

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER BRIDGEWATER PARK HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9280 SOUTH WEST 81ST CT OCALA, FL 34481	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and policy and procedure review the facility failed to ensure all drugs and biologicals used in the facility were stored and labeled in accordance with current professional standards, including proper refrigeration and expiration dates for five (5) out of eight (8) medication carts observed and one (1) out of two (2) medication storage rooms observed. Findings: Observation on [DATE] beginning at 02:20 PM revealed the 500 hall medication cart parked near the nursing station was found unlocked. There was no one at the nursing station at this time. All the drawers were opened and shut in a loud fashion and the medication cart was observed to contain medications in bubble packs to be administered to the residents who resided on the 500 hall. There were also multiple bottles of over the counter medications observed in the the top drawer of the medication cart. No staff responded to the sound of the opening and loud closing of the drawers. At 2:28 PM, the nurse assigned to the medication cart, primary nurse, Staff F, LPN (Licensed Practical Nurse) was observed coming out from room [ROOM NUMBER] and confirmed the medication cart was left unattended. Staff F immediately locked the medication cart. The medication cart was accessible to residents, visitors and other unauthorized staff members. Observation on the 400 hall nursing station on [DATE] at 8:40 AM revealed an unsecured/unlocked treatment cart. With the opening and loud closing of the top drawer it was observed to contain a box of single use 0.9 Sodium Chloride; five (5) milliliters (ml), the second drawer contained multiple topical medicated creams/ointments, and the bottom drawer contained a bottle of hydrogen peroxide 946 ml, and [MEDICATION NAME] solution. There was no one at the nursing station at this time. Observed were residents and other unauthorized staff members passing by the nursing station. During an interview with Staff O, RN (Registered Nurse) on [DATE] at 8:59 AM she confirmed the unsecured treatment cart and stated; This should always be locked. He stated he is the Unit Manager all over the facility.</p> <p>During an observation of the 400-wing medication cart on the [DATE] at 9:15 AM with Staff D, LPN, there was one (1) opened bottle of artificial tears with no open date or date the medication would expire after opening. There was one (1) unopened bottle of [MEDICATION NAME] [MED] that was stored at room temperature on the medication cart with a refrigerate until open sticker on the container. During an observation of a second 400-wing medication cart on [DATE] at 09:28 AM with Staff A, LPN, there was a medication cup that contained one (1) small blue pill and one (1) yellow capsule in the top drawer of the medication cart. There was no resident name, room number or label of what these medications were. There were two (2) bottles of artificial tears with no resident names on the packaging or the bottle and no date they were opened. During an observation of a 200-wing medication cart on [DATE] at 9:35 AM with Staff K, LPN, there was one (1) plastic cup with five (5) yellow capsules that were not labeled with the medication name and expiration date. During an observation of a second 200-wing medication cart on [DATE] at 9:46 AM with Staff E, LPN, there was one bottle of Artificial tears with no opened date or resident name on the packaging or the bottle. During an observation of a 300-wing medication cart on [DATE] at 10:00 AM with Staff C, LPN, there were two (2) bottles of artificial tears with no resident names and no dates they were opened or expiration dates. During an observation of the 500-wing medication storage room with Staff G, LPN at 11:38 AM there were four (4) expired Apisol 0.1 milliliter ([MEDICATION NAME] skin test) syringes that were expired, and available for resident use. During an interview with Staff D, LPN, on [DATE] at 9:15 AM she stated, All medications should be labeled with the name of the resident, the date it was opened and the expiration dates. [MED] should be refrigerated until it is opened, I'm not sure how it got in the cart. During an interview with Staff A, LPN on [DATE] at 9:30 AM she stated, I should not have had the medications unlabeled in the cart, It is our policy to administer medications immediately. All medications should be labeled with the resident's name and the date they were opened. I don't think that these eye drops expire until the date on the package after they are opened. During an interview on [DATE] at 9:35 AM with Staff K, LPN she stated, I don't know who put those pills in a cup. I didn't have this cart yesterday. Unlabeled medications should not be on the cart. During an interview on [DATE] at 9:46 AM with Staff E, LPN, she stated, All medications should be labeled with the resident's name and the date they were opened. During an interview on [DATE] at 10:00 AM with Staff C, LPN she stated, I don't think that eye drops expire until the date on the box after they are opened, but the box or the eye drops bottle should have the resident's names on them. During an interview on [DATE] at 11:38 AM with Staff G, LPN, she stated, These four syringes should not be here in the refrigerator, we should have sent them back to pharmacy once they expired. During an interview on [DATE] at 8:00 AM with the Assistant Director of Nursing she stated, The staff know that all