

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER ARCH PLAZA NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 12505 NE 16TH AVE NORTH MIAMI, FL 33161	
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 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on record review and interview, the facility failed to ensure an effective Quality Assessment and Assurance (QAA) committee as evidenced by not implementing corrective plans of action for correcting repeated deficiencies related to infection control. Cross reference of F 880 for Infection Prevention and Control for two out of two residents on droplet precautions (Residents # 404 and Resident # 405). The facility had a citation for F 880 for Infection Prevention and Control during the recertification and during the follow up survey on 06/03/2020. The findings included: Record review of the facility's policy and procedures dated 11/2019, titled, QAPI Monitoring revealed the policy: It is the policy of this facility to systematically monitor performance indicators as part of the QAPI program Record review of the Federal Provider History Profile Report revealed that the facility had deficiencies cited related to infection control during annual surveys conducted in 03/2015, 09/2017, and 10/25/2018, and 01/24/2020. Interviews and observations during follow up survey dated 06/03/2020 revealed additional deficient practices related to infection prevention and control for residents on isolation precautions. The facility was again cited F 880 during the survey. During a QAA interview on 06/3/2020 at approximately 1:45 PM with the facility Administrator, she reported, we did not do an actual PIP (performance improvement plan) related to the Infection Control issue as a repeat deficiency. We did have in-depth discussion at our QAA meetings regarding infection control. My Corporate Risk Manager educated me on QAA and I then educated the team. We did not do a PIP because we had an isolated issue during the survey. We do discuss infection control at QAA, but the issue identified during the survey was taken care of on the spot so we did not do a PIP. The training included the fundamentals of QA including the purpose of the meetings.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and policy reviews, the facility failed to ensure adequate implementation of infection prevention and control protocols for two out of two residents that tested positive for COVID-19 (Resident # 404 and Resident # 405). Both residents were on droplet precautions in their rooms and the doors were not closed. In addition, the facility did not adhere to appropriate infection control standards for biohazardous waste (biohazardous waste is any waste containing infectious materials or potentially infectious substances), by placing used personal protective equipment (PPE) in uncovered biohazard waste cardboard type box in hallway, after providing care to residents that were positive for COVID-19 and on droplet isolation precaution. These facility practices may result in the spread of COVID-19 and have an adverse effect on the quality of life and health of others in the facility. There were 85 residents residing in the facility at the time of this survey. The findings Included: Observation and Interview with Staff A, Licensed Practical Nurse (LPN) on June 3, 2020 at 9:00 AM revealed , the two residents positive for COVID-19 (Resident # 404 and Resident # 405) were on isolation. Both doors were not closed and a droplet precautions sign was posted on each door. PPE supplies were in plastic drawer container positioned next to each room. Two large plastic wheeled trash cans were placed on the hallway across from said rooms. one of the trash cans was gray in color, lined with black plastic bag, the second trash can was yellow, and was labeled Clothes . There were four large uncovered red plastic bag lined biohazard cardboard type containers across the hall (two on each side of the trash cans). These uncovered biohazard waste cardboard type containers increased the risk for the transmission of infectious pathogens. The waste noted inside biohazard containers, included gloves, yellow, and blue mint colored gowns, plastic bags and used wipes (photographic evidence). Interview on 06/03/2020 at approximately 9:20 AM with Staff B, a Certified Nursing Assistant (CNA), revealed, she cared for five patients, including the two patients on isolation precautions. Staff B explained that before entering room to provide care for residents in isolation, I put on PPE gown, mask, gloves, .shield Staff B stated that after completing care she removed the PPE, she walked out of the room to discard used PPE in any of the uncovered biohazard boxes on the hallway located across from the residents' room. During the above observations and interviews on 06/03/20 at approximately 9:20 AM, the doors to the isolation rooms were not closed. In the vicinity where the uncovered biohazard containers were located, two residents were noted sitting in their wheelchairs on the hallway and one resident was