

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER TAMPA LAKES HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 750 HAYES RD LUTZ, FL 33549	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 and implement an infection control program as evidenced by 1. Not ensuring appropriate infection control procedures were followed for three respiratory compromised residents (#3, #4, #8) out of a sample of 17 residents in the facility receiving respiratory treatments, 2. not ensuring staff followed facility policy and Centers for Disease Control and Prevention (CDC) guidelines for use of personal protective equipment and failed to ensure staff followed appropriate hand hygiene on one (Dolphin Bay) of two isolation units, 3. not ensuring hydration cups for residents were stored in a sanitary manner on one (Anchor Bay) of two isolation units, and 4. Not ensuring staff refrained from using hand held personal electronic devices, while working on the floor and going in and out from an occupied resident room (#401) that was on one isolation unit (Dolphin Bay) of two isolation units. Findings included: A review of the facility policy titled, Infection Prevention and Control Program, revised October 2018, starting on page 4 of 9 reflected, COVID-19 Interim Infection Control Policy Addendum. The addendum did not have an implementation date or revision date. Reference Guideline taken from CDC/CMS Infection Prevention and Control Manual Interim Policy for suspected or Confirmed Coronavirus (COVID-19). It is the goal of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for 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.) . Isolate new/re-admissions, and those who go out of the facility for a 14-day observation period following community contact. .Suspected or Known COVID-19: A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place .Personal Protective Equipment and Supplies: Full PPE should be worn per 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 COVID-19 Self-Assessment documented as Updated on 6/15/2020 documents under elements to be assessed: Facility has implemented universal use of face masks or cloth face coverings for HCP (for source control) while in the facility. Under the Assessment the facility has marked No. On page 9 of the facility assessment under Elements to be assessed: What is your plan for handling a resident who may have COVID-19? . Documented under Notes/Areas for Improvement the facility documented: Isolation Precautions (Droplet). On page 11, Infection Prevention and Control Practices: Elements to be assessed: When, during patient care, is hand hygiene expected? Before resident contact, even if gloves will be worn, after contact with the resident, after contact with blood, body fluids, or contaminated surfaces or equipment, before performing an aseptic technique, after removing PPE. What PPE is being used by HCP caring for anyone with suspected or confirmed COVID-19? The following is documented by the facility as Yes: Gloves, isolation gown, N-95 or higher-level respirator or face mask if a respirator is not available), eye protection goggles or face shields. A review of the facility policy titled, Handwashing/Hand Hygiene, revised in May 2020 revealed, Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infection. 7. Use an alcohol -based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m. After removing gloves; n. Before and after entering isolation precautions settings; 8. Hand hygiene is the final step after removing and disposing of personal protective equipment . 1. An observation was conducted on 6/17/2020 at 10:02 a.m. Resident #3's room hanging on wardrobe type hooks (2 of them), was a face mask for a [MEDICAL CONDITION] (Continuous Positive Airway Pressure) with the side of the mask that covers the face touching the wall. A plastic draw string bag with the resident's name and room number written in black marker was hanging on the second wardrobe hook. An interview was conducted on 6/17/2020 at 10:02 a.m., Staff A, Licensed Practical Nurse (LPN) confirmed the mask was not stored properly. I will come and put it away. A review of the medical record for Resident #3 revealed a re-admission date of [DATE] with [DIAGNOSES REDACTED]. An observation was conducted on 6/17/2020 at 10:03 a.m. and revealed, in the room for Resident #4, on the bedside table a [MEDICAL CONDITION] mask lying with the face side down on the night side table with personal items on the stand. A plastic draw string bag with the resident's name and room number written in black marker was attached to the drawer handle of the bedside stand. An interview was conducted on 6/17/2020 at 10:04 a.m., and Staff A, LPN said, I will put that one away too. A review of Resident #4's medical record revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. A review of the June 2020 physician orders revealed an order for [REDACTED].#8's room was a nebulizer mask and tubing uncovered. A plastic draw string bag with the resident's name and room number written in black marker was attached to drawer handle of the nightstand. An interview was conducted on 6/17/2020 at 11:44 a.m., Staff G, LPN, said, I will change the respiratory equipment out for both Resident #7 and Resident #8 right now. A review of the medical record for Resident #8 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. An interview was conducted on 6/17/2020 at 12:38 p.m., the Director of Nursing (DON) who said, All respiratory equipment when not in use should be stored in the plastic bag. 2. An observation was conducted on 6/17/2020 at 10:42 a.m., of Staff E, Dietary who entered the 400-hall (Dolphin Bay), an isolation area, by unzipping the plastic barrier without donning any personal protective equipment (PPE), pushing a rolling cart with a large coffee carafe on it. Once inside the isolation area, Staff E left the isolation barrier open and continued to roll the cart to the kitchen area and left the cart. A sign was posted on the barrier to keep the barrier zipped up. Staff E then walked out of the unzipped barrier without washing or sanitizing his hands. An interview was conducted on 6/17/2020 at 10:47 a.m., Staff E confirmed he had not washed or sanitized his hands before entering or exiting the isolation area. He said, I do not have to wear any PPE because I am not providing any patient care. Another observation was made on 6/17/2020 at 10:50 a.m., of Staff J, Occupational Therapist (OT) who pushed a resident in her wheelchair to a table in the common area on the 400-hall (Dolphin Bay). Staff J, OT with a surgical mask on walked through the closed double doors leaving the isolation area without sanitizing his hands. Once out of the doors Staff J, OT pulled off his surgical mask by pulling it off from the contaminated side from the nose and put it in a brown paper bag that was stored on a wire rolling rack. Staff J, OT said, Yes, we are required to wear PPE when we are on the unit. Staff J, OT unzipped and walked out through the plastic barrier without sanitizing his hands. An interview was conducted on 6/17/2020 at 11:40 a.m., Staff G, LPN who said, Yes, we have dedicated staff that work this unit. Each staff member on each shift get a gown to use for that resident for that day. Therapy staff put their names on their gowns and leave them in the room. They use the gowns for that day and that shift for that resident. If they become soiled, they get a new one. We also re-use our surgical masks too. I check the staff masks to see if there are dirty or falling apart. We currently do not have any residents on specific isolation precautions. All residents were tested , and all were negative as far as I know. We are just waiting on the test results. My understanding is if we do not have any residents positive for COVID-19 or suspected we do not need full PPE. Yes, this unit is for our new admissions or for residents who go out for the day. An interview was conducted with the NHA on 6/17/2020 at 12:48 p.m. who said, Yes, we are following the CDC guidelines for personal protective equipment. Since we do not have any residents in the facility that are positive for COVID-19 or any 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.

