

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105525	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER MANATEE SPRINGS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 5627 9TH ST E BRADENTON, FL 34203	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, record review, policy review, review of manufacturer's instructions and review of the Center for Disease Control (CDC) COVID-19 Guidelines, the facility did not ensure COVID-19 infection control measures were implemented by: 1) not having personal protective equipment (PPE) immediately available for staff outside of and on the designated COVID-19 unit (Gulf and Bay hallways) and the COVID-19 observation unit (Beach hallway) of two dedicated COVID-19 nursing units, 2) not providing access to disinfectant floor cleaner for 2 housekeepers to clean resident rooms on the COVID-19 units, 3) Staff not donning PPE appropriately during close contact with one resident (#1) on the designated COVID-19 observation unit, and staff not [MEDICATION NAME] hand hygiene after contact with Resident #1's personal equipment in resident's environment or doffing PPE after contact with Resident #1's equipment, and by staff not doffing PPE appropriately after being on the COVID- unit, or wearing required face masks correctly, 4) failing to ensure supplies (linens) on the COVID-19 dedicated unit remained on the COVID-19 unit, and 5) staff not ensuring 7 residents (#2, #3, #4, #5, #6, #7, and #8) of 7 sampled who smoked, were [MEDICATION NAME] social distancing during two of two days observed (5/7/2020, and 5/8/2020). Findings included: 1. On 5/7/20 at 10:00 a.m. an observation was conducted on the designated COVID-19 nursing unit, on the second floor, Gulf and Bay hallways. There was a zippered entry to the Gulf and Bay hallway past the nurses' station. Double doors were closed on the opposite side of the zippered door separating the Gulf and Bay hallways from the Beach hallway. The sign on the door read Droplet precautions. There was a trash can outside the zippered doorway, but there wasn't any PPE available. There was also a trash can outside the double door entry to the Gulf and Bay hallways, but no PPE was available. A tour of the facility was conducted with the Assistant Director of Nursing (ADON), the infection preventionist, at 11:45 a.m. on 5/7/20. An observation with the ADON, during the tour of the facility, revealed the area near the double door entry to the dedicated COVID-19 unit on the second floor (Gulf and Bay hallways) had a trash can, but there was nowhere to dispose of contaminated PPE when the staff came off of the unit. There were no isolation kits available for staff prior to entering both COVID-19 units, and there were no isolation kits on both COVID-19 units with PPE in them. There was a sign that read Droplet precautions on the double doors separating the Beach hallway from the Gulf and Bay hallways, which were the dedicated COVID-19 unit. The ADON entered a storage room near the double doors and brought out an isolation kit and placed it next to the trash can. The kit had red bags and gloves in it. There were no gowns, goggles or face shields in it. The ADON said she didn't know why there weren't any other supplies in it, and that there was supposed to be two kits there. At 1:10 p.m. on 5/7/20 a follow up interview was conducted with the ADON. The ADON said the Department of Health (DOH) came out and said the whole unit is contaminated so they don't need extra PPE on the unit. On 5/8/20 at 8:48 a.m. an interview was conducted with the Director of Nursing (DON) and the Nursing Home Administrator (NHA). The DON said the staffing coordinator prepares PPE bags for staff before they start their shift. If they don't have what they need in their bag, the staffing coordinator gets it for them. The NHA said staff were going up the elevator and putting the PPE on. The DOH (Department of Health) said they need to put it on downstairs and go up. On 5/8/20 at around 9:30 a.m. the elevator from the first floor Hibiscus hall was boarded by the DON and the State survey team and it went to the second floor. Once the elevator door was opened the DON and the State survey team got off and went directly right, towards two closed fire doors. The DON indicated that the entire hall past the fire doors, which included resident rooms 209 through to 232, were all on COVID-19 isolation. Observation of the PPE bin revealed four drawers, which included 10 disposable gowns, a roll of red biohazard bags, and a roll of clear plastic bags. There were no signs of any gloves, any sanitizer wipes, any face shield, face masks, shoe or hair covers. When the DON was asked how the staff got those supplies, she indicated that they get them upon entering the facility and prior to getting on the elevator. She was not able to show exactly where staff got those supplies other than when they check in on the first floor at the Hibiscus nurse station. The DON was asked about the current supply in the PPE bin; she explained that staff can call downstairs through the Central Supply to have more PPE brought up. She confirmed that they should have more PPE available in this bin and that she will ensure that it was well stocked for the employees who work the COVID-19 unit. Upon touring the facility with