

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105652	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER SOLARIS HEALTHCARE PALATKA		STREET ADDRESS, CITY, STATE, ZIP 110 KAY LARKIN DR PALATKA, FL 32177	
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 0835 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review, and CDC (Centers for Disease Control and Prevention) guidelines review, the facility administration failed to implement an infection prevention and control program to prevent four residents (Residents #1, 3, 4, and 12) who were infected with [DIAGNOSES REDACTED]-CoV-2, a highly contagious and potentially deadly virus for people over [AGE] years of age, from exposing 12 other residents living on the same unit by failing to isolate and implement transmission-based precautions for residents who were confirmed with COVID-19. The facility failed to quarantine residents exposed to COVID-19 in the Memory Care Unit. The facility failed to follow the policies and procedures to ensure staff contained PPE (Personal Protective Equipment) used for residents in trash receptacles to prevent possible environmental exposure and failed to ensure staff performed hand hygiene before and after resident care. Individuals who are [AGE] years and older, those with chronic underlying medical conditions, and those living in nursing homes are at high risk for developing serious complications from COVID-19 illness. Individuals who are infected could develop serious disease with difficulty breathing and might require intensive care for the treatment of [REDACTED]. COVID-19 infection can lead to death. COVID-19 is a new disease, caused by a new coronavirus that has not previously been seen in humans. Currently, there is no vaccine and no approved treatment for [REDACTED]. As a result of the deficient practice related to transmission-based precautions, 12 residents living in the Memory Care Unit and the deficient practice related to general infection control practices, 127 residents living in the general units of the facility, 138 out of 142 total residents, are at risk for developing a communicable disease (COVID-19). Findings include: Review of the Job Description: Centers Position Title: Administrator, Effective Date: 03/2018, Job description/performance appraisal read: Cooperates with department personnel, as well as other healthcare personnel to ensure that services can be adequately maintained to meet the needs of residents. Meets with supervisors on a regular basis to assist in identifying and correcting problem areas and/or improving services. Follows established infection control policies and procedures. Attends and participates in in-service training programs as mandated by regulatory agencies and company policy. Attends and participates in doing what's right classes. Review of the Job Description: Centers Position Title: Director of Nursing Services. Effective Date: 04/11/2018. Job description/performance appraisal. Cooperates with department personnel, as well as other healthcare personnel to ensure that services can be adequately maintained to meet the needs of residents. Meets with supervisors on a regular basis to assist in identifying and correcting problem areas and/or improving services. Follows established infection control policies and procedures. Attends and participates in doing what's right classes. Utilizes reports, CMS (Center for Medicare and Medicaid Services) reports, current survey status and clinical outcomes to monitor clinical progress. Understands federal and state survey enforcement practices. Makes daily rounds and spot check documentation accuracy and completeness on new admissions, residents with change in condition. Creates an environment that encourages excellence. Review of the Job Description: Centers Position Title: Assistant Director of Nursing Services. Effective Date: 06/08/2018. Job description/performance appraisal. Cooperates with department personnel, as well as other healthcare personnel to ensure that services can be adequately maintained to meet the needs of residents. Meets with supervisors on a regular basis to assist in identifying and correcting problem areas and/or improving services. Follows established infection control policies and procedures. Attends and participates in doing what's right classes. Utilizes reports, CMS reports, current survey status and clinical outcomes to monitor clinical progress. Understands federal and state survey enforcement practices. Makes daily rounds and spot check documentation accuracy and completeness on new admissions, residents with change in condition. Creates an environment that encourages excellence. Review of the Medical Director Agreement Dated: 09/5/2019 reads, Services of the physician: As medical director of facility, physician shall have the responsibilities and perform the duties set forth in the section (the services). 3.7 - Physician shall be responsible for the coordination of medical care in the facility. Physician shall help the facility obtain and maintain timely and appropriate medical care that supports the healthcare needs of the residents, is consistent with current standards of practice, and helps the facility meet its regulatory requirements. As required by Florida Regulation concerning medical directors, physician shall meet at least quarterly with the risk management and quality assurance committee at the facility. Physician shall address issues related to the coordination of medical care identified through the facility's quality assessment and assurance committee and quality assurance program, and other activities related to the coordination of care, which may include, but is not limited to helping the facility; 3.7.2 assist in developing systems to monitor the performance of health care practitioners, including mechanism for communicating and resolving issues related to medical care and ensure that other licensed practitioners (e.g., nurse practitioners) which may perform physician-delegated tasks act within the regulatory requirements and within the scope of practice as defined by Florida law. Review of the local department of health assessment plan dated May 14, 2020 reads, General facility recommendations; recommend discontinuation of communal dining and activities. Maintain social distancing. Ensure residents are offered masks in communal areas. If residents are noncompliant, ensure all staff members are wearing masks at all times. Ensure staff are changing gloves after contact with each resident care task. Clean high touch surfaces frequently and create documentation system. Sanitize communal activity equipment after each use. Solaris specific recommendations: Enclose open utensils on medication cart or replace with prepackaged plastic wear. Create designated ward for COVID positive residents that is blocked off to the rest of the facility. Create designated ward for 14-day monitoring of COVID suspected or precautionary residents. Designate one entrance/exit for personnel working on COVID positive ward. Place signage on doors alerting staff that the resident is a contact precaution i.e.: droplet precaution, airborne precaution, etc. Assign designated staff members to work on the on the designated COVID ward and promote continuity of care. Avoid housekeeping from accessing COVID positive ward and promote designated staff to perform environmental cleaning. Engage staff members in continuation of environmental cleaning of high touch