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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105289 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2020 |
| NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF PUNTA GORDA | | STREET ADDRESS, CITY, STATE, ZIP 450 SHREVE STREET PUNTA GORDA, FL 33950 | |
| 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 and interview the facility failed to safeguard residents' well-being by failing to follow current infection control standards related to COVID-19 recommendations set forth by Centers for Disease Control and Prevention (CDC). Refer to https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html The findings included: On 6/9/20 at 11:00 a.m., during a tour of the facility with the Director of Nursing (DON), Licensed Practical Nurse Staff A was observed seated at a table in the hallway outside room [ROOM NUMBER]. The table Staff A was seated at had multiple Styrofoam cups with lids and straws on it. Several people were observed to be moving freely about the hallway near Staff A. Staff A had her mask pushed down to her chin with her mouth and nose exposed. On 6/9/20 at 11:03 a.m., Certified Nurse Assistant Staff B was observed using a computer mounted to the wall in the 129-137 hallway. Several people were observed to be moving freely in the hallway and nurses' station near the computer. Staff B had her mask pushed down to her chin with her nose exposed. On 6/29/20 at 11:05 a.m., in an interview the DON agreed Staff A and Staff B had their masks down on their chins and was not proper Infection Control standards related to CDC recommendations. On 6/29/20 at 12:30 p.m., in an interview the Administrator agreed it was not proper infection control standard related to COVID 19.</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.