the DON, there was no question that the facility had adequate PPE supplies to meet the needs for well over one week. The facility lacked readily available PPE for staff who work on the COVID-19 unit. Further, it was determined that all staff in the building to include housekeeping, administration, therapy, nursing, maintenance, were wearing gowns, gloves, face masks, face shields regardless if it was a COVID-19 isolation unit, or a non-isolation and non-suspected COVID-19 unit. On 5/8/20 at 9:40 a.m. an interview was conducted with the DON. She said staff are supposed to remove the PPE outside the double doors on the COVID-19 unit. She confirmed there were no PPE kits available on the COVID-19 unit. An observation with the DON on the dedicated COVID-19 unit revealed there was one PPE kit near the double door entry with ten gowns in it. There were no face shields, masks, gloves or goggles in the kit. The DON said that DOH told them to reuse gowns because they were short and running out. Following the interview with the DON, four aides and one nurse that were working on the second floor COVID-19 unit were randomly interviewed and they indicated that if they needed supplies they would call Central Supply or the Hibiscus first floor unit station to have someone bring up PPE. None of the staff interviewed knew who to call when Central Supply personnel were not in the building. Review of the Centers for Disease Control and Prevention Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) with a last review date [DATE]5/2020 revealed information in the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html To prevent spread of COVID-19: Actions to take now: *Cancel all group activities and communal dining. *Enforce social distancing among residents. *Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. *Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. *This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. *When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility. 2. At 10:26 a.m. on 5/7/20 an observation was conducted on the dedicated COVID-19 nursing unit. Staff E, housekeeper exited room [ROOM NUMBER] with a mop and placed it in the mop bucket. The water in the bucket was noted to be brown-gray and opaque. Staff E pushed the housekeeping cart across the hall to room [ROOM NUMBER]. She knocked on the door and announced herself. An interview was conducted with Staff E through an interpreter, Staff D, Certified Nursing Assistant (CNA). Staff E, housekeeper said the solution in the mop bucket was made</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>at 7:00 in the morning. She did not know what the chemical in the water was. She said the soiled utility room is locked and she needs to change the water, but she doesn't have a key. Today is her second day at the facility. She worked as a housekeeper at another facility and was instructed there to change the water after every three rooms. Staff E, housekeeper said she did not receive any training at this facility. On 5/7/20 at 2:28 p.m. an interview was conducted with the Housekeeping Supervisor. She said they use Brand Name floor disinfectant. The water was to be changed after every room. The Housekeeping Supervisor said Staff E, housekeeper was trained when she started on Monday. The Housekeeping Supervisor said the housekeepers received training from a manual and that she went with Staff E for three consecutive days to show her everything. On 5/8/20 at 8:00 a.m. an interview was conducted with Staff M, housekeeper. Staff M said she had been working at the facility for three days. The surveyor asked where she gets the chemicals for the mop water. Staff M, housekeeper said she had to go to the dedicated COVID-19 unit to get the floor cleaner because she doesn't have a key to the utility room. Staff M, housekeeper was on the Beach hallway with a housekeeping cart, the designated COVID-19 observation unit, at the time of the interview. On 5/8/20 at 8:31 a.m. a follow-up interview was conducted with the Housekeeping Supervisor. She said the floor cleaner, Brand Name, is kept in the utility room on the nursing unit. She stated, that the housekeepers have a key, and that she has a key also. She confirmed the new housekeepers don't have a key. She said they just started to work at the facility two or three days ago, so she is the only one with a key right now. Seven housekeeping staff had recently quit. The Housekeeping Supervisor said she has asked for more keys. In a follow-up interview with the DON on 5/8/20 at 12:34 p.m. she said the Housekeeping Supervisor trains her staff. Corporate sent us the training for the housekeepers. She provided a COVID-19 signed in-service on cleaning isolation rooms. A Housekeeping In-service Training for Isolation Room Cleaning, revised March 2016, was signed by Staff E, housekeeper, and dated 5/5/20. There was also a signed Housekeeping In-service Training for Isolation Room Cleaning for Staff M, housekeeper dated 5/6/20. The instructions, under After Finishing Room, indicated, 1. Double bag all mops, sponges, cloths. There wasn't any information on when or how often to change the mop water in the bucket, or any instruction on the chemicals used for cleaning. On 5/8/20 at 1:02 p.m. another follow-up interview was conducted with