

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3601 LAKEWOOD BLVD NAPLES, FL 34112	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, and interview, the facility failed to maintain appropriate personal protective equipment (PPE) to help the mitigation of COVID-19 in the facility and follow previous recommendations made by other health agencies. The findings included: 1. During an interview on 5/23/20 at 11:20 a.m., the Director of Nursing (DON) said there were 11 negative residents on the COVID unit (300 hallway). During an interview on 5/23/20 at 11:22 a.m., Incident Management Team Epidemiologist said the residents tested Tuesday, today is Saturday. The residents could be positive by now. Before you test, you need to have a plan for negative tests back to back, you cannot wait one week to move them. She made a suggestion the facility might have to put up a divider in the 400 hall to separate the residents. 2. Observation during a tour of the 200 and 400 hallways on 5/23/20 at 10:30 a.m., 3 drawer bins for Personal Protective Equipment (PPE) were noted in the hallways. The drawers were labeled individually gloves, masks, and gowns. The bin on entry to 200 hallway was found with all 3 drawers empty. Two more PPE bins were located at the other end of the 200 hallway. Neither of these bins contained gloves and one of the bins also did not contain gowns. On the 400 hallway, 1 bin for PPE was found. The bin had no gowns in it. During an interview on 5/23/20 at 11:10 a.m., Certified Nurse Assistant (CNA) Staff A said there had been times when they did not have gloves or a couple days. CNA Staff A said a few times, the facility had given her 2 to 3 pairs of gloves for a shift and she was told to wash them after use. During an interview on 5/23/20 at 11:25 a.m., CNA Staff B said there had been a problem with the supply of gloves. CNA Staff B said at one point she went out and bought her own. Observation during tour of 5/23/20 at 12:00 p.m., found approximately 1640 N-95 masks, 3650 surgical masks, 450 cheap face shields, 250 better face shields, 32 goggles, 359 blue gowns, 100 yellow gowns, medium vinyl gloves, extra large vinyl gloves, large gloves, 184 8 oz sanitizers, 26 15 oz sanitizers, 13 1 gallon sanitizers, 108 liter sanitizers were observed in a room off the lobby and stored in the lobby. During an interview on 5/23/20 at 12:00 p.m., the DON said the PPE bins are filled Monday through Friday by the Central Supply person. DON said no one is assigned to fill the PPE bins on the weekends and staff would have to access her office to get them. The DON agreed this could cause a cross contamination issue if having to leave the unit to get PPE. The DON said staff is wearing the same PPE during ADL care. They are not changing their isolation gown on the COVID unit. 3. During an interview on 5/23/20 at 12:10 p.m., the DON said physicians are still permitted in the facility. They are screened at the door, but we do not have proof of their negative COVID tests, nor do we have proof of Hospice staff's negative COVID tests. On Sunday, May 10, AHCA issued Emergency Rule 59AER20-3 (NHs) requiring nursing homes to grant access to the Florida Department of Health or their authorized representative for the purpose of infection prevention and control, including mandated COVID-19 testing of both on-duty and off-duty staff when arranged by the Department. These rules will also require every facility to allow access to the Department of Health or their authorized representative for infection prevention and control purposes. 4. During an interview on 5/23/20 at 12:35 p.m., the(NAME)County Department of Health Administrator said the current Administrator is only filling in until the regular Administrator returns. There is no permanent DON, she is a mobile corporate DON. They have a lot of turnover; staff will not stay. Do not see how this is going to be resolved by education with no consistency. The building needs to be emptied and terminally cleaned. The facility has not followed previously made recommendations. During an interview on 5/23/20 at 12:55 p.m., the Incident Management Team Epidemiologist said her recommendation was move the residents and terminally clean the building. The Administrator has not followed previously made recommendations and their COVID numbers keep increasing.</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.