

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>106131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN GLADES NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>220 SIERRA DRIVE MIAMI, FL 33179</b>	
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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b>  Based on observations, record reviews and interviews, the facility failed to maintain a clean and sanitary environment as evidenced by (1) visible buildup of dust particles and unclean areas noted in clean folding section of the laundry room, (2) Visibly soiled stained tub, stained sink and wet washcloths left on the floor in one out of two common shower rooms observed. This facility's deficient practice has the potential to have an adverse effect on the health and safety of the 156 residents residing in the facility at the time of this survey. The Findings Included: Observation on 11/27/2020 at 11:40 AM revealed, the clean folding area in the laundry room appeared unclean with particles of dust noted on the folding table and on top of sorted clean clothes. Large particles of dust also evident on the walls, air and electric ducts, ceiling vents, wires, and on the floor (See Photos). Review of the Facility's Policy dated 11/27/2017 and revised on 3/26/2020 revealed, It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. The policy's Explanation and Compliance Guidelines included; 3. Consistent surface cleaning and disinfection will be conducted with a detailed focus on high touch areas to include but not limited to . L. Sink and faucets . 11. Cleaning of walls, blinds and window curtains will be conducted when visibly soiled. Interview on 11/27/2020 at 11:50 AM with Staff A, Housekeeping/Laundry staff revealed, she normally worked with another aid in doing resident's linens and their personal laundry. Staff A explained she received multiple in-service trainings that included infection control and prevention protocol. Staff A stated, Yes, keeping a clean laundry room is part of the training. We normally clean it every morning We normally clean the machines, the tables and the floor. The ceiling and high area is taken care of by maintenance. Staff A stated that, the laundry room room's clean area should not be that dirty. Staff A reported that she could not recall the last time maintenance cleaned around the high areas that included the ceiling. Observation on 11/27/2020 of second floor's common shower room revealed the common shower did not appear clean; the sink and bathtub located in the shower room had brownish colored like stains. Multiple wet washcloths were noted on the floor and the handheld showerhead was also touching the floor (See Photo) During an interview and observation on 7/27/20 at 12:14 PM, The Housekeeping Director agreed the dust noted in the laundry room's clean area was not appropriate. She reported she would work with maintenance in ensuring the room was cleaned and would continue to monitor. During an interview on 7/27/20 at 2:10 PM, the Director of Nursing (DON) reported she knew about the above-mentioned washcloths noted on the shower room floor. The DON stated that earlier that morning, she provided a teachable moment to the aid for her unintentional failure to follow supervisory directions. The offense on the corrective action noted; Did not remove linen washcloth from shower rooms timely. Did not replace shower head on hook. The corrective action did not address the above-mentioned discoloration and stains.		
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.