medications should be labeled when they are opened and when they expire, artificial tears are good for 30 days after they are opened. Each day the nurses should be checking the medication carts for outdated medications and medications that are not labeled. I expect the nurses to refrigerate [MED] when it comes from the pharmacy until they are ready to use it. Review of the policy and procedure titled, Medication Administration revealed an original date of [DATE], last revised February 2020 and read: 1. Preparation and Administration - c. Medications are prepared for one (1) person at a time. Do not prepour medications. t. Medication carts are to be locked at all times when not in sight of the licensed nurse/authorized personnel administering the medication. Review of the policy and procedure titled, Medication Storage and Labeling revealed an original date of February 2010, last revised [DATE] and read: 1. Medications and biologicals in medication rooms, carts and refrigerators are maintained within: a. Secured (Locked) locations, accessible only to designated staff: c. Temperatures are maintained in accordance with manufacturer specifications and monitored according to national guidelines (e.g., see CDC (Center for Disease Control) vaccine storage and handling). 7. Medications and biologicals are labeled in accordance with currently accepted professional principles and include: a. Although medication delivery and labeling systems may vary, the medication label at minimum includes the medication name, prescribed dose, strength, the expiration date when applicable, the residents name and route administered. 17. All discontinued, outdated or deteriorated medications will be destroyed or sent back to pharmacy. 22. Medications requiring refrigeration must be stored in the refrigerator located in the med room.</p> <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and policy and procedure review, the facility failed to ensure food was stored in</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many			

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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) accordance with professional standards for food service safety which has the potential to effect the total population of 107 residents. (Photographic Evidence) Findings: During an observation of the main kitchen ice machine beginning on 03/10/20 at 9:25 AM, there was a brown residue on the interior portion of the ice machine lid which was visible when the lid was lifted. The ice machine was full of ice and was in use at the time of the tour. During an observation of the kitchen adjacent to the 400 and 500 halls on 03/12/2020 at 9:40 AM, there was an opened plastic bag of cereal sitting on a low wire shelf in the food storage area of the kitchen. During an observation of the kitchen adjacent to the 200 and 300 halls on 03/12/2020 at 10:00 AM, there was an opened plastic bag of brown sugar with a date of 3/11 sitting on a wire rack in the food storage area of the kitchen. During an interview on 03/10/2020 at 9:23 AM with the facility's Dietary Manager, she confirmed the ice machine lid in the main kitchen needed to be cleaned. During an interview on 03/12/20 at 10:02 AM with the facility's Dietary Manager, she confirmed that all food in bags in the kitchens should be closed completely. Record review of the facility's policy titled, Cleaning of ice chests and scoops reads: Procedure 10. Ice making machines and or dispensers will be cleaned and sanitized at least monthly and or as needed. Cleaning Protocol - 5. The routine cleaning of the ice making machines will be on the preventive maintenance schedule. Record review of the facility's policy titled, Non-kitchen Sanitary Storage of Food, reads: Procedure 1. Every container shall be covered, contents labeled and dated before being stored in the unit.</p>		
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview the facility failed to prevent the possible spread of infection for 2 of 5 halls, Halls 400 and 500. Findings: 1) Observation of Resident #132 on 3/10/2020 beginning at approximately 9:15 AM revealed the Certified Nursing Assistant/Staff J carried a thermal cooler filled with ice into the room. Staff J had no gloves on. The resident was sitting up in bed, wearing a hospital gown with bed sheet below her feet not covering her legs. Staff J was observed straightening the sheets and bed linens under the resident's left hip and leg. The resident was observed to try to assist with offloading the left side of her body so the Staff could manipulate the linens better underneath her hip, which was not covered by the hospital gown. There was no covering of the hip, buttock and left thigh. The Staff's hands were observed directly touching the resident's skin and unclean linens. Staff J did not use gel or hand washing when she left the room. An interview was conducted with Staff J on 3/10/2020 at approximately 9:22 AM. The Licensed Practical Nurse/Staff D was observed at her medication cart at the time of the interview. Staff J confirmed she did not wear gloves when she rendered care for Resident #132. She confirmed she did not remember to wash her hands after the care was completed. She stated she forgot and knows she should have worn gloves and washed her hands before she left the room. During an interview with Nurse/Staff D, LPN on 3/10/2020 at 9:23 AM, she confirmed she was listening to the interview with Staff J. She stated she understood Staff J confirmed she did not use gloves when she rendered services for Resident #132 nor wash her hands when she was completed with the services. Staff J stated to Staff D she forgot to use gloves during the care and did not wash her hands before she left the room. Review of Resident #132's record revealed she was admitted on [DATE]. The Medication Administration Record [REDACTED]. Review of the Care Plan directed care for an infection related to a knee prosthesis (artificial joint). The joint has been removed and an antibiotic spacer inserted in it's place. An interview with the Director of Nursing (DON) on 3/10/2020 at 10:15 AM to discuss the observation. The DON stated the facility staff was recently trained, again, on infection control techniques. 