

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER DARCY HALL OF LIFE CARE		STREET ADDRESS, CITY, STATE, ZIP 2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's representative of a change in condition and commencement of a new form of treatment to treat scabies for 1 of 1 sampled residents (Resident #1). Findings included: Resident #1 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED].#1 most recent Minimum Data Set (MDS), a quarterly with an assessment reference date of 04/07/20 revealed a Brief Interview for Mental Status (BIMS) of 00, which indicated that Resident #1 is cognitively impaired. Resident #1's daughter is listed as the next of kin and the power of attorney and the primary contact. Additional review of the record revealed a 04/18/20 order for [MEDICATION NAME] Cream 5 %, a treatment for [REDACTED]. Will continue to monitor. Additional review of the record revealed a 04/20/20 order for contact precautions every shift for [MEDICATION NAME] for scabies until 04/28/20. During an interview with Staff A, a Registered Nurse (RN), on 04/23/20 at 2:00 PM, Staff A stated that she had noticed the rash on Resident #1 on 04/18/20, she called the resident's doctor and he wanted Resident #1 treated for [REDACTED]. Staff A was asked if she had notified Resident #1's family that the resident may have scabies and was starting treatment for [REDACTED]. Staff A was asked if she had notified the family when she wrote the late entry note on 04/20/20, Staff A stated that she had not. During an interview with Staff B, RN Unit Manager, on 04/23/20 at 2:30 PM, Staff B stated that Contact Precautions should have been started as soon as any resident is suspected to have scabies. Staff B stated that as soon as she saw the treatment order for scabies on 04/20/20, she initiated Contact Precautions. Staff B was asked if Resident #1's family was notified that the resident may have scabies and was starting treatment for [REDACTED].#1's family had not been notified. During an interview at 3:30 PM on 04/23/20, the Administrator stated that Resident #1's family should have been notified with the residents change in condition.		
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 observation, interview and record review, the facility failed to implement transmission-based precautions in a timely manner. Facility staff failed to comply with the facility's infection prevention and control program (IPCP) policies and procedures for Contact Precautions: measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. This impacted two residents (Residents #1 and #2); and the facility failed to implement treatment of [REDACTED].#2). Findings included: Review of facility provided policy titled Care of the Resident with Scabies, with an effective date 01/30/19; reviewed 07/25/19, revealed Implementation: Institute Contact Precautions. Equipment: Gloves & Gowns. The patient and others who have had prolonged contact should be treated at the same time. During an environmental tour on 04/23/20 at 12:10 PM Staff A, a Registered Nurse, was observed in room WE 14 providing care to Resident #2. Staff A was observed wearing a surgical mask and gloves. There was a Contact Precaution sign and Personal Protective Equipment (PPE); protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission, on the door. Staff A was asked why Resident #2 was on Contact Precautions and she stated that the roommate (Resident #1) had scabies. Scabies is an itchy skin condition caused by a tiny burrowing mite called Sarcoptes scabiei. Scabies is contagious and can spread quickly through close physical contact. Staff A did not have on a disposable protective garment. 1. Resident #1 was admitted to the facility on 10/08/18 with a [DIAGNOSES REDACTED].#1's most recent Minimum Data Set (MDS), a quarterly with an assessment reference date of 04/07/20 revealed a Brief Interview for Mental Status (BIMS) of 00 which indicated that Resident #1 is cognitively impaired. Additional review of the record revealed a 04/18/20 order for [MEDICATION NAME] Cream 5 %, a treatment for [REDACTED]. Will continue to monitor. Additional review of the record revealed a 04/20/20 order for contact precautions every shift for [MEDICATION NAME] for scabies until 04/28/20. 2. Resident #2 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Review of Resident #2's most recent Minimum Data Set (MDS), a quarterly with an assessment reference date of 02/22/20 reveals a Brief Interview for Mental Status (BIMS) of 15 which indicated that Resident #2 is cognitively intact. Additional review of the record revealed a 04/22/20 order for [MEDICATION NAME] Cream 5 %, a treatment for [REDACTED]. During an interview with Staff A on 04/23/20 at 2:00 PM, Staff A stated that she had noticed the rash on Resident #1 on 04/18/20, she called the residents doctor and he wanted Resident #1 treated for [REDACTED]. Staff A stated that it was the weekend and that the Unit Manager would take care of it on Monday (04/20/20). Staff A stated that the Unit Manager initiated Contact Precautions for Resident #1 on 04/20/20. Staff A was asked why she was not wearing a PPE gown while providing care, she stated that she was wrong, the resident had asked her a question and she went in with out thinking. During an interview with Staff B, RN Unit Manager, on 04/23/20 at 2:30 PM Staff B stated that Contact Precautions should have been started as soon as any resident is suspected to have scabies. Staff B stated that as soon as she saw the treatment order for scabies on 04/20/20, she initiated Contact Precautions. Staff B was asked why Resident #2's treatment was not ordered until 04/22/20, Staff B stated that Resident #2 has a different doctor than Resident #1 and there was some miscommunication. Staff B stated Resident #2 should have been treated at the same time as Resident #1.		
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.