone Must: clean hands when entering and leaving room. AND Gown and glove at door. Doctors and Staff MUST: Use patient dedicated or disposable equipment. Clean and disinfect shared equipment. On 4/29/20 at 11:13 a.m., Staff Member J, Licensed Practical Nurse (LPN), said the Resident #16, who resided on the 200-hall, was on Contact precautions due to COVID quarantine, according to the facility and Center of Disease Control (CDC) policy. Review of the the face sheet for Resident #16 showed the resident was re-admitted on [DATE]. A review of the Training Session sign in document titled, Isolation types, undated, indicated Staff Member J had attended the training. On 4/29/20 at 11:14 a.m., an interview was conducted with an Operation Specialist, the Nursing Home Administrator (NHA), and the Interim Director of Nursing (IDON). When the DON was asked what type of isolation recently admitted residents required, the DON stated COVID is droplet. The DON then stated COVID was Contact/Droplet and the facility was still working on laminating Droplet precaution signs for the resident rooms. At approximately 11:20 a.m. the Interim Director of Nursing (IDON) was present along with the Nursing Home Administrator (NHA). They were asked while standing outside of bedroom (226) if the resident has a wound or an infection? The IDON stated no. She was then asked why all the signs that were posted on the 200 and 300 hallways had the words contact precautions. The Interim DON stated, it's the same and confirmed contact precautions were the same as droplet precautions. She was asked a second time about contact and droplet precautions being the same. She said the CDC (Centers for Disease Control) says it is. The NHA at that time said we have different signs that are being made. She stated, we can't post them until there laminated. She said it take a while to get them laminated. The NHA stated The Department of Health had recommended that they need to be laminated. Contact precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment as described in I.B.3.aContact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions as described. Healthcare personnel wear a mask (a respirator is not necessary) for close contact with infectious patient; the mask is generally donned upon room entry. Patients on Droplet Precautions who must be transported outside of the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette. According to https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, Summary of Changes to the Guidance, Below are changes to the guidance as of April 13, 2020: To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19. Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP. For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a facemask may be used for source control if supplies are available. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html 3. At 11:35 a.m. the Unit Manager/Assistant Director of Nursing (ADON C) was observed entering the linen closet on the 300 Isolation hallway. She was wearing gloves to both hands as she opened the door and removed a blanket and shut the door with her left hand. ADON C walked to the second room (308) from the left of the linen closet and knocked on the closed door. Just then a staff member inside the room opened the door as the ADON C handed the blanket to the staff member. ADON C was overheard telling the staff member she's lucky it's the last blanket in there. ADON C turned toward the personal protective equipment cart that sat outside of the bedroom door. She picked up the hand sanitizer and placed the gel on the palm of her hand and proceeded to rub them together. As she did this, she was still wearing gloves on both hands. At 11:49 a.m. the Interim Director of Nursing said she was just hired on as an infection control Preventionist and that she was a traveling consultant all over the country and that Florida was her home. She was asked if the facility has enough gloves in stock and was told about a</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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Gloves, Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens. https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. The facility provided a copy of their COVID-19 Personal Protective Equipment: Doffing step by Step Doffing Step 1: Perform hand hygiene on the patient care gloves for a minimum of 20 seconds or until the hand sanitizer is dry. Step 2: Doff Gown Step 3: Doff gloves Step 4: exit patient room Step Five: perform and hygiene Step 6: don clean gloves in order to handle the disinfectant wipes safely. Step 7: use the disinfectant wipe to clean surface for face shield or eye protection. The surface must remain wet for the appropriate wet time. Step 8: Once the face shield has been removed, grab a EPA approved disinfectant wipe and disinfectant the surface of the face shield. The surface must remain wet for the appropriate wet time. Place clean face shield with the strap facing down and the shield facing upward. Step 10: perform hand hygiene on patient care gloves for a minimum of 20 seconds or until the hand sanitizer is dry. Step 11: Doff N95 (only if you are not extending the user of your N95) Step 12: Doff gloves Step 13: perform hand hygiene. The facility also provided a copy of When and How to Wash Your Hands from the cdc.gov/handwashing/shen-how-handwashing.html. Use Hand Sanitizer When You Can't Use Soap and Water Washing</p> <p>hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not available, you can use an alcohol-based hand sanitizer that contains at least 65 % alcohol. Sanitizers can quickly reduce the number of germs on hand and in many situations. However, sanitizers do not get rid of all types of germs. The facility's provided copy of When and How to Wash Your Hands from the Centers of Disease Control did not include using hand sanitizer on gloves. 