surfaces during scheduled shift and after housekeeping scheduled hours and create a documented log. Memory care residents should remain spaced 6 feet apart if non-compliant with staying in their room. Chairs should be moved to ensure 6-foot distance is met. Continue to educate residents on the rationale for social distancing if noncompliant. Face mask should always be offered to memory care residents in congregate areas. Even if they refuse wearing a mask each time or take mask off. If gown supplies are not available, notify the health department or emergency management as soon as possible. Keep logs of supplies and frequency of supplies needed to stay ahead of supply availability. Reusing one PPE gown per (1) staff, per (1) resident per (1) day is the CDC recommendation if gown availability is critically low. Ensure that used gowns are hung inside of the resident rooms and not on the door. Recommend keeping contact precaution resident room doors closed at all times. Conduct more frequent rounding on residents with higher safety risks (i.e.: falls risks, aspiration risk) when doors are closed. Review of the facility policy and procedure titled, Guidance for Limiting the Transmission of</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 0835 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>COVID-19, effective date 3/16/2020, revision date 7/29/2020, reads, Solaris Healthcare will implement measures to control the spread of COVID-19 in our skilled nursing facilities, in accordance with recommendations from the CDC, the Florida department of health, the Centers for Medicare and Medicaid Services, State of Florida Division of Emergency Management and other applicable regulatory entities . 12 c. Facilities without an airborne infection isolation room (AIIR) are not required to protect the resident as long as: i. The resident does not require a higher level of care and, ii. The facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19. Review of the facility policy and procedure titled Isolation-Categories of Transmission based Precautions, revision date 1/8/2020, reads, 1. Transmission based precautions will be used whenever measures more stringent than Standard precautions are needed to prevent or control the spread of infection . Droplet precautions: 1. In addition to standard precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large particles droplets (larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking or by the performance of procedures such as suctioning . 3. Resident placement: a. Place the resident in a private room if possible, b. When a private room is not available, Residents with the same infection with the same microorganism but with no other infection may be cohorted, c. When a private room is not available and cohorting is not achievable use a curtain to maintain at least 3 feet space between the infected resident and other residents and visitors . 5. Resident transport: a. Limit movement of resident from the room to essential purposes only, b. If transport or movement is necessary, place a mask on the infected individual and encourage resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets . 8. The facility will also ensure that the residents care plan and care specialist communication system indicate the type of precautions implemented. Review of the facility policy and procedure titled Handwashing/Hand Hygiene revised 4/20/2020, reads, The facility considers hand hygiene the primary means to prevent the spread of infection. 1. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors . 7. Use an alcohol based hand rub containing at least 60% alcohol: or alternatively soap and water for the following situations: . b. Before donning gloves, . m. after removing gloves. Review of CDC guideline titled Responding to Coronavirus (COVID-19) in Nursing Homes, updated 04/30/2020, read, Resident Cohorting: Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19: - Ideally the unit should be physical separated from other rooms or units housing residents without confirmed COVID-19 . Considerations for new admissions or readmissions to the facility: - Newly admitted and readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit . Resident with new-onset suspected or confirmed COVID-19: - Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g. (for example), residents who have fever, for example, due to a non-COVID10 illness could be put at risk if moved to a COVID-19 unit.). Review of CDC guideline titled Transmission-Based Precautions, read, Droplet Precautions: . Ensure appropriate patient placement in a single room if possible . in long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. Review of CDC guideline titled, Preparing for COVID-19 in Nursing Homes, updated 06/25/2020, reads, Core Practices, . Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices . Personal Protective Equipment (PPE): - Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. 1. On 08/05/2020 at 10:45 AM, droplet precautions PPE box was observed at the entry of Resident #1 and Resident #2's room in the Memory Care Unit. Review of the list titled Solaris Palatka COVID Positive Last 6 months revealed Resident #1 was identified as COVID-19 positive resident. Review of Resident #1's clinical records revealed she was a [AGE] year-old resident who was admitted to the facility on [DATE], with the [DIAGNOSES REDACTED]. Review of the nursing progress note for Resident #1 dated 07/27/2020 at 12:01 PM reads, Resident complained she couldn't breathe. Stated clothes were tight. Nurse assisted resident with loosening her clothing around her back and abdomen. Resident stated she felt better. Resident called out again that she could not breathe again. Vital signs were obtained oxygen level 97% on oxygen at 2 liters via nasal cannula. Blood pressure 155/80, pulse 67, and respirations 17. Temperature 97.6. No labored breathing noted. No accessory muscle usage noted. Resident was complaining of pain in unspecified area. The physician was called. The facility was awaiting a return call from the physician. Review of the physician's orders for Resident #1 dated 07/29/2020 reads, COVID-19 test one time related to concern of complaint of (c/o) problems with breathing and low oxygen level. Review of the nursing progress note for Resident #1 dated 07/29/2020 at 10:01 AM for Resident #1 reads, Resident stated she could not breathe. Vital signs: Temperature 97.2, respirations 16, Oxygen level 92% on room air, blood pressure 126/62, and pulse of 76. Attempts to put O2 via nasal cannula on resident were met with resistance. The Advanced Registered Nurse Practitioner (ARNP) notified of the situation and vital signs. At 12:07 PM reads, Received orders from the physician via telephone to swab resident for COVID-19 r/t (related to) episodes of shortness of breath and low oxygen saturation. At 4:30 PM read, Received orders from the physician to send to ER (emergency room) at local hospital. Review of the facility physician progress notes [REDACTED]. Resident was becoming more lethargic and shorter of breath, chest x-ray shows both lung pleural effusions (buildup of fluid between the tissues that line the lungs and the chest) and [MEDICAL CONDITIONS]. Findings; blood pressure is 148/96, pulse 82, respirations 16, temperature 97.1, oxygen saturation on room air 91%. Lung sounds clear, but breath sounds are diminished in both lungs. Assessment: likely becoming dehydrated and developing symptoms