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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>with symptoms, plus we do not admit any resident to the facility unless they have had a negative COVID-19 test. So, we do not currently have any residents who are suspected of COVID-19. We just finished a mass testing of the residents. I am just waiting on the test results. All that is required is a face mask. We must be doing something right; we have had no COVID-19 positive residents in the facility. An observation was conducted on 6/17/2020 at 10:16 a.m., of Staff B, Speech Therapist (ST), sitting in a chair at the bedside for Resident #5 (room [ROOM NUMBER] Cabana Bay). Staff B, ST walked out of the resident's room and did not wash or sanitize her hands after leaving the room. Staff B, ST was observed in the hallway leaning on the wall and holding on to the handrails having a conversation with Staff C, Registered Nurse (RN). Staff B, ST walked back into Resident #5's room without using hand sanitizer or washing her hands and sat back down in the chair at the resident's bedside. An interview was conducted on 6/17/2020 at 10:20 a.m., Staff B, ST confirmed she had not washed or sanitized her hands after leaving or re-entering the room for Resident #5. A review of the medical record for Resident #5 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. 3. A tour of an isolation unit for PUI, Anchor Bay, was conducted on 6/17/2020 at 11:10 a.m. An observation revealed in the nutrition area a stack of White Foam cups out on the countertop and not covered. An interview was conducted on 6/17/2020 at 11:11 a.m., with Staff F, CNA who confirmed the cups were out of the plastic sleeve and she gathered the loose uncovered cups and put them in the trash can. An interview was conducted on 6/17/2020 at 12:45 p.m., the Assistant Director of Nursing (ADON) said, I have educated staff on the use of PPE. We currently do not have any residents in the facility who have tested positive for COVID-19 or any residents presenting with any signs or symptoms of COVID-19. We do not have any residents under investigation or suspect. All of the residents we admit from the hospital or re-admit, all have to have a negative COVID-19 test result before they are admitted to the facility.</p> <p>4. On 6/17/2020 at 10:45 a.m. during a facility-wide tour of the 400-hall (Dolphin Bay) with resident rooms 401 - 419 revealed this unit was used as a droplet precaution isolation unit. This unit was used only for residents who are Persons Under Investigation (PUI). It was revealed by the Director of Nursing that they recently had an employee test positive for COVID-19 and that is the only reason they now were using that unit for isolation. This 400 unit was observed with a plastic zippered curtain on each entrance/exit (x2). Once going into the plastic curtain near the front of the unit, there was a small donning/doffing area for staff to put on their dedicated PPE (Personal Protective Equipment). Once donning, one can proceed to the closed double doors and enter the unit. While donning PPE, and looking through the door windows, a housekeeping staff member, Staff C was observed coming out from resident room [ROOM NUMBER] gowning in PPE to include a disposable gown, disposable shoe covers, a fabric hat, gloves and a N95 face mask. Further, she was observed holding an electronic personal phone device to the left side of her head and was talking into it. She was observed to continue talking on the phone for approximately three minutes before pushing buttons on it and then putting it in her pocket. She then grabbed a mop/broom and went back into the room and then left the room moments later. She did not wash or sanitize her hands following the use of the phone or prior to going in the resident's room. Staff C was asked about her phone/electronic device after she had put it away and confirmed she was not supposed to have that out on the floor and should not have been using it. Staff C also confirmed that she and other staff have been in-serviced on not using personal items out on the floor and also was in-serviced on handwashing and infection control practices, especially on the 400 isolation unit (Dolphin Bay). A review of the daily census report dated 6/17/20 revealed one hospice resident occupied bed A in room [ROOM NUMBER]. At approximately 1:00 p.m. an interview with the DON confirmed that staff should not be using or having their personal electronic devices with them out on the floor and that they all are continually trained and in-serviced related to that and also related to proper handwashing, especially on the isolation units. Review of the Centers for Disease Control and Prevention guideline for Emerging Infectious Diseases, Volume 11, Number 7-July 2005, Cell Phones and Acinetobacter Transmission, revealed: Nosocomial Acinetobacter baumannii is commonly acquired through cross-transmission because of its propensity to survive in the hospital environment and persistently contaminate fomites. Since cell phones are used increasingly by health personnel worldwide, we sought to determine their role in nosocomial transmission of multidrug-resistant (MDR) A. baumannii. We found that a significant percentage of cell phones and hands were contaminated with MDR Acinetobacter spp. and that cross-contamination between hands, cell phones, and patients occurred. Thus, cell phones may have a notable role in the nosocomial transmission of MDR microbes to patients. Cell phones are particularly problematic compared to stationary devices and may facilitate intra- and inter-ward (and perhaps inter-hospital) transmission. Additionally, the potential for nosocomial transmission of MDR pathogens by other electronic devices, such as handheld computers or personal digital assistants, with bedside applications, should be recognized.</p>		