

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105562	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER PALM GARDEN OF OCALA		STREET ADDRESS, CITY, STATE, ZIP 2700 SW 34TH ST OCALA, FL 34474	
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 observation, interview and record review, the facility failed to prevent the possible spread of infection by not isolating symptomatic and/or exposed residents under investigation for COVID-19 (Coronavirus Disease) and not following the facility's respiratory protocol and transmission-based precautions for 9 of 25 sampled residents, Residents #3, #4, #9, #10, #11, #12, #13, #14, and #15, failed to ensure a resident on isolation precautions, Resident #5, remained in their rooms, and failed to prevent Resident #16 from visiting in the room of isolated residents, Residents #6 and #7, without the required Personal Protective Equipment (PPE). Findings include: Review of the facility policy titled Transmission Based Precautions dated 09/2019 read, Page 1: Standard: Standard precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status. Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. The facility shall make every effort to use the least restrictive approach to managing individuals with potentially communicable infections. Transmission-Based Precautions shall only be used when transmission cannot be reasonably prevented by less restrictive measures. Guidelines: Transmission based precautions are used when route of transmission is not completely interrupted using standard precautions alone and the pathogen may have multiple routes of transmission. Transmission based precautions are divided into: Contact precautions, Droplet precautions, and Airborne precautions. Page 2: Suspicion of communicable disease will have transmission-based precautions placed while waiting lab test results. Residents will remain on appropriate precautions until the attending physician or infection preventionist recommends them discontinued. Review of the facility's Respiratory Protocol read: Vitals are to be taken daily on 7-3 and 3-11 shift. Respiratory assessments are to be completed 2x per day. If a resident has a temperature of 99.0- 99.4 first re-tem 15-30 minutes later and if still above, then start vital signs every 4 hours and/or if they have a cough, SOB (Shortness of Breath), wheezing and or lung sounds are abnormal put the resident and roommate on droplet precautions and do a stat CBC (Complete Blood Count), BMP (Basic Metabolic Panel) and CXR (Chest X-Ray). If a resident has a temperature of 99.5 or higher times 2 (15-30 minutes apart) then start vitals every 4 hours. Do stat CBC, BMP and CXR. Put the resident and roommate on droplet precautions. Review of the facility's Infection Prevention and Control Manual, Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), not dated, read: Page 1 Policy: It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and an epidemiologic risk for the COVID-19 and to adhere to Federal and State/Local recommendations (to include, for example: Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection). Page 2, Procedure- Resident Care: - A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place. Symptoms may vary in severity. If symptoms are mild and do not require transfer to the hospital: - place resident in an AIIR (Airborne Infection Isolation Room) if available. If no AIIR, place on both contact and droplet precautions. 1. An observation of Hallway 400 beginning at 10:50 AM on 04/28/2020 showed there were two rooms with isolation signage on the door, rooms [ROOM NUMBERS]. There was PPE observed outside of the rooms. There were no additional rooms with signage to indicate additional residents were on isolation precautions. Review of Resident #9's facility clinical record revealed the resident was residing in room [ROOM NUMBER]W. The resident was documented as being symptomatic with a fever and cough for one day with the physician order to evaluate for respiratory symptoms every 4 hours on 04/27/2020. Review of the physician's progress notes dated 04/18/2020 and 04/27/2020 revealed the resident's chief complaint as Patient being seen for possible COVID-19 exposure. Review of Resident #10's facility clinical record revealed the resident was residing in room [ROOM NUMBER]D. The resident was symptomatic with cough for one day with the physician order to evaluate for respiratory symptoms every 4 hours on 04/27/2020. Review of the physician's progress note dated 04/18/2020 revealed the resident's chief complaint as Patient being seen for possible COVID-19 exposure. Review of Resident #13's facility clinical record revealed the resident was residing in room [ROOM NUMBER]W. The resident was symptomatic with an elevated temperature on 04/23/2020. Review of the physician's progress note dated 04/20/2020 revealed the resident's chief complaint as Patient being seen for possible COVID 19 exposure. Review of Resident #14's facility clinical record revealed the resident was residing in room [ROOM NUMBER]D. The resident was symptomatic with a temperature of 99.3 on 04/20/2020 and 99.6 on 04/21/2020. Review of the physician's progress note dated 04/20/2020 revealed, Patient being seen for possible COVID 19 exposure. Review of the list provided by the Marion County Department of Health (DOH) revealed Residents #13 and #14 had been tested by DOH on 04/25/2020 and Resident #9 had been tested on [DATE] for COVID-19. An observation of Hallway 600 on 04/28/2020 at 11:06 AM showed Resident #15 was residing in room [ROOM NUMBER]W. There was no signage or PPE to indicate the resident was on isolation precautions. Review of Resident #15's facility clinical record revealed the resident was residing in room [ROOM NUMBER]W. The resident was symptomatic