of coronavirus in light of multiple exposures [MEDICAL CONDITION] positive patients. Plan: send her to the hospital for further evaluation and possible admission. Review of the nurse's progress note for Resident #1 dated 07/29/2020 at 8:10 PM reads, The resident returned from (local hospital's name) ER. COVID test positive. Droplet isolation precautions started. Review of Resident Census for Resident #1 revealed the resident was admitted to her room in the Memory Care Unit on 01/30/2019 and she remained in the same room until 08/04/2020. Review of MDS (Minimum Data Set) quarterly review for Resident #1 dated 06/02/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No . C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. Review of Resident #2's clinical records revealed she was [AGE] year-old resident, who was admitted to the facility on [DATE] at 11:30 AM, with [DIAGNOSES REDACTED]. Review of the physician's progress note for Resident #2 dated 07/29/2020 at 7:09 PM reads, follow-up of resident that is surrounded by coronavirus positive residents. Resident is at risk for developing symptoms of coronavirus infection because of the exposure to other people. Review of the list titled Solaris Palatka COVID Positive Last 6 Months revealed Residents #15, #3, #7, #17 were identified as COVID-19 positive residents on 07/28/2020, 07/27/2020, 07/25/2020, and 07/25/2020, respectively. Review of the Midnight Census Report dated 07/29/2020 and the Midnight Census Report dated 08/04/2020 revealed Residents #15, #3, #7, #17 were residing in the Memory Care Unit. Review of the physician progress notes [REDACTED]. History: this resident was seen last week and showed no evidence of having [MEDICAL CONDITION] however, other people around her were testing positive. She was moved to room and was deemed to be more safe. She still has not shown any symptoms of headache fever or shortness of breath or chest pain. Assessment: patient remains at risk for exposure to coronavirus positive populations, however at this time she has given no indication of infection. Follow-up of patient that is surrounded by coronavirus positive patients. Recently the resident was reported to be somewhat lethargic today. Review of the MDS quarterly review for Resident #2 dated 06/02/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No . C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. Review of the resident census dated 07/19/2020 and a review of the census dated 08/04/2020 midnight revealed Resident #1 and Resident #2 were roommates before 07/29/2020 when Resident #1 tested positive and after Resident #1 tested positive for COVID-19. During an interview on 08/05/2020 at 10:55 AM, Staff A, LPN (Licensed Practical Nurse), stated, I do not know why the resident that tested positive (Resident #1) and the resident that had not been a confirmed positive (Resident #2) are housed in the same room. The two ladies (Resident #1 and Resident #2) have been roommates for a while. During an interview on 08/05/2020 at 11:00 AM, the Director of Nursing (DON) stated, The facility currently has two residents, (Resident #1's name), who tested positive for COVID-19 at the hospital on [DATE], and (Resident #2's name), who has not been identified as having tested positive for COVID-19, in the same room. (Resident #1 and Resident #2's</p>		

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Review of Resident #3's clinical records revealed she was a [AGE] year-old resident, who was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the nurse's progress note for Resident #3 dated 07/27/2020 at 12:00 PM reads, The nurse received a call from the hospital. Resident is COVID positive. Director of Nursing (DON), family and physician were notified. The only concern that the family had was that resident maybe moved. Nurse assured her that resident would not be moved to another unit due to test (Positive) results. Review of the physician's progress note for Resident #3 dated 08/05/2020 at 10:16 PM reads, Reason for visit: follow-up of custodial care resident care patient with known coronavirus infection. History: At the time of the last visit the resident seemed to be becoming more lethargic. She is already on hospice care. Review of the MDS annual review for Resident #3 dated 06/02/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No. C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. Review of Resident #4's clinical records revealed she was [AGE] year-old resident, who was admitted to the facility on [DATE] at 5:16 PM, with [DIAGNOSES REDACTED]. Review of the nurse's progress note for Resident #4 dated 08/01/2020 at 2:16 AM read, At 12 midnight, resident temperature at 101.8 via infrared. Tylenol 650 MG (milligram) given as per doctor's orders. 2 AM, recheck of temperature now at 99.4, no signs symptoms of chills, cough or body aches. Will continue to monitor. 4 AM, temperature now at 97.1, resident seems more comfortable and is sleeping soundly. Review of the physician progress notes [REDACTED]. History: at time the resident was seen last week, she appeared to be deteriorating later tested positive for [MEDICAL CONDITION]. Review of the MDS quarterly review for Resident #4 dated 07/17/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No. C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. During an interview on 08/05/2020 at 10:55 AM, when asked why Resident #3 and Resident #4 were not in their rooms on isolation precautions, Staff A, LPN, stated, I don't know, but they will not stay in her rooms. When asked why Resident #3 and Resident #4 seated in the common/dining area in the Memory Care Unit were not wearing masks and not seated 6 feet apart, Staff A stated, The residents refuse to wear their mask and it is difficult to keep them 6 feet apart. During an interview on 08/05/2020 at 11:00 AM, the Director of Nursing, stated, It is very difficult to keep the residents in their rooms on isolation. It is difficult to keep face coverings on the residents and difficult to keep them six feet apart. On 08/05/2020 at 11:53 AM, Resident #3 and Resident #4 were observed in the dining/common area in the Memory Care Unit, seated back to back. The residents were not seated 6 feet apart. Staff was not observed to encourage the residents to don masks or to assist and/or encourage the residents to be seated six feet apart. Review of Resident #4's care plan last revised 08/06/2020 at 9:41 AM reads, I have tested positive for COVID-19 and am currently on droplet precautions. I have cognitive loss and do not understand the protocol for my isolation of isolating to room, wearing a mask, hand hygiene, and social distancing. Approach: please encourage and remind me of good hand hygiene with hand washing/use of hand sanitizer, use of mask, and distancing myself from other residents. Staff will wear assigned PPE (gloves, isolation gown, face shield, N95 mask, and surgical/cloth mask) while assisting with my care. 3. Review of Resident #12's clinical records revealed the resident was an [AGE] year-old resident, who was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the physician's notes dated 08/05/2020 at 9:48 PM for Resident #12, reads, Reason for visit: follow-up of custodial care patient who has recently tested positive for the coronavirus. The resident is possibly more sluggish than last week but again he seems to be in not acute distress. Review of the nurse's progress note dated 07/14/2020 at 1:40 PM for