

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER CORAL REEF NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9869 SW 152ND STREET MIAMI, FL 33157	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, and record reviews, the facility failed to implement and follow the Centers for Disease Control and Prevention (CDC) guidelines, to prevent the spread of COVID-19. The facility failed to ensure required droplet precautions were implemented for 35 residents on the East unit designated as a quarantine unit. This facility's deficient practice has the potential to affect all 35 out of the 35 residents quarantined on the East unit. The facility had 138 residents residing in the facility at the time of the survey. The findings included: Review of the facility's policy titled, Interim Policy for Suspected or positive for COVID-19 revised on 04/20/2020 indicated: The facility will emphasize on prevention efforts on early recognition of suspected cases or symptomatic residents or staff. The facility will implement control measures to minimize the spread of the COVID-19 in the facility from an outbreak. Procedures: If a resident has been screened and the testing is POSITIVE for COVID-19 OR if the resident has signs/symptoms of a respiratory [MEDICAL CONDITION] infection: Screening and monitoring Maintain standard, Contact, Droplet Precautions, and Airborne Precautions. Post signage for hand hygiene and cough etiquette, ensure necessary supplies to accomplish these tasks are present at all entries and patient care areas. Notify all residents, staff, visitor and families of current situation. Review of the CDC website, CDC.gov Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus 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. Review of the CDC guidelines under the title, Responding to Coronavirus in Nursing Homes revealed that roommates of residents with COVID-19 should be considered exposed and potentially infected and should not share a room with other residents. It further showed that they need to remain asymptomatic and test negative for COVID-19, (14) days after their last exposure. Observation on 5/12/2020 at 10:27 am upon entrance to the East wing, there was no Personal Protective Equipment(PPE) carts to store the PPE in the hallway. Room doors were noted to be open for residents that were on quarantine. There were no biohazardous waste trash container observed on the unit. There were no signage posted for hand hygiene. On 05/12/2020 at 10:36 am, the Director of Nursing (DON) stated, the East unit is the quarantine unit, but no residents were on isolation. There are no positive COVID-19 on this unit and all staff wear white gowns, goggles and masks. There were 11 residents sent to the hospital whose results were positive at the hospital. These residents have been reported to the Department of Health. The residents that have tested positive at the hospital have not returned to the facility. The DON explained, that there was no red biohazard waste seen in the unit where the residents were because the residents are on quarantine, and not on isolation. On 5/12/2020 at 12:54 pm staff A, a Registered Nurse (RN) on the east unit reported, the East station is mainly a long-term care unit, sometimes new residents are admitted for therapy. The residents on the unit do not leave their rooms, and are being monitored for temperatures and [MED]gen every two hours to make sure they have no symptoms, including checks for cough. Once the Certified Nursing Assistants (CNA) and nurses go inside the unit they try not to go out. Staff A stated, When we get out of the unit we take off the PPE, we place it in a bag and we don't step out with the PPE, we have a biohazard room. When the staff comes in we go through the door by the main entrance. I change in the main entrance before entering. Today I did change in the bathroom and then I stepped out. Before I enter or go back to the unit, I must call someone to hand me what I took off. Normally I bring in my PPE and change by the door. On 5/12/2020 at 1:39 pm staff B, a Certified Nursing Assistant (CNA) on the East wing reported, currently the staff wear white overalls and masks, every time they leave the rooms, they wash their hands and use hand sanitizer before and after each resident care. Staff B explained, there's sanitizers to spray our white suit. Staff B explained that staff currently entered and exited the east wing through the door located near the Gazebo that also leads to the patio. Staff would enter, put on the white suits in the bathroom located on the East wing. On 5/12/2020 at 1:14 pm, the Director of Nursing (DON) revealed, The facility was being proactive and residents on the East wing were placed on quarantine because the facility had other residents that were tested positive. After the residents were tested positive, the East unit was closed off and specific staff were assigned to work on the quarantine unit only to prevent cross contamination. The DON stated, We identified residents that were positive for COVID-19, one resident was transferred for diarrhea, and the second one was transferred for altered mental status. Then the following week, we transferred two more residents that were also positive. To protect the staff, they are wearing the astronaut suit and we are reusing them. The DON reported, the staff take the white overalls suits home and wash them. The DON reported, the interventions were reviewed on May 6, 2020. The DON explained, when the staff clocks in at the back door, they go to East unit's pantry entry and that is being used for changing. There is a bathroom on each unit, the staff changes in the bathroom where they also have lockers before going inside the unit. The DON revealed, there was a biohazard room where they put the used Personal Protective Equipment when they take it off. Because the white suit is washable they take it home and wash it at home. The DON stated, There's no biohazard bin because we don't have any residents on isolation. The process is if we have a resident with symptoms, we send them to the hospital. If we identify a case, then the staff need to replace the gown, but now we don't have any residents with symptoms or any staff with symptoms either.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.