

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER ROYAL OAK NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 37300 ROYAL OAK LANE DADE CITY, FL 33525	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and policy review the facility failed to ensure two of two reusable face shields were disinfected for the required contact time noted for the type of disinfecting wipes used on one unit (200 hall) of one unit utilized as a quarantined COVID-19 unit. Findings included: At 10:09 a.m. on 5/13/20, a tour was conducted of the facility. The tour revealed nine resident rooms on the 200-hall (rooms 217, 219, 221, 226, 227, 229, 228, 230, 231) with signage that indicated the residents residing in the rooms were under droplet precautions. The signs on the doors to the nine resident rooms included laminated instructions for the donning and doffing of Personal Protective Equipment (PPE). At 11:20 a.m., an observation was made of Staff B, Certified Nursing Assistant (CNA), dressed in a gown, face mask, gloves, and face shield enter resident room [ROOM NUMBER] with a meal tray. Staff B exited room [ROOM NUMBER] with a face shield in hand. The staff member was not wearing the gown previously seen wearing when entering the room. Staff B went to the isolation caddy in between rooms [ROOM NUMBERS] and removed a wipe from a yellow disinfecting wipe container. The staff member wiped the face shield and began waving the shield back and forth at waist level. At the same time an additional observation revealed Staff A, CNA set a meal tray on an over-the-bed table outside of room [ROOM NUMBER]. The Staff A was wearing two face masks, donned a gown, a face shield and gloves, picked up the tray, and entered room [ROOM NUMBER]. Staff A left room [ROOM NUMBER] without the gown and with the face shield in hand. Staff A went to the isolation caddy near room [ROOM NUMBER], removed a wipe from the same yellow disinfecting canister, wiped the face shield, and waved it back and forth. Staff A, CNA and Staff B, CNA were both interviewed immediately following the observations. Staff A stated the face shield was to be wet for four minutes. The staff members continued to wave the respective face shields back and forth during the interview. Staff A stated that sometimes she washes the face shield with soap and water in the residents' room. The observation indicated more meal trays to be delivered. A review of the Brand Name Disinfecting Wipes container included the following instructions disinfect: (Photographic Evidence Obtained) - Allow to remain wet for four (4) minutes. - Allow surface to air dry. At 11:44 a.m., the Staff Developer was observed highlighting the instructions for disinfecting on a container of Brand Name Disinfecting Wipes on the 200-hall. At 1:50 p.m., the Director of Nursing stated the contact time for Brand Name Disinfecting wipes was four (4) minutes and her expectation was for staff to clean the face shields and keep it wet for four (4) minutes. The policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 2001 and revised July 2014, indicated, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC (Center of for Disease Control and Prevention) recommendations for disinfection and the OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard. The policy identified reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment). A review of the CDC guidelines for, Cleaning and Disinfecting Your Facility, (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html), revealed: Disinfect *Recommend use of EPA-registered household disinfectantexternal icon. Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend: o Keeping surface wet for a period of time (see product label). o Precautions such as wearing gloves and making sure you have good ventilation during use of the product. An untitled an undated bullet-point document was received from the facility which indicated equipment (was) to be cleaned before and after use and between each patient use.</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.