Resident #12 reads, The resident was sent to the hospital for being nonresponsive. The resident was admitted to the hospital for febrile illness. Review of the nursing progress note dated 07/31/2020 at 7:00 PM for Resident #12 reads, Resident arrived via non-ER transport stretcher from (local hospital's name), escorted by 2 attendants - alert with confusion - currently resident on LTC Dementia unit - resident tested + (positive) for COVID while at the (local facility's name) - Upon readmit, resident was afebrile with no symptoms - place on Droplet isolation precautions as facility protocol. Review of the COVID-19 positive residents list for residents identified as being positive for COVID-19 revealed Resident #12 was not identified as being COVID positive. Review of Resident #12's care plan last revised 08/06/2020 at 9:51 AM reads, I am currently on droplet isolation as a precaution related to current positive COVID-19 on the unit where I live. Due to my cognitive loss I do not understand the protocol for my isolation of isolating to room, wearing a mask, hand hygiene, and social distancing. Goal: I want to remain symptom free from COVID-19. Approach: please encourage and remind me of good hand hygiene with hand washing/use of hand sanitizer, use of mask, and distancing myself from other residents. Staff will wear assigned PPE (gloves, isolation gown, face shield, N95 mask, and surgical/cloth mask) while assisting with my care. Review of Resident #12's progress note dated 07/31/2020 revealed the resident returned from the local hospital on [DATE] being COVID-19 positive. During an interview on 08/05/2020 at 11:00 AM, the Director of Nursing (DON), stated, I was not aware that (Resident #12's name) had tested positive for COVID-19 on 07/31/2020 at the hospital. (Resident #12's name) was not placed on isolation. On 08/06/2020 beginning at 8:55 AM, observation revealed no isolation signage and no PPE supply box outside Resident #12's Room in the Memory Care Unit. 4. On 08/05/2020 at 10:44 AM, while approaching the facility's Memory Care Unit, two trash receptacles with blue bags and lid were observed outside of the unit in the 300 Hallway. During an interview on 08/05/2020 at 10:55 AM, Staff A, LPN, stated, The staff that work in the Memory Care Unit remove their soiled PPE just outside of the Memory Care Unit in the 300 Hallway. When asked where the staff that work in the Memory Care Unit enter and exit the facility, Staff A stated, The staff that work in the Memory Care Unit enter and exit the building with staff not working in the memory care unit. On 08/05/2020 at 11:53 AM, Staff A, LPN (Licensed Practical Nurse), was observed to remove her PPE (gloves) and place them in the trash receptacles with blue bags outside the Memory Care Unit in the 300 Hallway. On 08/06/2020 at 8:00 AM, two trash receptacles were observed outside of the Memory Care Unit in the 300 Hallway. Staff C, CNA (Certified Nursing Assistant), was observed exiting the Memory Care Unit and doffing PPE (gown and gloves) in the 300 Hallway. On 08/06/2020 at 9:35 AM, PPE trash receptacles for doffing PPE was observed to have been moved from the 300 Hallway to the Memory Care Unit. The trash receptacles remain in a common area in the memory care unit. During an interview on 08/06/2020 at 09:25 AM, the Wound Care Nurse/Infection Control Nurse stated, We moved the isolation doffing trash receptacles inside the Memory Care Unit. I guess we didn't consider that this would expose all the residents to potentially infected things with COVID-19. I expect all staff to adhere to the standard precautions of hand washing and sanitizing. Full PPE of a gown, gloves, N95 mask and goggles or faceshield should be used whenever caring for a resident with COVID-19. We have gotten guidance from the health department on COVID-19 on what we need to do. I do not think that DOH (Department of Health) has been here and seen trash receptacles in the hallways, and I don't think that we actually spoke to them about where the doffing of PPE would happen. Review of Solaris Healthcare Palatka PPE Inventory 07/31/2020 revealed the facility had 910 N95 masks, 1360 KN95 masks, 5300 surgical masks, 463 fluid shields, 98 goggles, 2490 disposable gowns, 510 washable gowns, 0 gloves, 42 hand soap refills, 48 bleach wipe containers, 73 hand sanitizer refills. During an interview in the 300 Hallway on 08/06/2020 at 9:47AM, Staff I, CNA, stated, I am not sure why the trash receptacles for the Memory Care Unit are outside the Memory Care Unit in the 300 Hallway. The trash receptacles have been in the 300 Hallway since the Memory Care Unit admitted the first COVID-19 positive resident. The Memory Care Unit nurses place their PPE in the trash receptacles. During an interview on 08/06/2020 at 10:00 AM, Staff C, CNA, stated, We remove our PPE when we leave the unit in the trash receptacles just outside the Memory Care Unit door. There isn't any special area that we take off our PPE. We do it right in the 300 Hallway. That is how we were trained to do it. We have not been making the COVID-19 positive residents stay in their rooms. The Director of Nursing has told us that they don't have to. We have received training and education related to how to use PPE, putting it on and taking it off. We put on our N 95 when we come in and before we enter the memory care unit we put on our gowns. We take our gowns off right outside of the doors in the hallway. There isn't any special area that we take off</p>		

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F 0835 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 3)</p> <p>our PPE, we do it right in the hallway that is how we were trained to do it. During an interview on 08/06/2020 at 10:15 AM, Staff D, CNA, stated, We stay in the same gown all day. We don't change them. Right now, we have three residents who have [MEDICAL CONDITION]. We don't do anything different for them than anyone else that is in here in the Memory Care Unit. We use the same gown all day and when we are taking care of those residents that are COVID-19 positive. During an interview on 08/06/2020 at 10:30 AM, Staff E, RN (Registered Nurse), stated, When we remove our PPE, it is outside the unit doors in the trash receptacles outside the doors. During an interview on 08/06/2020 at 4:15 PM, Staff H, CNA, stated, When we come into the Memory Care Unit, we put on our gowns and face shield. We keep those on all day. I don't put on any gowns over this gown.</p>		
