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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105459 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/20/2020 |
| NAME OF PROVIDER OF SUPPLIER CONSULATE HEALTH CARE OF NEW PORT RICHEY | | STREET ADDRESS, CITY, STATE, ZIP 8417 OLD COUNTY RD 54 NEW PORT RICHEY, FL 34653 | |
| 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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Based on observation, staff interview and facility policy review the facility failed to communicate to their residents and resident representatives of a staff member (Z) that had positive for COVID-19 on 8/12/2020. Census for 8/12/2020 was 114 and census for 8/13/2020 was 115. Findings included: During an interview that was conducted with the Nursing Home Administrator (NHA) regarding reporting confirmed COVID-19 case/s to family representatives and residents he provided the following information: reporting was conducted via the (Vendor Name) software system and utilized for residents' medical records. The (Software System) is initiated by the NHA to conduct the robo- calls and it automatically documents in the medical record the COVID-19 updates. However, the most current notification log that was provided was dated 8/15/2020. The NHA was asked to provide documented evidence that family and residents were notified of the positive COVID-19 staff member (Staff Z) that had tested positive on 8/12/2020. The NHA confirmed that he did not notify family/residents, as per their policy, by 5:00 p.m. the next calendar day. Census for 8/12/2020 was 114 Census for 8/13/2020 was 115 A review of the facility policy that was provided by the NHA indicated on page (5), Residents and resident representatives will be notified: *By 5pm the next calendar day following the occurrence of either a single confirmed infection of COVID-19 OR three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.</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.