the Housekeeping Supervisor and the DON. The Housekeeping Supervisor said housekeepers had to demonstrate how to clean an isolation room. The Housekeeping Supervisor was observed to have her N95 mask beneath her nose. The surveyor requested that she put her mask over her nose. She said, I know, I know. It's hard, and she pulled it up over her nose. On 5/8/20 at 3:22 p.m. an interview was conducted with the DON and NHA. The DON said the housekeepers have their own closet with keys. The DON said the soiled utility room doesn't have any chemicals that she was aware of. She was not told housekeeping staff didn't have keys. The NHA said the Housekeeping Supervisor told him the housekeepers have keys. The housekeepers don't have a key to the Housekeeping Supervisor's office where the extra supplies are kept. The NHA also said he was not aware the mop water was not being changed. Review of the manufacturer's instructions for Brand Name multi surface cleaner and disinfectant, undated, revealed: Prepare a fresh use-solution daily or more often if the use-solution becomes visibly dirty or diluted. 3. Resident #1 was readmitted to the facility on [DATE] with an original admission date of [DATE], and [DIAGNOSES REDACTED]. During the tour with the ADON at 12:49 p.m. on 5/7/20 an observation was conducted on the COVID-19 observation nursing unit (Beach hallway) on the second floor. Staff H, Certified Occupational Therapy Assistant (COTA) was in Resident #1's bedroom wearing a gown, head cover, gloves, and a surgical mask. The surgical mask was pulled down below her chin. She had a cell phone in her gloved hands. She was standing less than three feet from Resident #1 on his left side of the bed near the foot of his bed. She placed the cell phone on the bed side table, which was next to Resident #1's right side of the bed, with the table in front of Resident #1. Resident #1 was not wearing a mask. Staff H, COTA exited the room and was instructed by the ADON to put her mask on. Staff H, COTA reported that she was helping Resident #1 with a phone call and that was why her mask was pulled down. Staff H, COTA pulled the mask up over her nose and mouth with her contaminated gloved hands. Staff H, COTA walked down the hallway towards the nurses' station still wearing the contaminated gloves and mask. She did not remove them or perform hand hygiene. As she started around the corner to the nurses' station, the ADON told her to remove all of her PPE and replace it. The ADON said the COVID-19 observation unit was where they were placing residents whose roommates had tested positive, so the residents on this unit were not on isolation precautions. On 5/8/2020 at 9:24 a.m. a facility-wide tour was conducted with the DON. During the tour and walking past the first floor Hibiscus unit station and over to the elevator, the following was observed: The DON had explained that the elevator goes up to the second floor, which is the COVID-19 isolation unit. She indicated that all staff are to doff (take off) their Personal Protective Equipment (PPE), to include any disposable gowns, hair covers, feet covers, gloves and face shield, prior to getting on the elevator to come down to the first floor. While she was explaining this, the elevator doors opened and Staff C and Staff I, both Certified Nursing Assistants (CNAs), were observed to walk off the elevator and started walking towards the first floor Hibiscus unit station. As Staff C and I walked by the survey team and the DON, the DON raised her hand and snapped her fingers and verbally made noises to not go any further. The DON looked at both staff members and pointed upwards to indicate they needed to go back upstairs immediately. Staff C and I were both wearing shoe covers, disposable gowns, gloves, hair covers, face shields and face mask. It was determined that both staff members were on the COVID-19 isolation unit and did not remove their PPE prior to getting on the elevator to come to the first floor. In turn, both staff members got on the elevator on the second floor and then walked off of it on the first floor fully gowned with PPE. Both staff members were visibly confused when the DON directed them back upstairs. Once Staff C and Staff I got back on the elevator, Staff I looked over to Staff C and told him she did not understand what was going on. Staff C, CNA then told Staff I, CNA, We were not supposed to get on the elevator and come down with all of this PPE. The DON was visibly upset and stated, I just educated all the staff last night that they are to not wear soiled PPE downstairs, coming from the COVID-19 isolation unit. She did not know why the employees would have just come downstairs. She further explained that all staff who are working on the second floor are dedicated to that floor and work up there from start of the shift to the end of the shift. She explained that there would not be a reason for them to come downstairs as they have a break room upstairs, they have a bathroom, and a unit station. The DON further confirmed that as of 5/7/20, and after, they had made changes with the units, all staff who are assigned to the dedicated COVID-19 isolation unit with resident rooms to include room [ROOM NUMBER] to room [ROOM NUMBER] are to stay on that unit for their entire shift. She further