

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105627	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER COURT AT PALM AIRE, THE		STREET ADDRESS, CITY, STATE, ZIP 2701 N COURSE DR POMPANO BEACH, FL 33069	
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 - Some	<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 record review and interviews, the facility failed to follow their Coronavirus (COVID 19) screening process for the facility staff and visitors prior to entering the facility and prior to the beginning of their shift. The findings included: On 04/20/20 at 10:30 AM, an unannounced visit was made to the facility. Observation revealed after entering through the facility's automatic door leading to the front of the nurse's station and to the left, there was a screening station manned by Staff A, a Registered Nurse. Staff A proceeded to check the surveyor's temperature, then asked for the surveyor to complete a set of COVID 19 screening questions. On 04/20/20 at 10:59 AM, an interview was conducted with Staff A and she stated that she was helping with COVID 19 screening and added that she was trained at how to do it. Staff A stated that she is to check the temperature of persons entering the facility, and the person is to fill in the screening tool questions. Staff A stated then she will review the answer for admittance into the facility or not. On 04/20/20 at 11:01 AM, an interview was conducted with the facility Director of Nursing (DON) and she stated that the screener is supposed to ask the staff the screening tool questions and answer a Yes or No to complete the tool. The DON stated that if a staff did not meet criteria to enter the facility, they were turned away and that she was notified. The DON added that the screeners were in-serviced on how to complete the tool and they did a competency prior to them being assigned to do the screening. On 04/20/20 at 11:15 AM, Staff A was asked to provide the facility staff screening record for COVID 19 for the last two weeks. The screening tool titled Coronavirus (COVID 19) Visitor/Staff Screening Tool and Log asked for the following information: Date; Time; Name; Temperature Reading; Signs and Symptoms (mark x for all that apply): Fever over 100.4 within past 14 days, New cough, New shortness of breath/difficulty breathing, Pneumonia/Flu (recent), Nausea/vomiting/diarrhea within the last 14 days, sore throat; Exposure risk (mark Y or N): Known unprotected (w/o PPE) close contact to anyone with confirmed COVID 19 in the last 14 days, Known unprotected (w/o PPE) close contact with someone under investigation with the [DIAGNOSES REDACTED].? If Yes, worked with a person with confirmed COVID 19, Traveled to known affected area outside of US in the past 14 days, Traveled to known high affected area within US in the past 14 days, Traveled by a plane or cruise within and/or outside of US in the past 14 days, If traveled, or in close contact with someone who has, list locations in comments section; Outcomes (mark x for all that apply): Admittance to community allowed, Admittance to community denied, Referred to healthcare professional; Additional information/comments. On 04/20/20 at 12:35 PM, a side by side review of the facility's Coronavirus (COVID 19) visitor/staff Screening Tool and Logs was conducted with the DON. The DON was apprised of the facility failure to screen the staff accurately as per the facility's screening tool before being allowed into the facility. The DON acknowledged the findings and stated that the screeners had been trained on how to do the screening and complete the tool. The DON stated that all screening questions are to be answered by a Yes or a No on the screening tool before the staff is allowed to work. The DON added that she will retrain the staff. Review of the facility's Coronavirus (COVID 19) Visitor/Staff Screening Tool and Logs from 04/06/20 to 04/20/20 was conducted. The review revealed lack of accurately screening the facility's staff for COVID 19 with the facility's screening tool and lack of accurately completing the facility's screening tool for COVID 19 for several days as follow: 04/16/20 at 3:00 PM, the screening tool lacked evidence of the screened staff's name (section was left blank), the person was denied admittance to the community, and lacked Comments related to the incomplete screening and why this person was not allowed in the community. 04/16/20 at 11:18 AM, Staff B, unknown position, screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of the Outcomes on whether she was allowed into the facility or not, and no Comments related to the incomplete screening. 04/16/20 at 11:18 AM, Staff C, a Speech Language Pathologist, screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of the Outcomes on whether he was allowed into the facility or not, and no Comments related to the incomplete screening. 04/16/20 at 11:18 AM, Staff D, unknown to the facility/community, screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of the Outcomes on whether she was allowed into the facility or not, and no Comments related to the incomplete screening. 04/16/20 at 11:18 AM, Staff E, a Physical Therapist, screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of the Outcomes on whether she was allowed into the facility or not, and no Comments related to the incomplete screening. 04/16/20 at 11:18 AM, Staff F, a Licensed Practical Nurse, the screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of screening for exposure risk, the Outcome on whether she was allowed into the community or not, and there were no Comments related to the incomplete screening. 04/18/20 at 6:00 AM, Staff G, a Housekeeper, the screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of screening for exposure risk, the Outcome on whether she was allowed into the community or not, and there were no Comments related to the incomplete screening. 04/18/20 at 7:15 AM, Staff H, a Licensed Practical Nurse, the screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of screening for exposure risk, the Outcome on whether she was allowed into the community or not, and there were no Comments related to the incomplete screening. 04/18/20 at 7:15 AM, Staff I, unknown position, the screening tool lacked evidence of the Temperature reading, screening for signs and symptoms of COVID 19, screening for exposure risk, documentation revealed that she was allowed into the facility, and there were no Comments related to the incomplete screening. 04/18/20 at 7:30 AM, Staff J, maintenance worker, the screening tool lacked evidence of screening for signs and symptoms of COVID 19, screening for exposure risk, the Outcome on whether he was allowed into the facility or not, and no Comments related to the inaccurate completion of the staff screening, as evidenced by documentation of checkmarks instead of Yes or No answer. 04/18/20 time unknown, Staff K, a Certified Nursing Assistant, the screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of screening for exposure risk, the Outcome on whether she was allowed into the community or not, and there were no Comments related to the incomplete screening. 04/19/20 time unknown, Staff K, a Certified Nursing Assistant, the screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of screening for exposure risk, the Outcome on whether she was allowed into the community or not, and there were no Comments related to the incomplete screening. 04/20/20 at 7:05 AM, Staff E, a Physical Therapist, screening tool lacked evidence of screening for signs and symptoms of COVID 19, evidence of the Outcomes on whether he was allowed into the facility or not, and no Comments related to the incomplete screening. On 04/30/20 at 9:25 AM, during a phone interview, the DON confirmed that the facility's staff with incomplete screening were allowed to work as assigned. The DON stated that she did not know the positions of Staff B, Staff D or Staff I, and acknowledged that no comments or any additional information was documented about them on the log.</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.