

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105453	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER KENSINGTON GARDENS REHAB AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 2055 PALMETTO ST CLEARWATER, FL 33758	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record reviews, and review of facility policy, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections related to 1. lack of correct PPE (personal protective equipment) use for 3 (Resident #4, Resident #5, Resident #6, Resident #8) of 13 residents on isolation precautions, and 2. lack of infection control measures in the laundry area. Findings included: 1. An observation was made on 06/09/2020 at 11:28 AM of Staff C, Housekeeper holding a folded up protective gown. Staff C stated that had just finished cleaning room Resident #4's room, then entered Resident #5 and Resident #6's room to clean. Staff C stated that she used the same protective gown while cleaning both rooms and placed the gown back into the isolation cart for later use. Staff C addressed that Resident #4, Resident #5, and Resident #6 were all on isolation precautions, but was unable to state what type of isolation was used when entering the rooms. Staff C stated that she was told to wear whatever isolation equipment is in the isolation cart and that she did not ask the nurse to check and see what type of isolation precautions were used. Staff C also stated that someone in the office told her to reuse the isolation gowns and that she thought it was acceptable to place the used isolation gown back into the isolation cart for reuse. An interview was conducted on 06/09/2020 at 03:50 PM with Staff H, Environmental Services Director. Staff H stated that monthly PPE training is conducted with all of the housekeeping and laundry staff. Staff H stated that they are directed to wear the PPE on the isolation cart and that the staff is not required to ask the nurse about what PPE is required before entering an isolation room. Any residents that are placed on isolation is communicated to the housekeeping staff during morning meetings and that any specific precautions used are communicated through a text messaging system. Housekeeping staff is expected to use the appropriate PPE when cleaning isolation rooms and are to only use disposable equipment one time. Staff H then stated that she would expect for housekeeping staff to ask the nurse to find out what type of isolation equipment they need to don before entering an isolation room. An interview was conducted on 06/09/2020 at 11:44 AM with Staff E, LPN. Staff E, LPN stated that Resident #5 and Resident #6 were both placed on droplet isolation precautions due to recently coming from the hospital. Staff E, LPN also stated that any staff entering the room of Resident #5 and Resident #6 must don a protective gown and gloves in addition to the face mask before entering the room, including any housekeeping or hospice staff. Staff E, LPN stated that if staff is unsure about the precautions used, then they are to speak to her. An interview was conducted on 06/09/2020 at 11:48 AM with Staff F, Registered Nurse (RN) Unit Manager on the 200 unit. Staff F, RN stated that all of the residents on the unit under isolation are due to being new admissions or coming from the hospital. Staff F, RN stated that those residents are placed on droplet precautions for 14 days and staff are to don protective gowns and gloves before entering the room, even if they are just delivering a tray to the room. All nurse's and Certified Nurse's Aide's (CNA) have been educated on the proper use of PPE and isolation precautions. If a staff member is not sure about what isolation precautions to use with the resident, they are to ask the nurse on duty. Staff F, RN stated that she would not expect for a staff member to place a used isolation gown back into the isolation cart for further use. An observation was made on 06/09/2020 at 12:00 PM of lunch service on the 200 unit. During the observation, Staff G, CNA entered Resident #8's room to deliver a lunch tray. Resident #8 was observed to have signage on his door indicating isolation precautions were in effect and had an isolation cart outside of his room. Staff G, CNA was observed wearing a face mask, but did not don any other PPE before entering Resident #8's room. Staff G, CNA exited the room and continued delivering lunch trays on the unit. An interview was conducted on 06/09/2020 at 12:08 PM with Staff G, CNA. Staff G, CNA stated that she did not see any signage on Resident #8's door indicating that he was on isolation precautions, but she did notice the isolation cart outside of the room. Staff G, CNA also stated that she did not don any PPE because she was just going into the room to deliver a lunch tray. Staff G, CNA stated that if she was providing care to Resident #8, she would ask the nurse what PPE would be needed to provide care. Staff G, CNA also stated that she had completed education on PPE usage and isolation precautions and they are required to wear PPE any time they go into an isolation room. Staff G, CNA addressed that she should have donned the appropriate PPE before entering Resident #8's room. An interview was conducted on 06/09/2020 at 12:52 PM with the facility's DON. The DON stated that staff are required to