

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2020
NAME OF PROVIDER OF SUPPLIER EVANS HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 3735 EVANS AVE FORT MYERS, FL 33901	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and review of the Center for Disease Control (CDC) communication memo the facility failed to maintain appropriate infection prevention measures to minimize the risk of transmission of the COVID-19 virus in 1 of 3 units of the facility. The findings included: Review of the CDC communication dated 4/15/20 indicates to cancel all communal dining and group activities, enforce social distancing between residents, ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others. On 5/1/20 at 2:15 p.m., observation of the dining room of the memory care unit revealed 18 residents sitting at tables of 4. The residents were congregated less than 6 feet apart and were not wearing face coverings. On 5/1/20 at 2:15 p.m., during an interview Licensed Practical Nurse (LPN) Staff A verified the observation. She confirmed 18 residents were gathered in the dining room. She verified the residents were spaced less than 6 feet apart and were not wearing cloth face covering.		

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.