indicated when they clock out, they are to call a certain staff member to clock them out, so they do not have to walk through the non-COVID-19, non-suspected units. The DON again explained that all staff had been trained and educated related to assignment dedication the night before on 5/7/20 as well as before the 7-3 (7:00 a.m. - 3:00 p.m.) shift on 5/8/20. She did not have documentation to support said education. The DON and the State surveyor went upstairs via the elevator. After getting off the elevator and to the right, there were two fire doors which were closed. Near the doors was a soiled biohazard bin and a new PPE supply bin. The DON indicated that the staff are to use the soiled biohazard bin to dispose their PPE prior to getting on the elevator. An interview with the Nursing Home Administrator confirmed that as of 5/7/20 all staff who work the isolation unit on the second floor, were dedicated and the unit was closed off other than a stairwell at the end of the unit and the elevator at the front of the unit. He indicated that staff, during all three shifts that work the COVID-19 hallway with Rooms 209 - 232, will only work that unit during the entire shift and are not allowed to come back downstairs for any reason until their shift was over. He further explained that staff should be taking off face shields, gloves, gowns, hair and feet covers prior to getting on the elevator to come down. On 5/7/20 at approximately 9:59 a.m. the second floor was toured with the Second Floor Unit Manager, Staff A. Staff A indicated the second floor long hall was the Positive COVID-19 isolation hall to include Rooms 209 - 232. She further indicated the smaller hall with resident rooms 201 - 210 was the Suspected COVID-19 unit, which has residents who were awaiting testing results and were not symptomatic. Staff A was observed wearing a hair cover, shoe covers, gloves, gown, and a fabric surgical mask. Staff A was at the unit station with her mask pulled down below her nose. Her nostrils were observed as she was talking with the State survey team. Staff A indicated that she has just returned to work three days ago from being sick. She indicated she had COVID-19 and was at home quarantined and had two negative tests prior to returning to work. She was asked about the face mask she was wearing and if she had a reason as to why it was pulled down below her nose. Staff A indicated that her mask should be up and over her nose and she should be wearing a N95 mask and face shield when on the second floor. She then pulled her face surgical mask up over her nose. Following the observation, in an interview with the DON and Nursing Home Administrator, they both indicated that all staff who work on the second floor should be fully gowned in head, feet covers, gown, gloves, N95 face mask, and face shield or goggles at all times. They had no reason as to why Staff A would be on that unit and not have a N95 mask on, and also did not know why she would have her surgical mask pulled below her nose. 4. On 5/8/20 at 8:22 a.m. an observation was conducted on the dedicated COVID-19 nursing unit (Gulf and Bay hallways). Staff L, maintenance, was pushing a linen cart down the hallway. The cart</p>		

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On 5/8/20 at 8:31 a.m. an interview was conducted with the NHA. He said dirty things can not come off the COVID-19 unit. The DON, who was also participating in the interview, said anything on the COVID-19 unit stays there. The DON said she doesn't know why maintenance was on that unit, or why he had a linen cart. He goes up there for trash or repairs. Review of the policy titled, Infection Control, last revised on 4/20, revealed the following: Policy: This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. Procedure: 2. The objectives of our infection control policies and procedures are to: -1. Prevent, detect, investigate, and control infections in the facility. -2. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; -3. Establish guidelines for implementing isolation precautions, including standard and transmission based precautions; -4. Establish guidelines for the availability and accessibility of supplies and equipment necessary for standard and transmission based precautions. 4. All personnel will be trained on our infection control policies and facility practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The policy titled, Infection Control Program, dated 11/2016, was also reviewed and reflected the following: Policy 1. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. 2. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. 6. Outbreak Management a. Outbreak management is a process that consists of: 3) preventing the spread to other residents. 