

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105520	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER CONSULATE HEALTH CARE OF BRANDON		STREET ADDRESS, CITY, STATE, ZIP 701 VICTORIA ST BRANDON, FL 33510	
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 observations, interviews, and record review the facility failed to ensure adherence to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19 in Healthcare Settings, updated 5/18/20, on one (300 hall) of one dedicated COVID-19 positive hall and eleven (room [ROOM NUMBER], 305, 306, 307, 308, 310, 311, 312, 313, 314 and 317) of fourteen resident rooms, as evidence by, not closing resident room doors for residents with COVID-19 infections. Findings included: A tour of the COVID-19 positive unit (300 hall) was conducted on 5/19/20 beginning at 11:00 a.m. The entrance to the unit was from the outside of the building. A small donning and doffing area with hand hygiene and red bins was separated from the rest of the unit upon entry with a plastic zippered barrier. Staff A, Licensed Practical Nurse (LPN) accompanied surveyor on the tour and stated that all residents on the unit were tested and identified as positive for COVID-19. She stated the unit contained 16 residents. She stated only herself and one other nurse were working on the unit at the time of the observation. Signage was observed upon entry to the unit that droplet precautions were in effect and personal protective equipment (PPE) was needed to enter the unit. A tour of the unit revealed the doors to resident rooms 304, 305, 306, 307, 308, 310, 311, 312, 313, 314 and 317 were open to the hallway. An interview was conducted with Staff A, LPN and Staff B, Registered Nurse (RN) who were assigned to the unit. Staff A, LPN and Staff B, RN stated they were not aware the doors were to remain closed on a COVID-19 positive unit. The nurses proceeded to close the doors to the rooms that contained residents on the hallway. On 5/19/20 at 12:45 p.m. an interview was conducted with the Regional Nurse Consultant (RNC), the Director of Nursing (DON) and the Administrator. The RNC and the DON verified during the interview, all COVID-19 positive resident room doors should remain closed at all times. They indicated education had been completed related to infection control policies for the staff to follow the CDC and CMS (Centers for Medicare and Medicaid Services) guidelines. They indicated that the Centers for Disease Control (CDC) updates related to COVID-19 were available to all staff on their electronic system and briefings were held by the corporation to keep employees up to date. A review of the most recent in-services provided to the staff were as follows. 5/6/20 - Topic: COVID-19 update. Target audience: Department managers. 4/1/20 and 4/28/20- Topic: Infection control. Target audience: All staff. A review of the document provided by the facility entitled Consulate Healthcare, COVID-19 Pandemic Plan, dated, 3/2/20 and revised on 5/14/20, indicated the following: Policy: COVID-19 is a respiratory illness thought to be spread mainly from person to person, between people who come in close contact with one another (about 6 feet). [MEDICAL CONDITION] is spread through droplets produced when an infected person coughs or sneezes. Symptoms include fever, cough, shortness of breath, sore throat, vomiting, diarrhea, muscle pain, headache, new loss of taste or smell, chills and repeated shaking with chills. 1. Staff will be trained on the facility Pandemic COVID-19 plan and related policies and procedures. 8. Residents exhibiting signs and symptoms of COVID-19 the Infection Preventionist or designee will: Isolate resident in a private room with the door closed. Initiate transmission-based precautions based on CDC guidance. Contact local and/or state health department for guidance and transfer. Follow CDC guidance on daily cleaning of environmental surfaces. According to reference: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated 5/18/2020 3. Patient Placement If admitted, place a patient with known or suspected COVID-19 in a single room with the door closed. The patient should have a dedicated bathroom.</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.