2) An observation of Resident #133's door at approximately 9:30 AM on 3/10/2020, revealed it was identified as an Isolation Precaution room. The sign and kit on the door were filled with supplies, specifically yellow gowns, masks and gloves. The resident was sitting in his bed with his gown on, he had moved his breakfast dishes around on the overbed table. An observation of the meal tray revealed very little of the food had been ate. Resident #133 was engaging, alert and oriented, but not fully cognizant of safety awareness as he got out of bed without assistance. He stated the staff do not always wear the yellow gowns when assisting him. An interview with the Licensed Practical Nurse/Staff H at approximately 9:30 AM revealed Resident #133 has [MEDICATION NAME] Resistant [MEDICATION NAME] (VRE) in the urine. She stated proper gown and gloves should be used for addressing the resident's needs. The disposal receptacle, a small plastic trash can with bag was next to the door. It was filled with used protective gowns and gloves. Further observation of Resident #133 in his room on 3/10/2020 at approximately 11:30 AM revealed a CNA (Certified Nursing Assistant), Staff I was exiting the room with a hairnet on his head. The Unit Manager for the 400 hall, told him to take it off and dispose of it. The Unit Manager walked down the hall. Staff I returned to the room and put his hairnet in the trash can in the room. While in the room, he did not put on a gown or gloves and pulled the trash bag filled with used protective equipment out of the trash can and exited the room with sanitizing completing hand washing. The Unit Manager came back to the hallway in front of the room and confirmed the CNA// Staff I was holding a bag filled with used protective supplies when he left the room with no gloves. Review of Resident #133's record revealed he was admitted to the facility on [DATE]. Review of the medical [DIAGNOSES REDACTED]. Review of the Medication Administration Record [REDACTED]. The order is dated for administration through 3/13/2020. He has been diagnosed with [REDACTED]. There was an order for [REDACTED].#8, Resident requires isolation precautions, the required PPE can be located on the resident's door, #9, Staff will follow the policy for isolation precaution and the use of PPE, #10, use of gloves a. when it is likely the employee's hand will come in contact with blood, body fluids, secretion, excretions, mucous membranes, and /or non-intact skin and handling soiled linens or items that may be contaminated.</p> <p>3) Observation on 3/13/2020 at 9:02 AM with Staff I, a Certified Nursing Assistant (CNA) entered isolation room [ROOM NUMBER] with complete personal protective equipment (PPE). Record review revealed that Resident #133 in room [ROOM NUMBER]-1 is on contact isolation for [MEDICATION NAME] Resistant [MEDICATION NAME] (VRE) in urine. Observed brand new, sealed disposable stethoscope and unused blood pressure cuff in the isolation bin outside the door. The isolation room did not have a designated thermometer as confirmed by Staff I, a Certified Nursing Assistant (CNA). Interview with Staff I, CNA on 3/13/2020 at 9:10 AM when asked what was used to obtain the resident's temperature, Staff I, CNA replied, I used the handheld thermometer. The Unit Manager/Staff O, Registered Nurse (RN) was interviewed on 3/13/2020 at 9:15 AM and stated that there is a thermometer in that room. A request was made to see the thermometer. The Unit Manager donned PPE (Personal Protective Equipment), entered room [ROOM NUMBER] and confirmed that there was no designated disposable thermometer inside the room for this resident. Interview with Staff O, Unit Manager on 3/13/2020 at 9:12 AM stated that room [ROOM NUMBER] is on contact isolation for [MEDICATION NAME] Resistant [MEDICATION NAME] (VRE) in the urine. Review of Isolation Procedure policy with a revised date of 1/2020 under #15 read: Items for checking blood glucose and vital signs will remain in the room until resident is no longer in need of isolation precaution. 4) Observation on 3/12/2020 at 2:54 PM with the Director of Nursing revealed there is no designated vital sign equipment inside the isolation room [ROOM NUMBER]-1. Record review revealed Resident #432 is on contact isolation due to [MEDICAL CONDITION]. During an interview with Resident #432 on 3/13/2020 at 8:22 AM when asked what the staff uses to check her temperature, Resident #432 replied; the thermometer in the rolling cart with the plastic cover/probe. When asked if staff sanitizes the machine before leaving her room the Resident stated: I do not remember. The Resident stated she has an infection in her stool and still has some loose bowel movements. Review of Isolation Procedure policy with a revised date of 1/2020 under #15 read: Items for checking blood glucose and vital signs will remain in the room until resident is no longer in need of isolation precaution.</p>		