

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SIGNATURE HEALTHCARE OF ORANGE PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2029 PROFESSIONAL CENTER DR ORANGE PARK, FL 32073</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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program by not conducting appropriate visitor screenings to prevent the transmission of COVID-19 during 4 of 6 opportunities observed. This has the potential to affect the staff and 65 residents of the facility. The findings include:</p> <p>Upon entrance into the facility on [DATE] at 9:00 AM, Employee A, screener, failed to screen Surveyor #1 for symptoms consistent with COVID-19, history of travel to high risk locations, and contact/exposure to individuals with symptoms. Only a temperature was taken. On 7/28/20 at 9:00 AM, Employee B failed to screen Surveyors #1, #2 and #3 for symptoms consistent with COVID-19, history of travel to high-risk locations, and contact/exposure to individuals with symptoms. Only a temperature was taken. An interview was conducted with Employee B on 7/28/20 at 10:30 AM where the employee confirmed that she was responsible for conducting the visitor screenings on 7/28/20. She was asked to describe what she does during her shift due to COVID. She stated she comes to work, puts on her mask, washes her hands and wipes down the entire front desk. When asked what she does if someone comes in the front door, she stated she makes sure they have a mask on and if they are dropping off something for a resident, she wipes down the item and keeps it at the front desk for 24 hours. When asked what she does specifically for employees, she stated when they leave, she gives them a paper bag to put their N95 mask in it and it is labeled with their name and she keeps it at the front desk. When an employee comes in for their shift, she takes their temperature, writes their name down and she gives them the sticker that says they have been screened. Review of the Policy and Procedure Coronavirus (COVID-19)-Restriction of Visitors effective 3/9/2020, and revised 6/29/2020 revealed that the facility will implement restricted visitation to strive to prevent the spread of COVID-19. It also indicated if visitation is necessary, visitors are screened upon entry into the facility using the questions on the Visitor Log for symptoms of COVID-19 as identified/defined by the Centers for Disease Control (CDC) and any visitor with any of the symptoms identified by the CDC should not be permitted to enter the facility at any time (even in end-of-life situations). The policy further states if a visit is allowed, a trained stakeholder can review the visitor's screen and determine if the visitor can enter the facility. A trained stakeholder is identified as the following: Having received education on COVID-19 symptoms and risk factors, the screening process and screening questions, regulations and guidance related to limiting a resident's right to visitors, how to manage situations where visitors or vendors may not want to leave the premises. If the is approved for entry, the visitor is given a sticker with the date and signature of the stakeholder approving the visitor for entry. On 7/28/20 at 11:15 AM, record review with the Interim Director of Nurses (DON) of in-services and sign-in sheets for the required staff training prior to allowing them to screen visitors and employees did not find Employee B attended any required training or in-service prior to conducting COVID-19 screenings. The interim DON confirmed she had no documentation that Employee B received the required training regarding screening for COVID-19. On 7/28/2020 at 11:30 AM, the Interim DON, she was asked about the facility's screening processes for visitors. She confirmed that upon entry into the facility, visitors were to be screened for fever, respiratory symptoms, and recent travel. She explained that the findings from the screening were to then be documented on the screening form and the person conducting the screening then signs the form and gives a sticker to the visitor stating the visitor has been screened. .</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.