with a temperature of 99.3 on 04/25/2020 at 6:22 PM. Review of the physician's order revealed chest x-ray order for congestion dated 04/28/2020. Review of the list provided by the Marion County Department of Health (DOH) revealed Resident #15 had been tested on [DATE] for COVID-19. An observation of Hallway 200 on 04/28/2020 at 11:08 AM showed there was no signage or PPE to indicate there were residents on isolation precautions. Review of Resident #3's facility clinical record revealed the resident was residing in room [ROOM NUMBER]W. The resident was documented to be symptomatic with an elevated temperature on 04/25/2020. Review of the physician's order revealed, follow respiratory protocol, give COVID-19 test and evaluate respiratory symptoms every 4 hours. Review of Resident #4's facility clinical record revealed the resident was residing in room [ROOM NUMBER]D. The resident's roommate was symptomatic for COVID-19. Review of Resident #11's facility clinical record revealed the resident was residing in room [ROOM NUMBER]D. The resident was symptomatic with wheezing on 04/24/2020. Review of the physician's order revealed, obtain stat chest x-ray and labs for possible exposure to COVID-19, evaluate respiratory symptoms every 4 hours, vital signs every 4 hours and give COVID-19 test. Review of Resident #12's facility clinical record revealed the resident was residing in room [ROOM NUMBER]W. The resident's roommate was symptomatic for COVID-19. Review of the list provided by the Marion County Department of Health (DOH) revealed Residents #3 and #4 had been tested on [DATE] and Residents #11 and #12 were tested on [DATE] for COVID-19. On 04/28/2020 at 1:45 PM, during an interview with the Risk Manager, Licensed Practical Nurse, she confirmed that room [ROOM NUMBER], for Residents #3 and #4, should be on isolation as they were tested for COVID-19 and Resident #3 was symptomatic. She confirmed that Residents #9 and #10 in room [ROOM NUMBER] were tested on [DATE] and were also not put on isolation precautions. On 04/28/2020 at 3:08 PM, during an interview with the Medical Director, Residents #3, #4, #9, and #10's clinical records were reviewed that revealed they had been tested for COVID-19, were on respiratory protocols and were not on isolation, the Medical Director stated, They should be. On 04/29/2020 at 10:15 AM, during an interview, the Lead Epidemiologist with the Marion County Department of Health stated, The definition of a person under investigation (PUI) is anyone symptomatic or had contact with a positive COVID-19 case. On 04/29/2020 at 10:46 AM, during an interview was conducted with the Director of Clinical Services, she confirmed that Residents #11, #12, #13, and #14 in rooms [ROOM NUMBERS] should be on droplet precautions as those residents</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105562	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER PALM GARDEN OF OCALA		STREET ADDRESS, CITY, STATE, ZIP 2700 SW 34TH ST OCALA, FL 34474	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>are persons under investigation (PUI) for COVID-19. On 04/29/2020 at 11:45 AM, during an interview with the Vice President of Clinical Services, she stated that residents that were symptomatic were put on isolation for droplet precautions. On 04/29/2020 at 1:44 PM, during an interview with the Medical Director, he confirmed that all residents that were tested for COVID-19 should have been put on isolation for droplet precautions. He stated, We need to treat all of these residents the same way. 2. An observation of Resident #5 on 04/28/20 at 12:51 PM revealed the resident was out of her room, sitting in her wheelchair at the end of the hallway. Staff L, Licensed Practical Nurse (LPN), was observed sitting in the hallway in front of the resident doing charting on the computer. Review of the list provided by the Marion County Department of Health (DOH) revealed Residents #5 had been tested on [DATE] for COVID-19. On 04/28/2020 at 12:55 PM, during an interview with Staff L, LPN, she confirmed that Resident #5 was on isolation. She stated she didn't know if Resident #5 could be out of her room. She would have to ask her supervisor. Staff L, LPN returned from speaking with the supervisor and reported that Resident #5 was supposed to be in her room. On 04/29/2020 at 11:45 AM, during an interview with the Vice President of Clinical Services, when asked regarding Resident #5 having been tested for COVID-19, was on droplet precautions and was in the hallway, the Vice President of Clinical Services stated, she should be staying in her room. 3. An observation of room [ROOM NUMBER] on 04/28/2020 at approximately 3:20 PM showed the room door was open. Resident #16 was inside the room, in her wheelchair, by the window visiting the room occupants. In room [ROOM NUMBER], resides Residents #6 and #7. The visitor, Resident #16, was observed to have on a cloth mask and not the additional required Personal Protective Equipment. Review of the list provided by the Marion County Department of Health revealed Residents #6 and #7 had been tested on [DATE] for COVID-19. On 04/28/2020 at 3:25 PM, during an interview with Staff M, Certified Nursing Assistant (CNA), when informed that Resident #16 was in room [ROOM NUMBER], where residents were on isolation, she stated, Oh, she is visiting the love of her life. On 04/29/2020 at 11:45 AM, during an interview with the Vice President of Clinical Services, after communicating the observation of Resident #16 visiting in room [ROOM NUMBER] with Residents #6 and #7, while only wearing a cloth mask and no other PPE, the Vice President of Clinical Service confirmed that the resident should not have been in the room because those two residents were on isolation for droplet precautions.</p>		