

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105634	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER GLEN OAKS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1100 N PINE ST CLEARWATER, FL 33756	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, policy review and review of the Centers for Disease Control and Prevention (CDC) guidelines the facility failed to maintain an infection prevention and control program by not ensuring one staff member (Staff C) performed hand hygiene while providing dining services for residents on one nursing unit (north hall) of two nursing units. Findings included: On 10/13/20 at 12:30 p.m. an observation was conducted on the north hallway nursing unit. A dining cart was delivered and Staff C, Certified Nursing Assistant (CNA) removed a tray from the dining cart and delivered the meal to room [ROOM NUMBER]. Staff C, CNA exited room [ROOM NUMBER] and did not perform any hand hygiene.</p> <p>Staff C, CNA removed another tray from the dining cart and delivered it to room [ROOM NUMBER], she exited, and did not perform hand hygiene. Then Staff C, CNA entered room [ROOM NUMBER], talked to the resident in bed 1. She touched the resident's ice cream cup and beverage and moved an empty plate and placed it on top of the unfinished lunch meal plate, after learning the resident was finished eating. Staff C, CNA handed the resident her half empty beverage and exited the room. Staff C did not perform any hand hygiene. She then entered room [ROOM NUMBER] again and didn't perform any hand hygiene. Staff C set up the tray for the resident in bed 2, sat down in the chair at the bedside, and began assisting the resident in bed 2 with his lunch meal, without performing hand hygiene. A review of the facility policy titled, Hand Hygiene, revealed that Handwashing/hand hygiene shall be regarded by this Center as a means of preventing the spread of infections. Policy interpretation and Implementation 1. All personnel shall follow our established handwashing procedures to prevent the spread of infection and disease to other personnel, patients, and visitors. A review of the CDC guidelines for Hand Hygiene in Healthcare Settings found at https://www.cdc.gov/handhygiene/providers/index.html (10/15/20) revealed that hand hygiene should be performed, After touching a patient or the patient's immediate environment. On 10/15/20 at 2:18 p.m. an interview was conducted with the Director of Nursing (DON). She said staff use hand sanitizer unless their hands are visibly soiled. There are hand sanitizers all along the hallways and in the rooms. They should have used hand sanitizer. The Regional Nurse Consultant said that staff have always been educated to sanitize between 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.