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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>105650</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                 | (X3) DATE SURVEY COMPLETED<br><b>06/05/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>BAYSHORE POINTE NURSING AND REHAB CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>3117 W GANDY BLVD<br/>TAMPA, FL 33611</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on observations, interviews, and record review the facility failed to implement their infection prevention and control program to mitigate the spread of COVID-19. The facility failed to ensure adherence to their infection control policy as evidenced by: 1) Not maintaining doors closed to seven (208, 210, 213, 214, 216, 218, and 324) of thirteen resident rooms on droplet precautions due to potential exposure to COVID-19; 2) Not ensuring that staff were wearing the appropriate personal protective equipment (PPE) in twelve (220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, and 231) of twelve resident rooms on the dedicated Enhanced Droplet Precautions unit and for two (207 and 302) of thirteen resident rooms on standard droplet precautions for exposure to COVID-19. Findings included: A review of the facility policy entitled Isolation Categories of Transmission-Based Precautions during COVID Pandemic with a revised date of 04/30/2020 indicated the following: Policy Statement: Transmission-Based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. Fundamental Information: 3. Transmission-based precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and enhanced droplet. 4. The Centers for Disease Control and Prevention (CDC) maintains a list of diseases, modes of transmission and recommended precautions. 6. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart. Droplet Precautions: 1. Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning. 2. Equipment will include: gown, gloves, facemask, and eye protection 3. Residents on droplet precautions will be placed in a private room if possible. 3 a. Keep door closed Enhanced Droplet Precautions: 1. Enhanced Droplet Precautions may be implemented for an individual documented or suspected to be infecting with microorganisms (example includes but is not limited to COVID -19) transmitted by droplets that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning and nebulizer treatments. 2. Equipment will include: gown, eye protection, gloves and facemask and don equipment in appropriate PPE sequence; when available, N95 or higher-level respirator will be worn; if available, facemask and eye protection is acceptable if N95 is not available. 3. Residents on enhanced droplet precautions will be placed in a private room if possible. 3 a. Keep door closed. 4. Perform hand hygiene before entering and wash hands with soap and water before leaving room. On 6/5/20 at 9:10 a.m., an entrance interview was conducted with the Administrator and the Director of Nursing (DON). A facility map was provided with all isolation rooms marked for identification during the tour. The facility reported all staff and residents had recently been tested on [DATE], and one staff member was reported as positive for COVID-19 on 5/29/20. The staff member was reported as currently home on quarantine. The DON stated there was one designated unit of the facility where all new admission and [MEDICAL TREATMENT] residents were being isolated. The DON described the unit as an enhanced droplet precautions unit. The DON stated other residents throughout the facility were also on isolation and described those resident rooms as droplet precautions. On 06/05/20 starting at 9:30 a.m., a tour of the facility was conducted. The following rooms were observed throughout the tour on droplet precautions (per signage on the doors) and the doors to the rooms were observed to be open: 208, 210, 213, 214, 216, 218, and 324. PPE gowns were observed hanging outside of the rooms visible in the hallways. The droplet precautions sign on the door revealed that staff must wear a gown, facemask, and gloves when entering the room. On 06/05/20 at 9:40 a.m., an interview was conducted with Staff C, a certified nursing aide (CNA). The aide stated she was not aware that the doors to resident rooms who were on droplet precautions were to be maintained closed. On 06/05/19 at 9:45 a.m., an interview was conducted with Staff D, Registered Nurse (RN), who reported that her understanding was the resident room doors did not have to be fully closed when the residents were under droplet precautions. She stated her understanding of the proper PPE to wear when they entered the rooms was a surgical mask, gowns and gloves as needed. She stated the gowns were to be reused so they were supposed to keep them inside of each resident room. On 06/05/20 at 9:49 a.m., Staff A, CNA, was observed going into room [ROOM NUMBER] with only a mask on. Observation of signage for room [ROOM NUMBER] revealed this room was on droplet precautions. Upon exiting the room, the surveyor asked Staff A if she had to wear PPE to enter the room. Staff A stated that there were no gowns in the room. Staff A stated, Whoever is assigned to the room probably had the gown on. On 06/05/20 at 9:50 a.m., a tour of the Enhanced Droplet Precautions unit located on the second floor containing twelve (220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, and 231) resident rooms and was behind a set of closed fire doors, revealed all staff members working on the unit had on a gown and a surgical mask. An interview was conducted with Staff E, RN. The nurse stated that all of the residents on the unit were under enhanced droplet precautions due to being a new admission and a potential exposure to COVID-19. The nurse stated that each resident was kept on the unit under observation for at least 14 days. Signage was noted on the unit to be present on each resident door. The signage indicated a N95 mask was required for PPE to enter the room. The staff were all observed wearing surgical masks. The nurse indicated they were not wearing N95 masks to enter the resident rooms and she was not instructed that the N95 mask was required. The nurse indicated a surgical mask, a face shield, and a gown were the only PPE being utilized to enter the rooms. She stated that they wore gloves as needed. On 06/05/20 at 10:00 a.m., an interview was conducted with Staff F, RN Unit Manager (UM). The UM stated the staff were expected to wear a surgical mask, a gown, gloves and face shield to enter the enhanced droplet precaution isolation rooms. She stated the staff were not wearing a N95 mask for any of the droplet isolation rooms in the facility. She stated they were using droplet precautions for residents that have had any contact with a recently tested positive staff member and they were using enhanced droplet precautions for any residents that have been newly admitted or had been readmitted in the enhanced droplet precautions unit. The only difference in PPE for enhanced droplet precautions was the use of a face shield. She stated that she believed the facility did have N95 masks available for use. On 06/05/20 at 10:18 a.m., Staff B, CNA, was observed going into room [ROOM NUMBER] with supplies in his hand. Staff B entered the room wearing a mask only. Per signage on the door, the room was on droplet precautions. The Droplet Precautions sign on the door revealed that staff must wear a gown, facemask, and gloves when entering the room. On 6/5/20 at 10:20 a.m., an interview was conducted with Staff H, Licensed Practical Nurse (LPN), who was observed working on the nursing cart and had on a surgical mask. She stated the expectation of staff was to don a gown and have on a surgical mask, upon entry to a resident room with an isolation sign on the door. On 6/5/20 at 10:35 a.m., an interview was conducted with Staff I, RN UM. The UM stated that all staff should have on the required PPE to enter the isolation rooms. When informed of the observation with Staff B entering a droplet precaution resident room wearing only a mask, the UM stated the aide would be re-educated as to the proper PPE for resident care. On 06/05/20 at 10:38 a.m., the DON reported that all residents that were on droplet precautions should have their doors closed or opened with only a crack for residents who may feel claustrophobic. The DON reported that the residents were on droplet precautions because they</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.

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| <p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>      | <p>(continued... from page 1)</p> <p>were exposed to a staff member that was positive for COVID-19. On 06/05/20 at 10:55 a.m., an interview was conducted with the Administrator. The Administrator indicated the facility currently had about 1200 N95 masks for use by the staff, and the facility was receiving supplies on a regular basis. Photographic evidence was obtained during the course of the survey.</p> |  |   |