7. Prevention of Infection a. Important facets of infection prevention included: 2) instituting measures to avoid complications or dissemination. Review of the policy titled, Infection Control-Transmission Based Precautions, last revised [DATE]7/20, revealed the following information: Policy: For the facility to foster compliance with CMS Federal and State regulations, CDC and in accordance with HIPPA regulations, to provide guidelines for general infection control while caring for residents and to follow guidelines by these organizations during outbreaks (epidemic, pandemic). Procedure: Contact Precautions (bullet 7) Wash hands before entering room and after removing gloves. Droplet precautions (bullet 3) Wear mask when within 3 feet of resident or when providing direct care. (bullet 6) Wash hands before entering room and after removing PPE). Review of the facility's Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings reflected the following: Supplies and Resources: The facility provides COVID-19 supplies necessary to adhere to recommended IPC (infection prevention practices) practices including: (bullet 5) Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided. (checked completed) (bullet 8) Facility ensures HCP (health care personnel) have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident equipment. (checked completed) The following information was available on the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html: Prevent spread of COVID-19: Actions to take now: Cancel all group activities and communal dining. Enforce social distancing among residents. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. Further review of CDC guidelines were found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html and reflected the following: 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 close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. Healthcare personnel As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. HCP should have received job-specific training on PPE and demonstrated competency with selection and proper use 2. Adhere to Standard and Transmission-Based Precautions Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions that apply to patients with respiratory infections, including COVID-19, are summarized below. Attention should be paid to training and proper donning (putting on), doffing (taking off), and disposal of any PPE. HCP (see Section 5 for measures for non-HCP visitors) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Hand Hygiene HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. HCP should perform hand hygiene by using ABHR (alcohol based hand rub) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR. Personal Protective Equipment Employers should select appropriate PPE and provide it to HCP in accordance with OSHA (Occupational Safety and Health Administration) PPE standards (29 CFR 1910 Subpart I) external icon. HCP must receive training on and demonstrate an understanding of: when to use PPE what PPE is necessary how to properly don, use, and doff PPE in a manner to prevent self-contamination how to properly dispose of or disinfect and maintain PPE the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Gloves Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. 10. Implement Environmental Infection Control Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered (Environmental Protection Agency), hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. Further review of the CDC website at https://www.cdc.gov/infectioncontrol/guidelines/isolation/ reflected the following information: II. Education and Training Recommendation number, description, and category for education and training Recommendation Category II.A. Provide job-or task-specific education and training on preventing transmission of infectious agents associated with healthcare during orientation to the healthcare facility; update information periodically during ongoing education programs. Target all healthcare personnel for education and training, including but not limited to medical, nursing, clinical technicians, laboratory staff; property service (housekeeping), laundry, maintenance and dietary workers; students, contract staff and volunteers. Document competency initially and repeatedly, as appropriate, for the specific staff positions. Develop a system to ensure that healthcare personnel employed by outside agencies meet these education and training requirements through programs offered by the agencies or by participation in the healthcare facility's program designed for full-time</p>		

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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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3)</p> <p>personnel . IV.A. Hand Hygiene Recommendation number, description, and category for standard precautions for hand hygiene Recommendation Category IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces IV.A.3 Perform hand hygiene in the following clinical situations: IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient) IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient IV.A.3.f. After removing gloves</p> <p>5. On 5/7/20 at approximately 10:00 a.m. an observation of the back courtyard and smoking area revealed a covered porch area with two small round tables, one under the shade and one out in the sun. There was also a longer rectangular table further out and also under the covered area. All tables appeared to be six feet apart. However, there were four residents outside, two seated at one small round table and two other residents seated at the other small round table. It was observed that all four residents to include Residents #2, #4, #5, and #8 were smoking without staff supervision. Three out of the four residents, (#2, #4, and #5) were observed w</p>		