

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER PALM GARDEN OF AVENTURA		STREET ADDRESS, CITY, STATE, ZIP 21251 E DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement infection control precautions in five of the rooms occupied by residents eight (#4, #5, #6, #7, #8, #9, #10, and #13) out of 10 residents on the second floor 220 wing designated for residents who tested positive for the [MEDICAL CONDITION]-2019 (COVID-19). This has the potential to result in the spread of infection and potentially affect ten residents residing on this isolation wing. There were eighty seven (87) resident residing in the facility at the time of the survey. The findings included: Observation on 5/18/20 at 1:20 PM on the isolation wing (220) dedicated to care for residents who tested positive for COVID-19 revealed a zippered plastic infection control barrier at the entrance to the 220 wing. Upon entrance onto the wing the following infection control concerns were identified: -The entrance doors to the rooms for residents #4, #5, #6, #7, #8, #9, #10, and #13 were wide open. Residents # 6, #7, #8, #9 and #10 were visible from the hallway and they were observed without face masks. -Resident # 9 was observed exiting the room into the hallway without a mask. -Two Certified Nursing Assistants (C N A's) were present on the unit. The C N A's were observed wearing PPE including N-95 masks covered by surgical masks, goggles, face shields, disposable gowns covering non-disposable dark blue plastic gowns, head and shoe covering. C N A (staff A) was noted wearing the N-95 mask below her nose. The N-95 mask was only covering her mouth leaving her nose exposed. -C N A (staff A) was observed exiting the room of R#8 and R#9, then entering the room of R#6 and R#7 without changing her gloves or [MEDICATION NAME] hand hygiene. Staff A entered R#6 and R#7's room and collected soiled disposable dishes. The dishes were taken out of the room and placed into a trash bag located outside the room. Staff A took the trash bag down the hall to the stairwell for disposal. Staff A did not practice hand hygiene after removing her gloves. -C N A (staff B) was observed leaving a resident room, removing gloves without [MEDICATION NAME] hand hygiene. Staff B was observed entering the room of R# 8 and R #9. Staff B was observed touching the resident's personal items on the over bed table for R#9. These items were arranged on the over bed tables and touched by staff B without gloves. After touching resident #9's personal items, staff B entered the bathroom inside the resident's room and did not emerge from the room. Staff B was not interviewed to address the concerns because she did not exit the bathroom during the observation. Interview with C N A (staff A) on 5/18/20 at 1:25 PM revealed the PPE that was required on this unit included two gowns, gloves, a face shield, goggles, mask and head cover. Staff A reported, the top gown was changed between room and the bottom gown was not changed. Staff A reported she should clean her hands when she removed her gloves. The N-95 and surgical mask remained below her nose during the interview. Licensed Practical Nurse Supervisor (staff C) on 5/18/20 at 1:30 PM revealed, the staff on this unit wear two gowns. The top gown is disposable, and the bottom gown is not disposable. The C N A's should change the disposable gown between resident rooms. They must also wash their hands or use sanitizer between glove changes. The staff should be wearing gloves any time they enter a resident room on this unit. The resident's doors are not kept closed on this wing. Observation on the 220-wing revealed multiple signs posted on each door. The signs were covered by Stop: Please See Nurse Before Entering signs. Review of the documents provided revealed a sign indicating Contact Precautions Everyone must clean hands before with soap and water or sanitize when leaving the room. Gown and glove if soiling is likely and wear mask and eye cover if splashing body fluids is likely. Droplet Precautions: Clean hands with soap and water when leaving the room. Wear mask. If contact with secretions likely, use gown, glove and eye cover. Special Protective Isolation: No persons with infection may enter. Keep door closed. Wash hand with soap and water or sanitizer before leaving the room. Gown and gloves when entering room. Staff must: Mask, gown and gloves must be worn. Use patient dedicated or disposable equipment. The Registered Nurse/Infection Preventionist on 5/18/20 at 1:41 PM revealed, staff on the isolation unit must wear full PPE including an N-95 mask, gowns, goggles, face shield, head cover and foot covers. There is a clean area between the two infection control barriers. This is where we keep the clean supplies. Signs are posted for isolation on each door to see the nurse before entering the room. For staff working the unit since the residents all have the same [DIAGNOSES REDACTED]. When the staff goes from one room to another, they are changing their gloves, sanitizing their hands and then putting on clean gloves. They also remove their outer gown and don a clean outer gown before entering the next room. They practice hand hygiene each time they remove the gloves. The gloves are removed inside the rooms and the staff wash their hands and then they sanitize in the hall. The gowns are removed outside each room and place the gown inside the trash bag. The staff should not go in and out of the rooms without changing gowns. The resident doors are kept open on the unit, but the residents are confined to the rooms and they wear masks. On 05/18/2020 at 2:00 PM, staff C stated she would like to clarify what she previously stated. The staff can keep the same PPE on when going from room to room, but they must remove the gown when leaving the unit. They do not need to remove the outer gown if they are moving from room to room on the COVID-19 unit. They must change wear gloves and change them between rooms. They must also sanitize between glove changes. The Nursing Home Administrator on 5/18/20 at 2:05 PM revealed, the staff on the 220 wings do not have to change their gowns when leaving a resident unless it is soiled. We are following the CDC (Centers for Disease Control) guidelines for preserving our supplies. Review of the facility policy and procedure titles Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed [MEDICAL CONDITION] (COVID-19) revealed: Hand hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. Review of the CDC website, CDC.gov Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed [MEDICAL CONDITION] Disease 2019 (COVID-19) in Healthcare Setting indicate: Mode of transmission: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Key Concepts in this Guidance: Isolate symptomatic patients as soon as possible. Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (as possible). In the section for Patient Placement documents: If admitted , place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom.</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.