F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review, and CDC (Centers for Disease Control and Prevention) guidelines review, the facility failed to implement an infection prevention and control program to prevent four residents (Residents #1, 3, 4, and 12) who were infected with [DIAGNOSES REDACTED]-CoV-2, a highly contagious and potentially deadly virus for people over [AGE] years of age, from exposing 12 other residents living on the same unit by failing to isolate and implement transmission-based precautions for residents who were confirmed with COVID-19. The facility failed to quarantine residents exposed to COVID-19 in the Memory Care Unit. The facility failed to follow the policies and procedures to ensure staff contained PPE (Personal Protective Equipment) used for residents in trash receptacles to prevent possible environmental exposure and failed to ensure staff performed hand hygiene before and after resident care. Individuals who are [AGE] years and older, those with chronic underlying medical conditions, and those living in nursing homes are at high risk for developing serious complications from COVID-19 illness. Individuals who are infected could develop serious disease with difficulty breathing and might require intensive care for the treatment of [REDACTED]. COVID-19 infection can lead to death. COVID-19 is a new disease, caused by a new coronavirus that has not previously been seen in humans. Currently, there is no vaccine and no approved treatment for [REDACTED]. As a result of the deficient practice related to transmission-based precautions, 12 residents living in the Memory Care Unit and the deficient practice related to general infection control practices, 127 residents living in the general units of the facility, 138 out of 142 total residents, are at risk for developing a communicable disease (COVID-19). Findings include: 1. On 08/05/2020 at 10:45 AM, droplet precautions PPE box was observed at the entry of Resident #1 and Resident #2's room in the Memory Care Unit. Review of the list titled Solaris Palatka COVID Positive Last 6 months revealed Resident #1 was identified as COVID-19 positive resident. Review of Resident #1's clinical records revealed she was a [AGE] year-old resident who was admitted to the facility on [DATE], with the [DIAGNOSES REDACTED]. Review of the nursing progress note for Resident #1 dated 07/27/2020 at 12:01 PM reads, Resident complained she couldn't breathe. Stated clothes were tight. Nurse assisted resident with loosening her clothing around her back and abdomen. Resident stated she felt better. Resident called out again that she could not breathe again. Vital signs were obtained oxygen level 97% on oxygen at 2 liters via nasal cannula. Blood pressure 155/80, pulse 67, and respirations 17. Temperature 97.6. No labored breathing noted. No accessory muscle usage noted. Resident was complaining of pain in unspecified area. The physician was called. The facility was awaiting a return call from the physician. Review of the physician's orders [REDACTED]. Review of the nursing progress note for Resident #1 dated 07/29/2020 at 10:01 AM for Resident #1 reads, Resident stated she could not breathe. Vital signs: Temperature 97.2, respirations 16, Oxygen level 92% on room air, blood pressure 126/62, and pulse of 76. Attempts to put O2 via nasal cannula on resident were met with resistance. The Advanced Registered Nurse Practitioner (ARNP) notified of the situation and vital signs. At 12:07 PM reads, Received orders from the physician via telephone to swab resident for COVID-19 r/t (related to) episodes of shortness of breath and low oxygen saturation. At 4:30 PM read, Received orders from the physician to send to ER (emergency room) at local hospital. Review of the facility physician progress notes [REDACTED]. Resident was becoming more lethargic and shorter of breath, chest x-ray shows both lung pleural effusions (buildup of fluid between the tissues that line the lungs and the chest) and [MEDICAL CONDITIONS]. Findings: blood pressure is 148/96, pulse 82, respirations 16, temperature 97.1, oxygen saturation on room air 91%. Lung sounds clear, but breath sounds are diminished in both lungs. Assessment: likely becoming dehydrated and developing symptoms of coronavirus in light of multiple exposures [MEDICAL CONDITION] positive patients. Plan: send her to the hospital for further evaluation and possible admission. Review of the nurse's progress note for Resident #1 dated 07/29/2020 at 8:10 PM reads, The resident returned from (local hospital's name) ER. COVID test positive. Droplet isolation precautions started. Review of Resident Census for Resident #1 revealed the resident was admitted to her room in the Memory Care Unit on 01/30/2019 and she remained in the same room until 08/04/2020. Review of MDS (Minimum Data Set) quarterly review for Resident #1 dated 06/02/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No . C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. Review of Resident #2's clinical records revealed she was [AGE] year-old resident, who was admitted to the facility on [DATE] at 11:30 AM, with [DIAGNOSES REDACTED]. Review of the physician's progress note for Resident #2 dated 07/29/2020 at 7:09 PM reads, follow-up of resident that is surrounded by coronavirus positive residents. Resident is at risk for developing symptoms of coronavirus infection because of the exposure to other people. Review of the list titled Solaris Palatka COVID Positive Last 6 Months revealed Residents #15, #3, #7, #17 were identified as COVID-19 positive residents on 07/28/2020, 07/27/2020, 07/25/2020, and 07/25/2020, respectively. Review of the Midnight Census Report dated 07/29/2020 and the Midnight Census Report dated 08/04/2020 revealed Residents #15, #3, #7, #17 were residing in the Memory Care Unit. Review of the physician progress notes [REDACTED]. History: this resident was seen last week and showed no evidence of having [MEDICAL CONDITION] however, other people around her were testing positive. She was moved to room and was deemed to be more safe. She still has not shown any symptoms of headache fever or shortness of breath or chest pain. Assessment: patient remains at risk for exposure to coronavirus positive populations, however at this time she has given no indication of infection. Follow-up of patient that is surrounded by coronavirus positive patients. Recently the resident was reported to be somewhat lethargic today. Review of the MDS quarterly review for Resident #2 dated 06/02/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No . C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. Review of the resident census dated 07/19/2020 and a review of the census dated 08/04/2020 midnight revealed Resident #1 and Resident #2 were roommates before 07/29/2020 when Resident #1 tested positive and after Resident #1 tested positive for COVID-19. During an interview on 08/05/2020 at 10:55 AM, Staff A, LPN (Licensed Practical Nurse), stated, I do not know why the resident that tested positive (Resident #1) and the resident that had not been a confirmed positive (Resident #2) are housed in the same room. The two ladies (Resident #1 and Resident #2) have been roommates for a while. During an interview on 08/05/2020 at 11:00 AM, the Director of Nursing (DON) stated, The facility currently has two residents, (Resident #1's name), who tested positive for COVID-19 at the hospital on [DATE], and (Resident #2's name), who has not been identified as having tested positive for COVID-19, in the same room. (Resident #1 and Resident #2's names) were not separated when (Resident #1's name) tested positive on 07/29/2020 because the local health department informed the facility that it was okay not to separate a COVID-19 positive resident from a COVID-19 negative resident in the same room. The health department told the facility to treat everyone in the Memory Care Unit as if they were persons under investigation (PUI) for COVID-19. 2. On 08/05/2020 at 10:45 AM, droplet precautions PPE box was observed at the entry of Resident #3 and Resident #4's room in the Memory Care Unit. Resident #3 and Resident #4 were not in the room at the time of observation. Review of the list titled Solaris Palatka COVID Positive Last 6 months revealed Residents #3, #4 were identified as COVID-19 positive residents on 07/27/2020 and 08/03/2020, respectively. Review of Resident #3's clinical records revealed she was a [AGE] year-old resident, who was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the nurse's progress note for Resident #3 dated 07/27/2020 at 12:00 PM reads, The nurse received a call from the hospital. Resident is COVID positive. Director of Nursing (DON), family and physician were notified. The only concern that the family had was that resident maybe moved. Nurse assured her that resident would not be moved to another unit due to test (Positive) results. Review of the physician's progress note for Resident #3 dated 08/05/2020 at 10:16 PM reads, Reason for visit: follow-up of custodial care resident care patient with known coronavirus infection. History: At the time of the last visit the resident</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105652	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER SOLARIS HEALTHCARE PALATKA		STREET ADDRESS, CITY, STATE, ZIP 110 KAY LARKIN DR PALATKA, FL 32177	
