

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRANDYWYNE HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1801 N LAKE MARIAM DR WINTER HAVEN, FL 33884</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews and policy review the facility failed to maintain professional standards for food safety related to 1. one of one dishwasher not reaching the recommended 50 PPM (parts per million) chlorine concentration during four observations of chlorine test strips during the sanitizing cycle, with the potential to affect 92 residents who were served on dinnerware from the kitchen, 2. grease covered exhaust grates over the cook top in one of one kitchen, and 3. maintaining temperature logs and a thermometer for refrigerators in one (the first floor) of two nourishment rooms. Findings included: 1. At 11:15 a.m. on 7/20/20, an observation was conducted in the facility kitchen with the CDM (Certified Dietary Manager). The CDM ran a rack through the dishwasher. During the observation, an interview was conducted with the CDM. He said the bleach test strip should read 100 ppm (parts per million). The CDM said it was a low temperature machine and the final rinse cycle was with bleach. The CDM put a test strip in the water after the final rinse and the strip was a light shade of [MEDICATION NAME]. When he compared it to the test strip bottle with the indicator by color, it matched the 10 ppm color indication. He said it was 50 ppm. The surveyor confirmed it was only 10. He ran the dish machine a second time, and placed a test strip in the water on the final rinse. He held the strip near the test strip bottle and again it read 10 ppm. The CDM ran the dish machine a third time and repeated the process, placing the test strip in the final rinse cycle water. The test strip was still a very pale [MEDICATION NAME], indicating only 10 ppm. After running the machine a fourth time, the CDM brought the test strip and bottle to the surveyor and indicated it was 50 ppm. It was a light [MEDICATION NAME] darker than the 10 ppm indicator, but not quite as dark as the 50 ppm indicator. A review of the policy, Resource: Sanitization of Dishes/Dish Machine, dated 2010, revealed the following information: Type of Dish Machine Low Temperature Dishwasher Spray type Dish Machines Using Chemicals to Sanitize Final rinse temperature or sanitization 50 PPM hypochlorite Additionally, the policy, Sanitization dated October 2008, was also reviewed and indicated the following instructions: Policy Statement The food service area shall be maintained in a clean and sanitary manner. Policy Interpretation and Implementation 8. Dishwashing machines must be operated using the following specifications: Low-temperature Dishwasher (Chemical Sanitization) b. Final rinse with 50 parts per million (ppm) hypochlorite (chlorine) for at least 10 seconds. 2. On 7/20/20 at 11:25 a.m., an observation was conducted in the kitchen with the CDM of the ventilation hood over the stove top. The ventilation grates were observed with black grease between them and a small amount of grease was also on the surface of the grates. Interview with the CDM during the observation revealed the hood vents were wiped down every two weeks and cleaned every quarter by a company. At 1:45 p.m. on 7/20/20, the Maintenance Director stated the hood in the kitchen was cleaned biannually by the service provider. It was last done in February. He said he did not know if they were cleaned between services. Review of the kitchen exhaust system service provided by the facility, revealed the last time the exhaust was professionally cleaned was 2/18/20. The facility provided no further documentation to indicate any other cleaning was done. A review of the policy, Cleaning Instructions: Hoods and Filters, dated 2010, revealed the following information: Policy: Stove hoods and filters will be cleaned according to the cleaning schedule, or at least monthly. 3. At 12:35 p.m. on 7/20/20, an observation was conducted in the nutrition room of the first floor nursing unit. The refrigerator temperature log on the wall in the nutrition room for July 2020 was not filled out for the following days: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 18, 19, 20. Upon opening the refrigerator, it was observed to be filled with beverages, nutritional supplements, and a box of labeled resident food. A thermometer was unable to be located. The temperature did not feel cold. There was some spilled liquid in the bottom of the refrigerator. In an interview with Staff E, Certified Nursing Assistant (C.N.A.) at 12:38 p.m. on 7/20/20 she said, It's not getting cold, and it's making noise. I am putting in a work order now. She confirmed there wasn't a thermometer in the refrigerator. She said dietary was responsible for checking the temperatures and filling out the logs. They also clean it. On 7/20/20 at 1:20 p.m., an interview was conducted with Staff I, Supervisor. Staff I said that dietary does the temperature logs in the nourishment room. She said there should be a thermometer in the nourishment room refrigerator. Dietary was responsible for that. The surveyor shared the photos of the logs and the refrigerator in the nourishment room, and she said that's not acceptable. At 1:35 p.m. on 7/20/20, the surveyor shared the concerns related to the temperature logs and the nourishment refrigerator with the Interim NHA (Nursing Home Administrator). The NHA said it was not acceptable. A review of the policy, Refrigerators and Freezers, dated December 2014, revealed the following information: Policy Statement This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. Policy Interpretation and Implementation 2. Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures. 3. Monthly tracking sheets will include time, temperature, initials, and action taken. The last column will be completed only if temperatures are not acceptable. 4. Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening. 10. Refrigerators and freezers will be kept clean, free of debris, and mopped with sanitizing solution on a scheduled basis and more often if necessary. At 2:20 p.m. on 7/20/20, an interview was conducted with the Director of Nursing (DON). She said only the COVID unit was served meals on paper products. Everyone else was served on washable dinnerware. The hoods should be cleaned as needed. The DON said it was not acceptable that there wasn't a thermometer in the nourishment room refrigerator. Dietary staff should be monitoring the temperature in the nourishment room. Photographic evidence was obtained.</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 observations, interviews, policy review, and Centers for Disease Control and Prevention (CDC) guidelines, the facility did not ensure they maintained infection control and preventative measures, and current practice standards to prevent the potential spread of infection related to: 1. four staff members (Staff A, B, C, and D) not implementing source control to prevent the spread of respiratory secretions, 2. Potential for cross contamination on the clean linen folding table, which contained a staff member's (Staff A) personal belongings in one of one laundry room, and 3. lack of staff intervention to ensure three (#11, #13, and #15) of 101 residents were properly social distancing and donning masks in the hallway. Findings included: 1. At 11:40 a.m. on 7/20/20, the clean laundry folding room was observed and revealed Staff A, laundry attendant, was without a mask on her face. A mask was observed on the folding table resting behind a clean, folded blanket. A lunch bag and a plastic canteen were also observed on the folding table, behind the clean folded blanket. The lunch bag was in contact with some clean, folded pads on the table. There was a cell phone observed sitting on top of a box of gloves, next to clean folded linens. The box of gloves and cell phone were in contact with clean folded blankets. Interview with Staff A, at the time of observation, revealed that if she was not in the patient area, she did not need to</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 observations, interviews, policy review, and Centers for Disease Control and Prevention (CDC) guidelines, the facility did not ensure they maintained infection control and preventative measures, and current practice standards to prevent the potential spread of infection related to: 1. four staff members (Staff A, B, C, and D) not implementing source control to prevent the spread of respiratory secretions, 2. Potential for cross contamination on the clean linen folding table, which contained a staff member's (Staff A) personal belongings in one of one laundry room, and 3. lack of staff intervention to ensure three (#11, #13, and #15) of 101 residents were properly social distancing and donning masks in the hallway. Findings included: 1. At 11:40 a.m. on 7/20/20, the clean laundry folding room was observed and revealed Staff A, laundry attendant, was without a mask on her face. A mask was observed on the folding table resting behind a clean, folded blanket. A lunch bag and a plastic canteen were also observed on the folding table, behind the clean folded blanket. The lunch bag was in contact with some clean, folded pads on the table. There was a cell phone observed sitting on top of a box of gloves, next to clean folded linens. The box of gloves and cell phone were in contact with clean folded blankets. Interview with Staff A, at the time of observation, revealed that if she was not in the patient area, she did not need to</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRANDYWYNE HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1801 N LAKE MARIAM DR WINTER HAVEN, FL 33884</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1) wear a mask. On 7/20/20 at 11:50 a.m., the Housekeeping Director confirmed the presence of Staff A's personal items on the folding table and confirmed they should not be stored in this area. The Housekeeping Director also stated that all staff wear masks in the facility, including in the laundry room. She instructed Staff A to put her mask on. Staff A removed the mask from the folding table where it was located and placed it on her face. 2. At 12:17 p.m. on 7/20/20, Staff B/Unit Manager, Staff C/Licensed Practical Nurse (LPN), and Staff D/Minimum Data Set (MDS) Director were in the care plan office with the door open. The care plan office was located across from the second floor nursing unit where staff and residents frequented. None of three staff members were wearing masks. At 12:18 p.m. an interview was conducted with Staff B, Unit Manager. Staff B said, We wear a mask in general population. N95's are used on the COVID unit and in the isolation rooms. We don't need to wear a mask in the office. A review of the policy, Coronavirus Disease (COVID-19) Prevention and Control, dated March 2020, indicated the following information: Policy Statement: Facility leadership and clinical staff are implementing all reasonable measures to protect the health and safety of residents and staff during current outbreak of Coronavirus disease (COVID-19). Policy Interpretation and Implementation: 1. The response to the current outbreak of Coronavirus disease is based on the most current recommendations from health policy officials, state agencies, and federal government. 2. Infection prevention and control measures are based on established guidelines governing all communicable diseases. The following information was found on the CDC website at <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>: Implement Source Control Measures. HCP (healthcare personnel) should wear a facemask at all times while they are in the facility. 