ambulating along the hallway from his room towards the med cart. On 06/03/2020 at 9:43 AM staff A, Licensed Practical Nurse (LPN) revealed, he cared for all residents on the west side of the unit, including the two residents who were currently on isolation precautions. The LPN explained he removed PPE upon exiting. He pointed to the hallway as the donning and doffing area, and explained he disposed the used PPE in the biohazard boxes, located on the hallway across from the residents' room. During an interview on 06/03/2020 at 10:20 AM the Director of Nursing (DON) stated, PPE are worn when anybody is in isolation. We are protecting our residents from staff. Staff is wearing protection. We are encouraging continuous hand washing . The donning process is to first-hand wash in the restrooms, or by the nurses' station. Hand sanitizers are in the hallway . staff dons PPE before entering the residents' room, everything is set up in the hallway by the residents' room. The DON explained that after staff provided resident care, they should remove the PPE inside the room. The DON stated that they have a biohazard container inside the room, with the bag, everything should be placed in there. The doors should be closed. During the above interview with the DON, upon discussion of the above-mentioned concerns related to observations and staff interviews, the DON stated, If I'm not mistaken, all PPE are removed inside the room before hand washing . I will call housekeeping to confirm . As far as I know, the biohazard container should be inside the room On 06/03/2020 at 10:35 AM the Housekeeping Director reported, the isolation rooms are equipped with a biohazard container that should be kept in the bathroom. Staff was expected to doff their PPE prior to exiting the room and place them in the biohazard container. Containers on the hallways were placed there as an additional measure, in case the staff had other items they needed to dispose of. Interview on 06/03/2020 at 12:55 PM with Staff C, LPN - Reported PPE are always available, some in the (med) cart and some in front of the rooms . The process is that I put on this gown masks, gloves, etc. prior to entering the room. After we provide the care or medication, we go outside and take off the PPE and place them in the biohazard container outside in front of the room A follow up observation and interview with the DON on 06/3/20 at 2:15 PM revealed, the doors to the isolation rooms were not closed. During the observation, the DON called out to the CNA and brought the concern to her attention; the DON asked, Why are the doors open, you know they are supposed to be closed . The CNA stated she was sorry and proceeded to close the doors. The two large plastic trash containers remained in place. Only one of the uncovered biohazard cardboard boxes was noted on the hallway this time. It contained used PPEs, used gloves, etc Review of Policy and Procedures titled Coronavirus (COVID-19) issued dated 3/29/20 and revised on 4/22/20 revealed the policy: The facility will emphasize prevention efforts and early recognition of suspected cases or symptomatic residents or staff. The facility will implement control measures to minimize the spread of the COVID-19 in the facility from an outbreak. Procedures: If a resident has been screened and testing is		
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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>positive for COVID-19 or if resident has signs/symptoms of respiratory [MEDICAL CONDITION] infection: c-) Maintain Standard, Contact, Droplet and airborne precautions (including eye protection). d-) Consider if possible that staff caring for positive or symptomatic resident do NOT care for negative or asymptomatic patients. Ensure that staff are educated on and correctly performing hand hygiene, Donning and doffing of PPE, and using appropriate products for environmental cleansing/disinfection. Ensure adequate supplies of PPE are easily accessible to staff at designated areas. Residents with confirmed COVID -19 or displaying respiratory symptoms should receive all services in room with door closed when possible . Review of the Center for Disease Control (CDC) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Setting indicate: Mode of transmission: Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with [MEDICAL CONDITION] that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within proximity. Key Concepts in this Guidance: Isolate symptomatic patients as soon as possible. Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed. In the section for Patient Placement documents: If admitted , place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom. The Centers for Disease Control (CDC) website, Preparing for COVID-19 in Nursing Homes - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care indicates : Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. The Environmental Protection Agency (EPA) suggests using latching lids to keep open-head containers of solid and semi-solid hazardous wastes closed and sealed.</p>		