4. At approximately 11:20 a.m. the Nursing Home Administrator and the Operation Specialist were asked about wearing shoe covers. The Operation Specialist said staff are to wear them when they go into the rooms of the residents. You don't need to wear them in the hallway. On 4/29/20 at 11:36 a.m., Staff Member J, LPN, was observed sitting at the nursing station, typing on a computer, and wearing disposable shoe coverings. A new admission (Resident #19) arrived on the 200-hall. The staff member left the nursing station, removed a face shield and gloves from an isolation cart in the hallway near the resident room, then returned to the opposite corner of the nursing station and retrieved an automated vital sign machine, and was observed entering Resident #19's room. At 12:20 p.m., Staff Member J was observed wearing disposable shoe coverings and gloves while sitting and typing at a computer in the nursing station. The LPN stated they were supposed to wear gloves when in the nursing station. When asked if her shoe coverings had been changed prior to going into Resident #19's room or had changed after leaving the resident's room, Staff Member J admitted to not changing the coverings prior to entering the resident's room due to patient safety and had not changed the coverings when leaving the room. The Center for Disease Control (CDC) does not specifically reference the use of shoe covers during the pandemic of COVID 19, however they do ask healthcare professionals to remember to don Personal Protection Equipment (PPE) correctly before entering the suspected or confirmed COVID 19 patient area (example: isolation room) and to remove PPE correctly and deliberately to prevent self-contamination. The facility training session titled, Personal Protective Equipment (PPE) Use: Donning/Doffing and storage, undated, indicated Staff Member J did attend the training. At 11:40 a.m. an interview was conducted with Registered Nurse F, she confirmed that she had been in-serviced on handwashing, PPE, and N95 masks. She said she was first fit tested for her N95 mask today. She said that she previously worked on a different unit. RN F said that the facility had told them they were going to get fit tested before this but it never happened until now. She was then asked about wearing shoe coverings as she was observed with out them at the time. She stated yesterday they said we didn't have to wear them, and we don't need to wear them inside of resident rooms. At 3:40 p.m. an interview was conducted with the Operation Specialist, she confirmed that staff were to wear shoe covers when entering the resident's room. She was told surveyors were instructed to wear shoe covers upon entering the hallways and a staff member indicated they didn't have to be worn at all. The Operation Specialist said that staff members needed further education on the use of the shoe covers. 5. On 4/29/20 at 12:19 p.m., Staff Member G, Certified Nursing Assistant (CNA) was observed leaving room [ROOM NUMBER], remove a face shield and cross the hallway to a CNA kiosk, approximately 10 foot away. The CNA removed a sani-cloth from a purple-topped container, she wiped the inside and outside of the face shield. After wiping the face shield Staff Member G immediately walked to the 200 hallway, swinging the face shield, and donned it when arriving at the meal cart. The Technical Data Bulletin for PDI Super Sani-Cloth indicated the Human Coronavirus needed an exposure time of two (2) minutes. At 11:40 a.m. Restorative Aid D (RAD) was observed walking through the hallway carrying a clear bag of clothing. After he disposed of the clothing into a bin, he walked into the nursing station. He removed his face shield and sat it face down next to the edge of the sink, and washed and dried his hands. He then picked up the face shield and applied it back to his head. At 12:30 p.m. Certified Nursing Assistant H was observed leaving a resident room on the three hundred hallway, and began doffing PPE at the doorway. CNA H then removed her face shield. She wiped the inside of the shield first and then the outside. After doing this she shook the shield up and down in an attempt to air dry it. Then placed the shield back on her head. The information on the wipe package was reviewed and it showed the wipes required a total wet time of 2 minutes to work correctly. This was not performed during the observation. At 3:20 p.m. an interview was conducted with the Interim DON on the cleaning of the face shields. She said that the face shields need to be removed and placed on a barrier of some sort. The shield needs to be cleaned on the front and then on the inside and then need to be air dried with the straps down and the shield face up. The Interim DON was informed that staff were not observed to clean the shields they way she described. She was also informed that the correct contact time of the disinfecting wipes was not being followed. 