3. On 7/20/20 at 12:50 a.m. an observation was conducted on the first floor nursing unit. There were three residents (#11, #13, and #15) near room [ROOM NUMBER] sitting in wheelchairs less than two feet apart. Resident #11 was not wearing a mask. There were no staff present in the immediate vicinity of the residents. The residents were touching one another's arms of the wheelchair. Staff H, CNA, headed down the hallway to a resident room, past the three residents, and did not intervene or redirect the residents. At 12:53 p.m. on 7/20/20, Staff F, LPN, said the residents shouldn't be congregating. She said we try. At 12:55 p.m. on 7/20/20, Staff G, RN, said they try to separate them. After bringing the concern to Staff G's attention, she and Staff F began separating the three residents and moving them into their rooms. Medical record review for Resident #11 and Resident #13 revealed both residents were admitted to the facility with a [DIAGNOSES REDACTED]. A review of Resident #15's clinical record revealed a resident face sheet with a [DIAGNOSES REDACTED]. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> and <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> Additional Strategies Depending on the Facility's Reopening Status These strategies will depend on the stages described in the CMS Reopening Guidance or the direction of state and local officials. Implement Social Distancing Measures Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. At 2:20 p.m. on 7/20/20, an interview was conducted with the Director of Nursing (DON). She confirmed that anyone working inside the facility should be wearing a mask. She was asked what the COVID policy says, and she said all staff have to wear a mask in the facility. She also agreed that personal items should not be stored on the laundry folding table. Residents should be directed to social distance. We have some residents who walk around all day, but staff should be encouraging social distancing. Photographic evidence was obtained.</p>		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, facility policy and family interviews the facility failed to inform residents and or their representatives of suspected or confirmed COVID-19 cases in the facility for 6/23/20 and 6/24/20 for eight (#1, #2, #3, #4, #6, #7, #8 and #14) of 15 sampled residents. Findings included: On 7/20/20 during the entrance interview that was conducted with the Nursing Home Administrator (NHA) at 10:00 a.m., it was reported that the Social Service Director (SSD) was the responsible staff member to inform family of COVID-19 cases. This information was documented in the EMR (electronic medical record) under the documents tab informing family of recent COVID cases. On 7/20/20 at 11:07 a.m., the SSD was asked when was the last time she documented this information. She stated that she would check to make sure so that she was not giving out any incorrect information. Follow-up interview with the SSD at 11:56 a.m. revealed that no family members were notified of the positive COVID-19 results for residents that had tested positive since 6/24/20. A medical record review was conducted for Resident #1 on 7/20/20. The medical record revealed a Social Service (SS) note dated: 6/24/20 at 4:50 - SS called and left message for (name of family member) to return call to facility regarding room change and labs. Resident#1 was recently retested and is currently DX (diagnosed ) with COVID-19. Room change completed for medical necessity. The medical record does not indicate any entries from staff regarding the positive cases of COVID-19 in the facility. A telephone call was made to the family representative of Resident #2 on 7/20/20 at 12:15 P.M.- The family member confirmed that he had not received any phone calls from the facility informing him of any positive COVID-19 residents or staff members. The last phone call from the facility was on 6/17/20 to report that his mother had tested negative. No further updates have been received. A telephone call was made to Resident #3's daughter on 7/20/20 at 12:26 p.m. She had not been notified by the facility of any positive COVID-19 cases. She was last contacted over a month ago and that was to inform her that they would be moving her mother to a different room after testing negative. Her mom had tested positive since that time and she was informed when her mom tested positive but she had not been informed of any positive cases of 6/24/20. A telephone call was made to the daughter of Resident #4 on 7/20/20 at 12:11 p.m. She confirmed that she had not been informed of any staff or residents testing positive for COVID-19. A review of the medical record for Resident #6 revealed a positive test for COVID-19 on 6/23/20. A review of the resident's medical record revealed [REDACTED].#6's record since 6/17/20. The SSD reviewed all the findings and confirmed that she had not been keeping up with the updates. The following additional residents tested positive on 6/23/20 and 6/24/20- Resident#7 tested positive on 6/23/20 Resident#8 tested positive on 6/23/20 Resident#14 tested positive on 6/24/20 According to the facility tool titled: Coronavirus Disease 2019 (COVID-19) preparedness Checklist for Nursing Homes and Other Long Term Care Settings completed by the NHA with no date revealed that the facility had assigned a person responsible for communications with staff, resident, and their families regarding the status and impact of COVID 19 in the facility. An interview with the NHA on 7/20/20 at 2:15 p.m. confirmed that there were gaps in communication. The NHA reported that they were working on getting a system in place that would make automatic calls and these notifications would be automatically generated in the medical records for all of the residents.</p>		