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 - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 4)</p> <p>seemed to be becoming more lethargic. She is already on hospice care. Review of the MDS annual review for Resident #3 dated 06/02/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No . C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. Review of Resident #4's clinical records revealed she was [AGE] year-old resident, who was admitted to the facility on [DATE] at 5:16 PM, with [DIAGNOSES REDACTED]. Review of the nurse's progress note for Resident #4 dated 08/01/2020 at 2:16 AM read, At 12 midnight, resident temperature at 101.8 via infrared. Tylenol 650 MG (milligram) given as per doctor's orders. 2 AM, recheck of temperature now at 99.4, no signs symptoms of chills, cough or body aches. Will continue to monitor. 4 AM, temperature now at 97.1, resident seems more comfortable and is sleeping soundly. Review of the physician progress notes [REDACTED]. History: at time the resident was seen last week, she appeared to be deteriorating later tested positive for [MEDICAL CONDITION]. Review of the MDS quarterly review for Resident #4 dated 07/17/2020 read, Section C. Cognitive Patterns: C0100. Should Brief Interview for Mental Status (BIMS) be Conducted? No . C0700. Short-term Memory Ok: 1. Memory problem. C0800. Long-term memory Ok: 1. Memory problem. C0900. Memory/Recall Ability: None of the above were recalled (A. current season, B. Location of own room, C. Staff names and faces, D. That he or she is in a nursing home/hospital swing bed). C1000. Cognitive Skills for Daily Decision Making: 3. Severely impaired- never/rarely made decisions. During an interview on 08/05/2020 at 10:55 AM, when asked why Resident #3 and Resident #4 were not in their rooms on isolation precautions, Staff A, LPN, stated, I don't know, but they will not stay in her rooms. When asked why Resident #3 and Resident #4 seated in the common/dining area in the Memory Care Unit were not wearing masks and not seated 6 feet apart, Staff A stated, The residents refuse to wear their mask and it is difficult to keep them 6 feet apart. During an interview on 08/05/2020 at 11:00 AM, the Director of Nursing, stated, It is very difficult to keep the residents in their rooms on isolation. It is difficult to keep face coverings on the residents and difficult to keep them six feet apart. On 08/05/2020 at 11:53 AM, Resident #3 and Resident #4 were observed in the dining/common area in the Memory Care Unit, seated back to back. The residents were not seated 6 feet apart. Staff was not observed to encourage the residents to don masks or to assist and/or encourage the residents to be seated six feet apart. Review of Resident #4's care plan last revised 08/06/2020 at 9:41 AM reads, I have tested positive for COVID-19 and am currently on droplet precautions. I have cognitive loss and do not understand the protocol for my isolation of isolating to room, wearing a mask, hand hygiene, and social distancing. Approach: please encourage and remind me of good hand hygiene with hand washing/use of hand sanitizer, use of mask, and distancing myself from other residents. Staff will wear assigned PPE (gloves, isolation gown, face shield, N95 mask, and surgical/cloth mask) while assisting with my care. 3. Review of Resident #12's clinical records revealed the resident was an [AGE] year-old resident, who was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the physician's notes dated 08/05/2020 at 9:48 PM for Resident #12, reads, Reason for visit: follow-up of custodial care patient who has recently tested positive for the coronavirus. The resident is possibly more sluggish than last week but again he seems to be in not acute distress. Review of the nurse's progress note dated 07/14/2020 at 1:40 PM for Resident #12 reads, The resident was sent to the hospital for being nonresponsive. The resident was admitted to the hospital for febrile illness. Review of the nursing progress note dated 07/31/2020 at 7:00 PM for Resident #12 reads, Resident arrived via non-ER transport stretcher from (local hospital's name), escorted by 2 attendants - alert with confusion - currently resident on LTC Dementia unit - resident tested + (positive) for COVID while at the (local facility's name) - Upon readmit, resident was afebrile with no symptoms - place on Droplet isolation precautions as facility protocol. Review of the COVID-19 positive residents list for residents identified as being positive for COVID-19 revealed Resident #12 was not identified as being COVID positive. Review of Resident #12's care plan last revised 08/06/2020 at 9:51 AM reads, I am currently on droplet isolation as a precaution related to current positive COVID-19 on the unit where I live. Due to my cognitive loss I do not understand the protocol for my isolation of isolating to room, wearing a mask, hand hygiene, and social distancing. Goal: I want to remain symptom free from COVID-19. Approach: please encourage and remind me of good hand hygiene with hand washing/use of hand sanitizer, use of mask, and distancing myself from other residents. Staff will wear assigned PPE (gloves, isolation gown, face shield, N95 mask, and surgical/cloth mask) while assisting with my care. Review of Resident #12's progress note dated 07/31/2020 revealed the resident returned from the local hospital on [DATE] being COVID-19 positive. During an interview on 08/05/2020 at 11:00 AM, the Director of Nursing (DON), stated, I was not aware that (Resident #12's name) had tested positive for COVID-19 on 07/31/2020 at the hospital. (Resident #12's name) was not placed on isolation. On 08/06/2020 beginning at 8:55 AM, observation revealed no isolation signage and no PPE supply box outside Resident #12's Room in the Memory Care Unit. 4. On 08/05/2020 at 10:44 AM, while approaching the facility's Memory Care Unit, two trash receptacles with blue bags and lid were observed outside of the unit in the 300 Hallway. During an interview on 08/05/2020 at 10:55 AM, Staff A, LPN, stated, The staff that work in the Memory Care Unit remove their soiled PPE just outside of the Memory Care Unit in the 300 Hallway. When asked where the staff that work in the Memory Care Unit enter and exit the facility, Staff A stated, The staff that work in the Memory Care Unit enter and exit the building with staff not working in the memory care unit. On 08/05/2020 at 11:53 AM, Staff A, LPN (Licensed Practical Nurse), was observed to remove her PPE (gloves) and place them in the