6. Observations of the units, on 4/29/20, did not reveal any housekeepers cleaning the resident areas and no housekeeping carts were observed on the units housing residents. At 1:01 p.m., a Housekeeping staff member was observed outside in the screening area assisting another staff member. During an interview, on 4/29/20 at 3:18 p.m., the Plant Operations Director volunteered the information regarding the housekeeping department was short on staff due to being impacted by COVID 19. He stated housekeeping will be contracted to fill the absences. The Operation Specialist confirmed a lack of housekeeping staff and a housekeeping contractor would be starting on 4/30/20. 7. On 4/29/20 at 11:50 a.m., two (2) surveyors entered into the locked dirty-side of the laundry room as Staff Member M, Lead Housekeeper responded to knocks on the door. The washing machines were in use. The room had cardboard-looking Ramboard taped together to cover the floor. Photographic evidence was obtained. Printing on the Ramboard indicated it was heavy duty, had spill-guard technology, vapor-cure technology, and a wall guard feature. Staff Member M reported the tile flooring of the laundry room had been removed yesterday (Tuesday, April 27) and the Ramboard had been put down after that. The staff member reported the floors in the laundry room were mopped nightly and Ramboard was not moppable so the floor had not been cleaned since it was put down. She stated the laundry room handled laundry for both Skilled Nursing Facilities and the Assisted-Living Facility that were on site. In front of the third (last) washer was a musty smell, noted by both surveyors. The observation of the dryer room indicated a piece of mechanical equipment in the corner and a covered hanging clothing rack next to it. Staff Member M stated the clothes hanging on the rack were for residents that had been previously evacuated and were not lost and found items. On the side of the rack hung empty hangers which were lying against the equipment. An observation of the folding room revealed two (2) benches; one on the left side of the exit door and one on the right side. The area under the bench on the left was not enclosed and did not have any shelving. Miscellaneous equipment was sitting in front of items in plastic bags. Staff Member M stated the bagged items were air mattress covers. When asked what the equipment was under the bench, Staff Member M stated maintenance had moved stuff in while working in the washer room. In the corner of the room, under the left bench was a stack of blankets. Staff Member M stated they were rags. On the bottom of a hanging clothes rack was a bedspread in a ripped plastic bag. Along the wall next to the right bench was an unsealed wooden shelving unit holding folded linens. The unsealed wood shelving was not cleanable. A linen cart with mauve-colored canvas drapes was behind the bench. The front drape was on top of the cart revealing shelves of linens. On top of the cart was a dusty corkboard. As Staff Member A removed the corkboard the dust was dislodged and landed on the surveyors, who were standing next to the cart. Staff Member M stated maintenance must have put it (corkboard) up there when they moved things and all the linens would have to be</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>re-washed. Under the left-side bench was observed 3 - one gallon sized containers of lotion and a bottle of 100% castor oil, which Staff Member M stated she did not know who they belonged to. During an interview with Plant Operation Director, Maintenance Director and the Regional Plant Operation Director, on 4/29/20 at 3:18 p.m., the Plant Ops stated the tile was in the laundry room was ripped out on Monday, April 27th. He stated the crew had only 55 minutes to work before laundry comes back in. The Plant Ops confirmed Ramboard is not cleanable. He stated the contractors were to paint the laundry room during the night shift on 4/29, repair the ceiling grids and replace the ceiling tiles on 4/30, and replace the flooring the next night (5/1). As the facility continues to launder linens and personal belongings the floor in the laundry room will be unable to be cleaned for four (4) days. The Maintenance Director stated maintenance does not clean the laundry rooms, that was the laundry staff responsibility. The policy titled, Floors, revised December 2009, indicated floors shall be maintained in a clean, safe, and sanitary manner. The policy interpretation and implementation revealed all floors shall be mopped/cleaned/vacuumed daily in accordance with our established procedures. 8. The facility was observed to have a census of 20 residents during the survey. The facility began accepting new admissions on 4/25/2020. The 20th resident was admitted at 5:35 pm on 4/29/2020. The facility was asked to review their monitoring and weekly audits on staff competencies in infection control. The NHA said that they were waiting on the form to start the monitoring and audits. She confirmed that the staff observation and audits had not been started at this time to identify if recent training on Infection Control was successful.</p>		