

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105712	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER ALHAMBRA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7501 38TH AVE N SAINT PETERSBURG, FL 33710	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to maintain an infection prevention and control program to provide a safe, sanitary, and comfortable environment. 1) Staff failed to perform hand hygiene per CDC (Centers for Disease Control) guidelines and per the facility policy on two (100 and 200) of two isolation halls observed and staff failed to wear appropriate personal protective equipment (PPE) for 1 (#11) out of 1 resident observed receiving assistance with toileting. 2) Failed to ensure an indwelling foley catheter tubing and bag was maintained in a sanitary manner for 1 (#9) resident out of 5 residents with indwelling urinary catheters. 3) Failed to ensure residents had on a face covering when out of their rooms for 2 (#3, #5) residents on 2 halls (100 and 200 isolation) halls 4) Failed to ensure resident respiratory mask and equipment was maintained and stored in a sanitary manner for 1 (#2) resident of 1 on isolation with a [MEDICAL CONDITION] (bilevel positive airway pressure) mask and 5) failed to ensure resident shared equipment on 1 isolation hall (200) was cleaned after use and stored in a sanitary manner. Findings included: A review of the CMS (Center for Medicare Services), memo dated April 2, 2020 titled COVID-19 Long-Term Care Facility Guidance documents under #1: Nursing Homes should immediately ensure they are complying with all CMS and CDC guidance related to infection control. In particular, facilities should focus on adherence to appropriate hand hygiene as set forth by CDC. 4. Long term care facilities should ensure all staff are using appropriate PPE when they're interacting with patients and residents, to the extent PPE is available a per CDC guidance on conservation of PPE. For the duration of the state of emergency in their state, all long-term care facility personnel should wear a face mask while they are in the facility. Full PPE should be worn for CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. A review of the facility policy titled Standards and Guidelines: Hand Hygiene issued on 1/01/2007 and revised on 3/2018 revealed; Standard: the facility considers hand hygiene the primary means to prevent the spread of infections. Guidelines: 5. a. Before and after coming on duty; b. Before and after direct contact with residents; i. After contact with a resident's intact skin; k. After handling used dressings, contaminated equipment, etc.; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; and m. After removing gloves; n. Before and after entering isolation precaution settings; o. Before and after eating or handling food; p. Before and after assisting a resident with meals . 5. Employees must wash their hands for twenty (20) seconds using antimicrobial soap or non-antimicrobial soap and water under the following conditions: After handling soiled equipment; After removing gloves or aprons. 6. The alternate method of hand hygiene is with an alcohol-based hand hygiene rub (ABHR) . 7. Hand hygiene is the final step after removing and disposing of personal protective equipment. 8. The use of gloves does not replace handwashing/hand hygiene. A review of the facility policy titled Standards and Guidelines : SG Indwelling Catheters issued on 12/2008 and last revised on 11/2016 revealed: Standard: It is the standard of this facility to provide appropriate documentation for use and care for indwelling catheters of the resident's that have the indication for use beyond 14 days. 10. Staff should ensure proper placement of the catheter tubing as to ensure that it is not kinked, pulling excessively and allows for gravity drainage . A review of the facility policy titled Standards and Guidelines: SG Respiratory Care and Oxygen Administration with an issued date of 6/01/2009 and revised on 11/01/2016 revealed: Standard: It is the standard of this facility to provide guidelines for respiratory care and safe oxygen administration. 6, [MEDICAL CONDITION] and [MEDICAL CONDITION] respiratory equipment should be used per physician orders and maintain infection control techniques. A review of the facility policy titled Standards and Guidelines: Infection Prevention and Control Program issued on 3/2018 (no revised date revealed: Standard Precautions: infection prevention practices that apply to all residents, regardless of suspected or confirmed [DIAGNOSES REDACTED]. Standard precaution is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene: use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices, and respiratory hygiene/cough etiquette. Also, equipment and items in the patient environment likely to have been contaminated with infectious body fluids (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient). 