don appropriate PPE when entering an isolation room. Staff have been educated on the donning and doffing of PPE and isolation precautions used in the facility. At 11:20 a.m. an interview was conducted with RN M, she said she was the New Case Manager. She was asked what personal protective equipment needed to be worn when entering the bedroom. RN M stated I probably should have gowned up. At 11:00 a.m. and again at 11:30 a.m. Certified Nursing assistant K (CNA K) was observed in the outside smoking area along with multiple residents. During both of the two observations her surgical mask was around her neck not covering her nose or her mouth. CNA K was observed sitting at table along with a resident talking to each other. Neither of them had a mask in place as they sat within two feet of each other. CNA K was asked about the process of wearing a mask while she was outside. CNA K stated I always take it off when I come outside. I put it on when I go inside. Always have it on when inside. CNA K then stated we don't have to wear a mask when we are outside. Are we supposed to? At 1:45 p.m. an interview was conducted the Director of Nursing as he was informed that CNA K was not wearing a mask while outside with the residents as they smoked. The DON indicated additional education would need to be provided and that CNA K should have been wearing a mask. 2. An tour was conducted on 06/09/2020 at 02:33 PM of the facility's laundry area. Several ceiling air vents were observed to be excessively dirty during the tour Also observed during the tour were two linen carts containing clean linen which were contained using torn covers that did not properly protect the linen from outside contamination. The washing and drying area of the facility were observed to be in the same room with no barrier separating the clean area from the dirty area. An interview was conducted during the tour with Staff H, Environmental Services Director. Staff H stated that the facility did not have room to separate the washer area from the dryer area. (photo evidence obtained) A review of the facility policy titled Contaminated Isolation Room Cleaning, revised 10/25/2016, revealed that before entering a room, staff are to identify that there is a sign posted regarding an isolation room and check with the Nursing staff to be informed of any open infections and precautions that need to be taken prior to entering.</p>		
F 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, record review the facility failed to ensure an effective pest control program was in place as evidenced by not communicating with outside services recommendations. Findings Included 1. On 6/8/2020 at 12:30 p.m. a phone interview was conducted with Resident #1 daughter as she had verbalized a concerned about cleanliness of the</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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F 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>facility. She said one of the staff told me they haven't cleaned the floors in months 2. On 6/9/2020 at 10:00 a.m. a tour was conducted of the facility that revealed on the 300-unit with multiple bedroom floors containing moderate to large amount of debris. The hallway wall just right of the bedroom door #319 was observed. Containing a large amount of active insect activity. The insects were in groups of two and three during the observation with singular ones swarming up and down the wall (photographic evidence was obtained). 3. Just at that time Licensed Practical Nurse I (LPN I) approached and stated, they had seen them this morning and maintenance is aware of it. They are termites I had those before. LPN I was asked at that time if he was able to show the surveyor were the maintenance notification was located. He walked to the 300-unit nursing station were the Corporate Nurse J (CN J) was observed standing behind the desk. LPN I told the Corporate Nurse at that time about the insect activity on the unit. The Corporate Nurse looked up at LPN and stated, I don't care about that right now. The corporate nurse was asked how the staff communicates to the maintenance department about insect activity in the facility. She stated, we have a computerized 'tells system'. She was asked if she could pull up the notification that was entered in the system for the morning. She said that she could not access it. 5. At 10:15 a.m. the Maintenance Assistant (MA) entered the 300 unit and said he would have to look in the system for the data entry. MA went to his office and displayed the 'tells' system data for the day. The system did not include any data nor documentation of insect activity for the 300 unit. The MA stated, there is a pest control log on each unit. Behind the nursing station on the 300 unit a spiral folder was noted that the MA stated was the pest control log. The log was noted with an entry dated for today 6/9/2020 at 7:30 a.m. listed under observation: Termites. Locations/Zone observed in: S. Back hall shower room & back 322 crawling on floor. Further review of the 300-unit log showed: on 5/28/2020 10:05 a.m. Observation: roaches locations/zone: 325. Documented under corrective action: treated 5/28/2020 additionally on 5/28/2020 at 9:30 a.m. observation: Winged ants Location/zone: 319 outside in hall Corrective action taken: no