trash receptacles with blue bags outside the Memory Care Unit in the 300 Hallway. On 08/06/2020 at 8:00 AM, two trash receptacles were observed outside of the Memory Care Unit in the 300 Hallway. Staff C, CNA (Certified Nursing Assistant), was observed exiting the Memory Care Unit and doffing PPE (gown and gloves) in the 300 Hallway. On 08/06/2020 at 9:35 AM, PPE trash receptacles for doffing PPE was observed to have been moved from the 300 Hallway to the Memory Care Unit. The trash receptacles remain in a common area in the memory care unit. During an interview on 08/06/2020 at 09:25 AM, the Wound Care Nurse/Infection Control Nurse stated, We moved the isolation doffing trash receptacles inside the Memory Care Unit. I guess we didn't consider that this would expose all the residents to potentially infected things with COVID-19. I expect all staff to adhere to the standard precautions of hand washing and sanitizing. Full PPE of a gown, gloves, N95 mask and goggles or faceshield should be used whenever caring for a resident with COVID-19. We have gotten guidance from the health department on COVID-19 on what we need to do. I do not think that DOH (Department of Health) has been here and seen trash receptacles in the hallways, and I don't think that we actually spoke to them about where the doffing of PPE would happen. Review of Solaris Healthcare Palatka PPE Inventory 07/31/2020 revealed the facility had 910 N95 masks, 1360 KN95 masks, 5300 surgical masks, 463 fluid shields, 98 goggles, 2490 disposable gowns, 510 washable gowns, 0 gloves, 42 hand soap refills, 48 bleach wipe containers, 73 hand sanitizer refills. During an interview in the 300 Hallway on 08/06/2020 at 9:47AM, Staff I, CNA, stated, I am not sure why the trash receptacles for the Memory Care Unit are outside the Memory Care Unit in the 300 Hallway. The trash receptacles have been in the 300 Hallway since the Memory Care Unit admitted the first COVID-19 positive resident. The Memory Care Unit nurses place their PPE in the trash receptacles. During an interview on 08/06/2020 at 10:00 AM, Staff C, CNA, stated, We remove our PPE when we leave the unit in the trash receptacles just outside the Memory Care Unit door. There isn't any special area that we take off our PPE. We do it right in the 300 Hallway. That is how we were trained to do it. We have not been making the COVID-19 positive residents stay in their rooms. The Director of Nursing has told us that they don't have to. We have received training and education related to how to use PPE, putting it on and taking it off. We put on our N 95 when we come in and before we enter the memory care unit we put on our gowns. We take our gowns off right outside of the doors in the hallway. There isn't any special area that we take off our PPE, we do it right in the hallway that is how we were trained to do it. During an interview on 08/06/2020 at 10:15 AM, Staff D, CNA, stated, We stay in the same gown all day. We don't change them. Right now, we have three residents who have [MEDICAL CONDITION]. We don't do anything different for them than anyone else that is in here in the Memory Care Unit. We use the same gown all day and when we are taking care of those residents that are COVID-19 positive. During an interview on 08/06/2020 at 10:30 AM, Staff E, RN (Registered Nurse), stated, When we remove our PPE, it is outside the unit doors in the trash receptacles outside the doors. During an interview on 08/06/2020 at 4:15 PM, Staff H, CNA, stated, When we come into the Memory Care Unit, we put on our gowns and face shield. We keep those on all day. I don't put on any gowns over this gown. I do not wash my face shield after I take care of the COVID-19 positive residents. The positive residents are not kept inside their rooms. They come out in the common area. We usually took our gowns off right outside the door. They just told us that today. We have been taking our gowns off in the hallway up until today. We have been doing that since the first resident in the Memory Care Unit was positive. I can't remember how long it been, maybe a few weeks now. During an interview on 08/07/2020 at 7:40 AM, Staff G, LPN, stated, We haven't isolated residents in the Memory Care Unit. We were told that we treated them all like they might have COVID-19. The residents all come out to the lounge area and mingle. It is kind of hard to stop some of them from</p>		

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NAME OF PROVIDER OF SUPPLIER SOLARIS HEALTHCARE PALATKA		STREET ADDRESS, CITY, STATE, ZIP 110 KAY LARKIN DR PALATKA, FL 32177	
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 5)</p> <p>leaving their rooms. We have three residents with [MEDICAL CONDITION] in the Memory Care Unit. We did not have them all in private rooms until you all from the state showed up. We were told that the department of health said this is how we should be doing things. We have had residents in the same room that were negative and positive until you showed up and then they separated them. I have not used but one gown each night while I'm on shift for all the residents whether they were positive or negative. I don't put a disposable gown over this one no one has ever told me that I needed to. I keep my face shield on all night, I don't clean it at all between residents, should I, because no one has ever told me that I should. 5. On 08/06/2020 at 8:55 AM, during a tour of the Memory Care Unit, Resident #1 was observed in the common area within approximately three feet of other residents. Six residents, who were observed in the common areas, did not have masks on. On 08/06/2020 at 9:20 AM, Staff D, CNA, was observed repositioning Resident #1 in her chair. Staff D did not have gloves on. Staff D then got a pair of gloves and donned gloves without performing hand hygiene and returned to assist Resident #1. During an interview on 08/06/2020 at 10:15 AM, Staff D, CNA, stated, I did not have gloves on when I repositioned (Resident #1's name). When I realized I didn't have them on, I got them and put them on. I did not sanitize my hands before putting the gloves on. I should have. We stay in the same gown all day. We don't change them. Right now, we have three residents who have [MEDICAL CONDITION]. We don't do anything different for them than anyone else that is in here in the Memory Care Unit. We use the same gown all day and when we are taking care of those residents that are COVID-19 positive. On 08/06/2020 at 9:35 AM, Staff E, RN, was observed at the medication cart in the Memory Care Unit. She was observed entering Resident #14's Room with a cup of medications. She did not perform hand hygiene upon entry to Resident #14's Room. She was observed leaving the room at 09:45 AM. She did not perform hand hygiene after exiting the room before and after resident contact. During an interview on 08/06/2020 at 10:30 AM, Staff E, RN, stated, I didn't realize that I didn't wash or sanitize my hands. I should have, and I should have put on gloves. We have three residents who are COVID-19 positive right now. We have not really isolated the residents that are COVID-19 positive. They still are out in the lounge area. I have not redirected them to go back in their rooms. We were told we didn't have to because the department of health said we should treat them all like they might be positive. We should put anyone who is in droplet isolation in a private room and maintain a closed door. On 08/06/2020 at 12:30 