

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105927	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER BROOKDALE ATRIUM WAY 2		STREET ADDRESS, CITY, STATE, ZIP 9960 ATRIUM WAY JACKSONVILLE, FL 32225	
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	Provide and implement an infection prevention and control program. Based on observations, interviews and record reviews, the facility failed to screen visitors for fever, known exposure to or symptoms of Novel Coronavirus (COVID-19) prior to allowing entry into the facility for five of five surveyors during four of five days of the facility's annual relicensure survey. Refer to https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html The findings include: Upon arrival at the facility on 10/4/2020 at 11:00 a.m., five of five members of the survey team were not screened for symptoms consistent with COVID-19, history of travel to high-risk locations, and contact/exposure to individuals with symptoms. Upon arrival at the facility on 10/5/2020, Employee K, Site Security Supervisor, failed to screen four of five members of the survey team for symptoms consistent with COVID-19, history of travel to high-risk locations, and contact/exposure to individuals with symptoms. Upon arrival at the facility on 10/6/2020, Employee K, Site Security Supervisor, failed to screen four of five members of the survey team for symptoms consistent with COVID-19, history of travel to high-risk locations, and contact/exposure to individuals with symptoms. Upon arrival at the facility on 10/7/2020, Employee K, Site Security Supervisor, failed to screen five of five members of the survey team for symptoms consistent with COVID-19, history of travel to high-risk locations, and contact/exposure to individuals with symptoms. During an interview with Employee K on 10/8/2020 at 1:23 p.m., he confirmed he was responsible for conducting the COVID screenings at the facility. He stated he had received training about how to properly perform the COVID screening. They have to have a mask. There is a series of yes and no questions they have to answer and I have to check their temperatures. He confirmed he did not conduct complete COVID screenings for four of five days for all members of the survey team. I didn't do the screening for the survey team. I should have. I am supposed to but I didn't. There is no reason I didn't. I don't know, we see so many people. On 10/8/2020 at 1:27 p.m. an interview was conducted with the Assistant Director of Nursing (ADON). After reviewing the daily COVID screening sheets for 10/4, 10/5, 10/6, 10/7, and 10/8/2020 for five of five members of the survey team, he confirmed that complete COVID screenings were not conducted daily for each member of the team as they should have been. He stated security should have been asking visitors, staff and surveyors all of the screening questions. According to a review of Preparing for COVID-19 in Nursing Homes at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html : This guidance has been updated and reorganized according to core IPC practices that should remain in place even as nursing homes resume normal practices, plus additional strategies depending on the stages described in the CMS Reopening Guidance or at the direction of state and local officials. A review of the CMS (Centers for Medicare and Medicaid Services) Reopening Guidance for Visitation and Service Consideration revealed the need for: 100% screening of all persons entering the facility and all staff at the beginning of each shift to include: Temperature checks Ensure all outside persons entering building have cloth face covering or facemask. Questionnaire about symptoms and potential exposure Observation of any signs or symptoms .		
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.