documentation. on 5/20/2020 at 7:25 a.m. Observation: roaches 322 A location/zone: above headboard and 325 bath room Corrective action taken: no documentation. on 5/20/2020 at 9:30 a.m. observation: roaches, fruit flies' location/zone: 304. Corrective action taken: no documentation. The MA said our pest service was just here yesterday. He was asked for the last two service reports. At 3:00 p.m. the Director of Nursing said that the pest service was at the building. At 3:41 p.m. an interview was conducted with the facility's Pest Control Service Manager. He said that his company comes to the facility bi-weekly and had been servicing the facility for over two years now. The pest control associate was also present and was shown the last two reports that were dated on 5/28/2020 and on 6/8/2020. The associate confirmed both visits were documented by him. The service report was reviewed that was dated 6/8/2020 indicating services were provided; Inspected patient care area, inspected/treated bathroom, inspected/treated kitchen for pest activity, inspected/treated office areas, inspected/treated perimeter for pest activity, inspected/treated storage area, inspection/treatment dining room, serviced flyweights, serviced interior traps/monitors. The forms observation section: Debris Present. Recommendation: remove debris-customer please clean the debris around the building, fix the gaps around the ac units and doors. Status: Pending. Date Entered: 4/27/2020. Observation: debris present on floor, on floor under tables and in door tracks. Recommendation: remove debris dated on: 10/26/2018. The associate was asked about the recommendation dated on 4/27/2020 and on 10/26/2018. He said those dates were entered on the days of observation. And that the recommendations will be removed after it is no longer observed. As he confirmed and stated, its an ongoing issue at this facility. He was asked who had signed the last two visits he stated, it was a nurse on the unit both times. I usually talk with the Maintenance Director. But a lot of times he is not available. The associate was asked about his process when visits the facility. He said he looks at all of the pest control logs in the facility. There are logs on the nursing units and one in the kitchen. He was asked if he leaves a copy of his report for the facility. He said it is electronic and can not leave a physical copy of the report. But I email the report directly to the maintenance director. As he pointed to the email address listed on the report. At 3:50 p.m. an interview was conducted with the Nursing Home Administrator (NHA) about the facility pest control services. She said that their pest control service is not effective. And they were getting a new company. The NHA provided a copy of an email dated on 6/5/2020 indicating ok to proceed with a new service. She went on saying we never had a contract with them. The NHA was asked about their current service reports and asked her if she had read the recommendations by their outside service. The NHA stated this is the first time I have seen them. She was asked if the Maintenance Director had been receiving the reports. She stated, I just spoke with him indicating he hadn't received any. She said the maintenance director started in March 2020. She was informed that the pest service reported they email all of the reports to the facility. At that time, she looked at the email address and stated, that person doesn't even work here anymore. Indicating it was a receptionist and old maintenance director. Stating both staff members have been gone since March 2020. The NHA said that she was not aware of the ongoing recommendations from the pest control company. Indicating this was the first time she had seen them. She confirmed she was unaware of debris present on floor and under tables and in door tracks. With Recommendation: remove debris dated on: 10/26/2018. The NHA stated she was aware of the debris around the building. But indicated she was unaware of the gaps around the ac units and doors needed to be fixed. She said someone will be coming to the building to remove the debris. A date was not provided at the time. The NHA said she had started working at the facility in January 2020. After a short period of time the Pest Service Manager returned to the conference room and said he had seen the pest activity on the 300 unit. He stated, they're carpenter ants. Review of a national pest control company web site revealed:(NAME)Ants, homes with moisture issues caused by leaks are prime targets for carpenter ants. The pests will also use tree branches that overhang roofs as a bridge, accessing buildings to find a way inside. Unsealed openings around utility pipes and wires are common entry points. (www.orkin.com) The facility provided a copy of their policy titled Pest Control with the last revision date on 5/01/2010. Policy: to provide the facility a systematic approach to routine inspections for evidence of pests. The facility is committed to providing a safe and healthy environment for residents and to minimize or prevent the spread of infections. 8. Keep facility grounds free of trash and brush. 9. Cover the exterior openings in the building's foundation with screen wire or mesh. 11. Caulk, and periodically re-caulk cracks around windows and vents.</p>		