

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ORCHARD RIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4927 VOORHEES RD NEW PORT RICHEY, FL 34653</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record reviews and interviews the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to follow their policy and procedure for 1. To ensure respiratory equipment in resident rooms were stored in a clean and sanitary manner for 3 (#1, #5, #7), of 3 residents reviewed . 2. Failed to dispose of used personal protective equipment properly before leaving a resident's room for 1 (#1) of 1 resident reviewed on isolation and 3. Failed to clean shared equipment between resident use for 1 of 1 unit. Findings included: 1. A review of the facility policy titled Nebulizer: Small Volume (SVN) with an effective date of 1/01/2004 and a revised date of 11/01/2019 revealed: 20. Rinse SVN, mouthpiece and T piece with sterile water and dry. 20.1 Place in treatment bag tableted with patient name and date. A review of the facility policy titled IC201 Cleaning and Disinfecting with an effective date of 9/01/2004 and a revision date of 7/24/2018 revealed Policy: Cleaning and disinfecting of patient care items and environment will be conducted based on the risk of infection involved. Purpose: To prevent the spread from items or environment to patients and/or staff. To ensure reusable medical equipment is cleaned and disinfected appropriately. The facility did not have a policy and procedure for washing and the re-use of surgical gowns. An observation was conducted on 4/17/2020 at 2:30 p.m. Upon entering the room there was a PPE (personal protective equipment) bin hanging on the outside of the door with masks, gowns and gloves. A yellow surgical gown was observed hanging over the top of the door. Resident #1 was observed sitting in her wheelchair beside her bed. A nebulizer mask and tubing were observed on the night stand beside the bed uncovered. Resident #5 was observed in her room in bed. Sitting out on the night stand next to the bed, uncovered, was the resident's face mask. It was connected to a nebulizer machine, lying face side down on the top of night stand with a pink basin, snacks and personal items. An interview was conducted from the doorway on 4/17/2020 at 2:30 p.m., Resident #5 said, Yes, that's mine. It pretty much stays there like that. A review of the medical record revealed Resident #1 was admitted to the facility on [DATE] from an acute care facility with pertinent [DIAGNOSES REDACTED]. A review of the physician orders revealed: COVID19 one time only to rule [MEDICAL CONDITION] one day with an order date of 4/16/2020. Oxygen at 2 liters/min via nasal cannula continuously with an order date of 4/14/2020. [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliters). 3 ML inhale orally every 4 hours as needed for shortness of breath (SOB) or wheezing evaluate pre and post treatment in supplemental documentation order, dated 4/15/2020. [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) MG/3 ML. 3 ML inhale orally 4 times a day for SOB while awake order date of 4/16/2020. There was not a physician order for [REDACTED]. An observation was conducted on 4/17/2020 at 2:38 p.m., Resident #5 was observed sitting in her wheelchair beside her bed. A nebulizer mask and tubing were observed on the night stand beside the bed uncovered. A review of the medical record documented Resident #5 was admitted to the facility on [DATE] with a re-admission date of [DATE] with pertinent [DIAGNOSES REDACTED]. A review of the physician orders revealed an order, dated 3/10/2020, for [MEDICATION NAME] Solution 0.5-2.5 (3) MG/ML 1 vial inhale orally four times a day for [MEDICAL CONDITION]. There was not a physician order for [REDACTED]. An observation was conducted on 4/17/2020 at 2:38 p.m., Resident #7 was observed sitting in his wheelchair beside his bed. A nebulizer mask and tubing were observed on the night stand beside the bed uncovered. A review of the medical record for Resident #7 reflected an admission date of [DATE] and a re-admission date of [DATE] from an acute care facility with pertinent [DIAGNOSES REDACTED]. A review of the physician orders for Resident #7 documented: Oxygen at 2 liters/min via nasal cannula continuously with an order date of 2/28/2020; [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) MG/3 ML. 3 ML inhale orally every 6 for shortness of breath (SOB) or wheezing while awake. There was not a physician order for [REDACTED]. I will have to check on it. They should be cleaned and stored after use. 4. A second observation was conducted on 4/17/2020 at 3:06 p.m. for Resident #1, outside of the room door was a bin of personal protective equipment. Observed hanging from the top of the door frame to the room was a used yellow surgical gown (photographic evidence was obtained). An interview was conducted on 4/17/2020 at 2:43 p.m., with the Nursing Home Administrator who said, We got word from our corporate office that we could wash and re-use the surgical gowns. I'm not sure if that is why it was left on the door. 5. An observation was conducted on 4/17/2020 at 2:40 p.m., Staff A, Certified Nurses Aide (CNA) was walking in and out of 3 resident rooms checking vital signs with a mobile vital sign machine. The CNA did not clean the mobile vital sign machine after leaving one resident room and/or before entering another resident room. An interview was conducted on 4/17/2020 at 2:45, Staff A, CNA said, We use these. (picking up an empty plastic bag) I see I need to get more.</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.