

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER GANDY CROSSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4610 S MANHATTAN AVE TAMPA, FL 33611	
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 record review the facility failed to implement and maintain an infection prevention and control practice to prevent the development and transmission of COVID-19 and other communicable diseases and infections by not performing disinfection and sanitization of reusable resident care equipment in accordance with general standard precautions for two (COVID19 Unit and 400 hallway) of four hallways observed. Findings included: A sit to stand lift stored in a hallway of the COVID-19 observation unit with a fabric sling still attached to it was observed on 08/03/20 at approximately 10:30 am (photographic evidence was obtained). Staff A, Certified Nurse Aide (CNA) was asked if the stand had been cleaned and she stated that she was not sure, the CNA stated that the fabric slings are usually kept with the resident, she stated that the sling should have been removed and left in the resident's room and then the equipment cleaned and stored in this area. A second sit to stand lift was observed in hallway 400 at approximately 11:00 am on 08/03/20 (photographic evidence was obtained). The equipment was in a cluttered hallway and had at least two fabric slings stored on top of it. Staff B, CNA stated that a stand with a sling attached to it could be ready to use, if it's in the clean cubby she stated that the cluttered hallway was the clean hallway, she was asked if that stand was clean and she did not answer but took the slings away in a plastic bag, she stated, this should go to the laundry. Two nurses working on that unit Staff C, Licensed Practical Nurse (LPN), and Staff D, LPN could not say if the stand was clean or dirty. Two nurses were interviewed around 11:15 am on 08/03/20 at the 300 hallway nurse station. Staff E, Registered Nurse (RN), and Staff F, Unit Manager (UM) stated that they did not know which hallway was the clean hallway, they could not answer when asked how they would know if a lift had been cleaned. An interview with the Director of Nursing (DON) at 12:00 pm on 08/03/20 revealed that equipment should not be stored in the hallway without being cleaned first, she stated, there is no such thing as a clean or a dirty hallway. The DON stated that the CNAs are trained on the procedure but could not supply printed materials used for the training. An interview with the Infection Preventionist (IP) shortly thereafter confirmed that the CNAs are trained to remove the fabric sling from the sit to stand after its use and to keep it with the resident, then the equipment is to be cleaned and stored in the hallway, there are no hallways designated as dirty where they store dirty equipment.		
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.