

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105711	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER SINAI PLAZA NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 201 NE 112TH STREET MIAMI, FL 33161	
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 interviews, observations and policy review, the facility failed to ensure adequate implementation of infection prevention and control protocols for five out of five residents in the facility that were placed on isolation precautions. Each resident placed on contact and droplet precaution remained in their rooms with their doors wide open. Communal dining /activity was also noted for residents. This facility practices may result in the spread of COVID-19 and have an adverse effect on the quality of health of all 123 residents in the facility at the time of this survey. The Findings included; Record review of the facility's policy and procedures dated 3/29/20 titled: Coronavirus (COVID-19) Outbreak revealed, The policy noted; Healthcare acquired diseases can cause dangerous complications for both residents and healthcare workers. Proper Infection Control is the resident and employee's best line of defense in preventing and controlling disease . The procedures included; Any resident identified with symptoms of fever and lower respiratory illness . should be immediately placed on both contact and droplet transmission-based precaution . Resident's with confirmed COVID19 or displaying respiratory symptoms should receive all services in room with door closed when possible . Continue with the protocol of no large group congregate activities and provide alternatives (arrange in room dining or dining that maintains social distancing and activities . Interview with the Director Of Nursing (DON) on 4/22/20 at approximately 11:30 AM revealed, the DON reported the facility cared for Five confirmed cases of COVID -19 residents and one pending. All the residents remained in house, none hospitalized . Outbreaks are all contained in the 400 area. Observation on 04/22/20 at 11:38 AM revealed, five residents noted in the dining room area being served lunch. The seating arrangement showed residents sitting at three tables. Two residents sat at the first two tables across from each other; They were not seated six feet apart as per current policy. The residents faced each other as they ate and engaged in conversation. Observation on 4/22/20 at 11:45 AM revealed, room [ROOM NUMBER]'s door was wide open. At the door the posted signs indicated that the resident was on contact isolation precautions (no sign to indicate droplet-transmission based precautions). Personal Protective Equipment (PPEs) were also noted hanging at the door. During the observation, The unit's charge nurse walked from the nurses' station to the room and proceeded to close the door. During an Interview with the Administrator and the Chief Operating Officer on 4/22/20 at 1:14 PM, the Department of Health's Environmental Specialist reported to the Administration her findings; Every single one of the isolation rooms remained wide open (In unit B, Rooms 403 405, 406 and 409,). The Environmental specialist showed photographic evidence. The Administrator later confirmed that each of the mentioned rooms (Including room [ROOM NUMBER]) was isolated for the care and treatment of [REDACTED]. The Administrator also reported and explained their policy and expectation included that residents ate in their rooms and remained at least six feet apart. Isolation rooms should remain with doors closed. And posted signage for the above-mentioned rooms should include droplet transmission-based precaution .</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.