

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER CLUB HEALTH AND REHABILITATION CENTER AT THE VILLA		STREET ADDRESS, CITY, STATE, ZIP 16529 SE 86TH BELLE MEADE CIRCLE THE VILLAGES, FL 32162	
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	<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 and record review, the facility failed to prevent the possible spread of infection by not following the standards of practice for disinfecting resident care equipment after use for 3 of 9 sampled residents, Residents #5, #6, and #7. Findings Include: A review of the policy titled: Disinfecting and Sterilizing Equipment, policy #21.03.003 issued 3/2018, last reviewed on 12/18/20 reads on Page 1: Standard: Cleaning, disinfection, and sterilization of equipment are done as necessary to decrease the risk of transmission of infectious organisms and maintain a clean and sanitary environment. The method used is dependent on the object's intended use and the type of contamination. All items are thoroughly cleaned to remove organic matter before being disinfected or sterilized. Process Definitions: Disinfection: Describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects. Low-Level Disinfection: Agent that destroys all vegetative bacteria, [MEDICAL CONDITION], some [MEDICAL CONDITION], and some fungi, but not bacterial spores. Page 2 Device Classification: Non-Critical (touches intact skin) Stethoscopes, tabletops, bedpans, bedrails, blood pressure cuffs, resident lifts, and scales, unless any of the above are contaminated by blood. Use low level disinfection. Guidelines: #6. All items, other than disposables, are cleaned, disinfected, or sterilized, following federal, state and local guidelines and manufacturers recommendations. Page 6: Low Level Disinfection. Standard: Low-level disinfection is used for non-critical equipment and surfaces that either does not come into contact with the resident or only touch intact skin. A review of the policy titled: General Nursing Infection Control Processes, policy #21.09.002, issued 3/2018, last reviewed on 12/28/19 reads Standard. It will be the standard of this facility that nursing activities will be performed in a manner to minimize the potential for infection to residents, staff, and visitors. Some of the specific guidelines include: 1. Items used for resident care will be cleaned, disinfected per facility policy (using designated disinfectant-following manufacturer's recommendations) or discarded and designated for single residents use only. An observation of Staff A, Certified Nursing Assistant (CNA) on 5/6/2020 at 9:24 AM showed Staff A going to room [ROOM NUMBER], Resident #5, to obtain vitals. After knocking on door, she entered the room with the vital sign equipment cart and washed her hands. She put the blood pressure cuff on the resident, followed by the pulse oximeter, and then took the resident's temperature. She put the electronic thermometer back in the vital sign equipment cart. Staff A was observed recording vitals on a clip board and verbalized the results to the resident. Staff A took off the blood pressure cuff, pulse oximeter, put them both back in the vital sign equipment cart, along with the clip board. After sanitizing her hands, she exited the room with the vital signs cart. Staff A proceeded to room [ROOM NUMBER] and Resident #6. Staff A was not observed to sanitize any of the vital sign equipment before performing vitals on Resident #6. An observation of Staff A, CNA on 5/6/2020 at 9:30 AM showed Staff A going to room [ROOM NUMBER], Resident #6, to obtain vitals. After knocking on the door, she entered the room with the vital sign equipment cart and washed her hands in the resident's bathroom. She applied the blood pressure cuff, pulse oximeter, and took Resident #6's temperature with the electronic thermometer. She was observed recording vital signs on the clipboard and verbalizing the results to the resident. She took off the blood pressure cuff and put it in the vital sign equipment cart and took off the pulse oximeter and draped it over the vital sign equipment cart. After sanitizing her hands, she exited the room with the vital sign equipment cart. Staff A proceeded to room [ROOM NUMBER] and Resident #7. Staff A was not observed to sanitize any of the vital sign equipment before performing vitals on Resident #7. An observation of Staff A on 5/6/2020 at 9:39 AM showed Staff A going to room [ROOM NUMBER], Resident #7 to perform vitals. After knocking on the door, she entered the room with the vital sign equipment cart and washed her hands in the resident's bathroom. She then put the blood pressure cuff, pulse oximeter, and took the resident's temperature with an electronic thermometer. She was observed recording the vital signs on a clip board and verbalized the results to the resident. She took off the blood pressure cuff and put it in the vital sign equipment cart and took the pulse oximeter off and draped it over the vital sign equipment cart. After sanitizing her hands, she exited the room with the vital sign equipment cart. An interview was conducted with Staff A on 5/6/2020 at 9:45 AM. She confirmed she did not sanitize the vital sign equipment between residents. She confirmed that the sanitizer wipes were not on the vital sign equipment cart. She stated she was supposed to sanitize the equipment by wiping them down with a sanitizer wipe between residents and the wipes are located at the nursing station. An interview was conducted with Staff B, Licensed Practical Nurse (LPN), Unit Charge Nurse on 5/6/2020 at 9:50 AM. She stated she also observed Staff A and confirmed that she was supposed to sanitize the vital sign equipment between residents.</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.