

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105966	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER SHELL POINT NURSING PAVILION		STREET ADDRESS, CITY, STATE, ZIP 15071 SHELL POINT BLVD FORT MYERS, FL 33908	
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	Provide and implement an infection prevention and control program. Based on observation and interview the facility failed to safeguard residents' well-being by failing to follow current infection control standards related to COVID-19 recommendations set forth by Centers for Disease Control and Prevention (CDC). Refer to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html The findings included: On 6/8/20 at 11:37 a.m., two female staff members were observed together in the therapy documentation room. Physical Therapy Staff A had her face mask pulled under her chin, exposing her nose and mouth while she spoke. The Nursing Home Administrator (NHA) confirmed the face mask did not cover her nose and mouth and should have. On 6/8/20 at 11:43 a.m., a clean laundry cart in the first-floor hallway was observed uncovered from the middle shelf down, exposing the clean laundry to potential contamination from the surrounding environment and dust. There was a plastic bag of soiled laundry hanging from the blue cart to the right of the clean laundry. The NHA and Director of Nursing (DON) confirmed the cart was uncovered. On 6/8/20 at 11:47 a.m., second clean laundry cart was observed to be uncovered, exposing the clean laundry to the surrounding environment and dust particles. On 6/8/20 at 11:50 a.m., during a tour with the NHA, Resident #1 was observed walking in the hallway on the second floor. The resident was not wearing a face mask. The NHA confirmed the resident should be wearing a face mask. On 6/8/20 at 11:51 a.m., the laundry room was observed along with the NHA and Housekeeping Supervisor Staff B. There were two adjoining laundry rooms with both soiled and clean laundry in each room. The door separating the two areas was propped open with a small electrical object. There was clean laundry hanging near bins of soiled laundry, mop handles, and a step ladder. There were mop handles resting on top of clean laundry. Staff B said the rooms were used to process the residents' personal laundry. Staff B confirmed the clean laundry was not separate from the soiled laundry. On 6/8/20 at 12:55 p.m., the Minimum Data Set Coordinator was observed sitting in her office with the door open. She was not wearing a face mask. The NHA confirmed she should have a face mask on while in the facility. ***Photographic evidence obtained***		
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.