

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105588	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER CORAL TRACE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 216 SANTA BARBARA BLVD CAPE CORAL, FL 33991	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review of manufacturer information, and staff interview, the facility failed to ensure disinfectants were used according to policy and manufacturer recommendation and failed to follow proper hand washing procedures for 2 (Staff B and C) of 6 staff observations for infection control techniques. The failure to follow proper infection control techniques increased the risk of transmitting harmful organisms to residents in the facility. The findings included: 1. Observation on [DATE] at 11:20 a.m., Registered Nurse (RN) Staff B checked Resident 2's blood sugar using a glucometer. When RN Staff B completed the task, he wiped down the glucometer for approximately 15 seconds with a disinfecting wipe and placed it immediately back into its zippered holder. In an interview at this time, RN Staff B said he usually wipes it for 20-30 seconds and admitted he only wiped it for approximately 15 seconds. Review of the manufacturer's instructions indicated a minimum of 30 seconds of contact time and then allow to air dry. *Photographic evidence obtained* 2. Observation on [DATE] at 10:20 a.m., Certified Nursing Assistant (CNA) Staff C was in the hallway passing out water. CNA Staff C was not observed to wash or sanitize his hands. CNA Staff C scooped ice out of a cooler into a cup, filled the cup with water and delivered it into Resident 3's room. CNA Staff C exited Resident 3's room, did not sanitize his hands, took the pitcher of water by the handle and placed it on top of the ice and shut the cooler. CNA Staff C was observed to touch his glasses, went back into Resident 3's room, came back out, went into Resident 4's room and out, into Resident 5's room and out. At no time did CNA Staff C wear gloves, wash or sanitize his hands. At this time, an unidentified staff member said something to CNA Staff C, and he placed his hands under the hand sanitizer dispenser and sanitized his hands. At 10:24 a.m., the Director of Nursing (DON) approached him and said something to CNA Staff C and he entered a resident room and washed his hands with soap and water. In an interview on [DATE] at 10:50 a.m., the DON said staff should wash hands all the time and agreed anything to do with residents, staff should wash. On [DATE] at 1:27 p.m., the Assistant Director of Nursing (ADON) said they just received instructions from their corporate office a few days prior addressing heightened awareness due to COVID-19. The ADON said she provided training which indicates you should always perform hand hygiene before and after providing any type of care, after contact with intact skin, and before eating, preparing, handling or serving food. ADON provided competency requirement for the glucometer skill. In step 14, the competency indicates to clean glucometer with disinfectant wipe per manufacturers recommended wet time. ADON said she wrote into the competency to wrap the glucometer with the bleach wipe for 3 minutes. She was unable to find the facility policy and procedure for cleaning the glucometer. ADON agreed the glucometer observation was not the correct procedure.</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.