1). An observation was conducted on 10/14/2020 at 10:33 a.m., Staff B, Housekeeping was cleaning in resident room [ROOM NUMBER] (isolation hall) walked out of the room to her cleaning cart parked in the hall outside of the door after cleaning the bathroom with a toilet brush and cleaner in gloved hands, Staff B reached into her pocket and pulled out keys and unlocked her cleaning cart and put the toilet brush and cleaning bottle back in his cart. Staff B pulled off her gloves and started pushing the cart up the hall. An interview was conducted on 10/14/2020 at 10:33 a.m., Staff B, confirmed she did not remove her gloves after cleaning the resident bathroom and did not wash or sanitize her hands after removing her gloves. An interview was conducted on 10/14/2020 at 10:34 a.m., Staff F, nurse was sitting at the nurse's station said, Yes, I heard you talking with Staff B. Housekeeping should have removed her gloves before she came out of the room and washed or sanitized her hands. An observation was conducted on 10/14/2020 at 10:44 a.m., Staff D, Housekeeping walking down the 100 hall towards an exit door with a bag of trash in his hands. He opened the door and disposed of the bag of trash in a container outside of the door. Staff D then walked back up the hall to his cleaning cart and picked up the broom and began sweeping the shower room floor without washing or sanitizing his hands or with gloves on. Then Staff D pushed his cleaning cart to room [ROOM NUMBER] and took a bag of mop heads off his cart and into the resident room. Staff D did not have on gloves during the observation and did not wash or sanitize his hands. An interview was conducted on 10/14/2020 at 10:45 a.m., the Director of Nursing (DON) confirmed that Staff D had not washed or sanitized his hands and should have had on gloves while cleaning or handling soiled items. An interview was conducted on 10/14/2020 at 10:47 a.m., the Assistant Director of Nursing (ADON/IP) Infection Preventionist said, Yes, the DON sent Staff D, Housekeeping down to the dining room to wash his hands. An observation was conducted on 10/14/2020 at 11:00 a.m., Staff E, Therapy was observed in Resident room [ROOM NUMBER] (isolation room) assisting /resident #11 . Staff stopped and picked up trash from the resident floor and put it in the trash can. Staff with a gown on, N-95 mask and a face shield, Staff E did not have on gloves and confirmed he should have gloves on when assisting a resident who is on isolation. I was helping the resident in the bathroom. The resident is on isolation and I should have put gloves on. Staff E then reached up and pulled a pair of gloves from the box on the wall and put them on. Staff E said, Yes, I should have washed my hands before I put the gloves on. Staff E took off the gloves he just put on and then used hand sanitizer. 2). An observation was conducted on 10/14/2020 at 10:48 a.m., Resident #9 was in bed and his indwelling Foley bag and tubing was touching the floor. Resident #9 said, No, I have not been up this morning yet. An interview was conducted on 10/14/2020 at 10:52 a.m., the ADON/IP standing at the entrance to the residents room confirmed that Resident #9's indwelling Foley Cath bag and tubing was on the floor. The ADON/IP then walked into the resident's room and without gloves on unhooked the Velcro securing the tubing to the bed and re-positioned</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>the bag. The IP confirmed she should have on gloves. Yes, I should have put on gloves. Thank you. 3). At 10:27 a.m., Resident #3 was observed sitting in her wheelchair self-propelling herself on the isolation hall (200) across from the nurse's station without a face mask on. There was not a mask on her person or loose in her wheelchair. An interview was conducted with Resident #3 at 10:27 a.m., I don't know where my mask is. An interview was conducted on 10/14/2020 at 10:30 a.m., with Staff A Registered Nurse (RN) who confirmed that resident #3 should have on a mask. Resident #3 must have left her room without one. An observation was conducted on 10/14/2020 at 10:36 a.m., Resident #5 was observed sitting in her wheelchair self-propelling herself on the 100 hall without a face mask on. There was not a mask on her person or loose in her wheelchair. Resident #5 was asked where her face mask was and she said, I don't know. An interview was conducted on 10/14/2020 at 10:36 a.m., Staff C, Certified Nurse's Aide (CNA) confirmed Resident #5 should have on a face mask. When they got her up, they probably forgot to put it on her. I will go and get her one. 4). An observation was conducted on 10/14/2020 at 10:21 a.m., Resident #2 in room [ROOM NUMBER] with pertinent signage on the door for Droplet Precautions and personal protective equipment was in a bin hanging on the outside of the door. Resident's [MEDICAL CONDITION] was wedged between the mattress and the upper side rail on the resident's bed. On the resident's night-stand was a gallon of distilled water that was not marked with a name, date to indicate when the distilled water was opened. An interview was conducted on 10/14/2020 at 10:28 a.m., Staff A RN said, There should be a date on the distilled water. I agree, without it you do not know how old it is. The CNA who got the resident up should have made sure the Resident [MEDICAL CONDITION] was put away. 5) Observed resident shared equipment on 10/14/2020 at 10:30 a.m., on the isolation hall between rooms [ROOM NUMBERS], a rolling blood pressure (BP) machine with a basket attached with a stethoscope and a temporal thermometer plugged in to an electrical outlet uncovered. On top of the BP machine was an oral thermometer and a box of probe covers that was torn leaving the probe covers exposed. There was no indicating if the machine was clean or dirty. (photographic evidence was obtained). An interview was conducted on 10/14/2020 at 10:30 a.m., Staff G, CNA said, Yes, those BP machines are what we use to get the residents vital signs. We used them this morning. We take the residents vital every 4 hours over here. They should be cleaned after every resident.</p>		