PM, Staff D, CNA, was observed delivering meals in the Memory Care Unit to residents. Resident #1 was observed in the common area/dining room being assisted for lunch by Staff D, CNA, who was feeding Resident #1 without gloves on. During an interview on 08/06/2020 at approximately 12:40 PM, Staff D, CNA, stated, I did not have gloves on when I was feeding resident #1. During an interview on 08/06/2020 at 8:36 AM, with the Administrator when asked why the staff working in the Memory Care Unit, housing COVID-19 positive residents, are entering and exiting using the same entrance and exit with the staff not working in the Memory Care Unit, the Administrator stated, The nursing staff is under the Director of Nursing. I will refer that question to her. I do rely on the Director of Nursing's expertise in the matter of infection control practices and how they are implemented. When asked why the linen barrels for discarding the PPE used in the Memory Care Unit was outside the Memory Care Unit on the 300 Hallway, the Administrator stated, I don't know why the barrels are in the 300 Hallway except to collect what they are supposed to collect. I will again refer to the DON. When asked what the facility was doing to minimize infection control related to COVID-19 positive residents, the Administrator stated, I will refer to the DON. When asked if he was aware that the facility was cohorting COVID-19 positive residents with non-COVID-19 positive residents, the Administrator stated, I am aware that the facility is cohorting COVID-19 positive and negative residents. I do not recall being on a phone call from the health department regarding cohorting residents. I am ultimately responsible for the care the residents receive in the facility. During an interview on 08/06/2020 at 09:25 AM, the Wound Care Nurse/Infection Control Nurse stated, I am the wound care nurse and I took over infection control in April. (Resident #1's name) is positive for COVID-19. I guess she should not be in the common areas. She was just finishing breakfast. She really should not have been so close to the other resident. We moved the isolation doffing trash bins inside the Memory Care Unit. I guess we didn't consider that this would expose all the residents to potentially infected things with COVID-19. We have treated the Memory Care Unit as if everyone might have COVID-19. We were told by the health department to treat everyone in there the same. We didn't think about moving positive residents when one tested positive and their roommate was negative. It is in our infection control policies that we put droplet precaution residents in a private room. We have had private rooms and we could have done that. I expect all staff to adhere to the standard precautions of hand washing and sanitizing. Full PPE of a gown, gloves, N95 mask and goggles and faceshield should be used whenever caring for a resident with COVID-19. We have gotten guidance from the health department on COVID-19 on what we need to do. I do not think that DOH (Department of Health) has been here and seen trash receptacles in the hallways, and I don't think that we actually spoke to them about where the doffing of PPE would happen. During an interview via telephone on 08/06/2020 at 1:05 PM, the Medical Director stated, I have been Medical Director for about [AGE] years. I am aware that the Memory Care Unit is now a COVID-19 unit. I haven't been happy about that or having to accept COVID-19 residents. The facility has been in constant contact with the local health department and they have been doing things according to what the health department has directed them to. It was their understanding that the Memory Care Unit has exceptions for memory care unit residents. I was not aware that the facility was not following the recommendations of the CDC. But the guidance is not clear and the facility was following the DOH recommendations. I am aware that infection control practice standards call for isolation of patients with droplet borne infections. Review of the census for the Memory Care Unit dated 08/05/2020 revealed a current census of 15 residents. During an interview on 08/07/2020 at 8:41 AM, the DON stated, If we had a resident outside of the Memory Care Unit tested positive, we would not place them in the Memory Care Unit. We would set up a dedicated COVID-19 area with dedicated staff. We presume all Memory Care Unit residents may have coronavirus, but they are not all on isolation because they are not all positive. All staff wear full PPE at this time. We thought when the DOH guided us to treat everyone in the Memory Care Unit as if they might be positive that we did not have to isolate or separate the residents who were positive from those that were negative. We do have transmission-based policies for droplet isolation. We have not followed them in the Memory Care Unit because the department of health told us to treat everyone in there as if they might be positive. We did place the three residents in Memory Care Unit on isolation. We still have allowed them out of their rooms, and we have not moved any residents if one is positive and one is negative. I didn't realize that there was any problem with having the trash bins for removing PPE in the hallway outside the Memory Care Unit. Review of the local department of health assessment plan dated May 14, 2020 reads, General facility recommendations; recommend discontinuation of communal dining and activities. Maintain social distancing. Ensure residents are offered masks in communal areas. If residents are noncompliant, ensure all staff members are wearing masks at all times. Ensure staff are changing gloves after contact with each resident care task. Clean high touch surfaces frequently and create documentation system. Sanitize communal activity equipment after each use. Solaris specific recommendations: Enclose open utensils on medication cart or replace with prepackaged plastic wear. Create designated ward for COVID positive residents that is blocked off to the rest of the facility. Create designated ward for 14-day monitoring of COVID suspected or precautionary residents. Designate one entrance/exit for personnel working on COVID positive ward. Place signage on doors alerting staff that the resident is a contact precaution i.e.: droplet precaution, airborne precaution, etc. Assign designated staff members to work on the on the designated COVID ward and promote continuity of care. Avoid housekeeping from accessing COVID positive ward and promote designated staff to perform environmental cleaning. Engage staff members in continuation of environmental cleaning of high touch surfaces during scheduled shift and after housekeeping scheduled hours and create a documented log. Memory care residents should remain spaced 6 feet apart if non-compliant with staying in their room. Chairs should be moved to ensure 6-foot distance is met. Continue to educate residents on the rationale for social distancing if noncompliant. Face mask should always be offered to memory care residents in congregate areas. Even if they refuse wearing a mask each time or take mask off. If gown supplies are not available, notify the health department or emergency management as soon as possible. Keep logs of supplies and frequency of supplies needed to stay ahead of supply availability. Reusing one PPE gown per (1) staff, per (1) resident per (1) day is the CDC recommendation if gown availability is critically low. En</p>		