

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 401 FAIRWOOD AVE CLEARWATER, FL 33759	
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, facility policy review, and Centers for Disease Control and Prevention (CDC) guidelines the facility failed to perform appropriate screening and education for COVID-19 infection control practices related to hand hygiene and sanitation of the employee clock-in keypad for one of one visitor and three of three facility employees observed (Director of Nursing, Director of Rehabilitation, and Staff A). Findings Included: On 8/19/20 at 8:45 a.m., an observation of signage on the front entrance door stated to use bleach sanitizer wipes prior to touching the entrance door or the radio. Bleach wipes were stored in a clear container immediately in front of the closed entrance double sliding doors. On 8/19/20 at 8:46 a.m., an observation revealed an unidentified visitor entered the building by pulling open the sliding entrance doors with his bare hands without using a bleach wipe prior to touching the door surface. The male visitor was carrying two briefcases. The visitor was stopped by a facility staff member performing COVID-19 screening, later identified as the Assistant Director of Nursing (ADON). The screener monitored the visitor's temperature, and asked questions related to signs and symptoms of COVID 19. Once the screening was completed, the visitor signed the screening document, picked up his briefcases and walked away. The visitor did not perform hand hygiene before or after the screening process. The screener/ADON did not stop the visitor nor provide education on appropriate hand hygiene practices related to COVID-19. On 8/19/20 at 8:47 a.m., an observation revealed a staff member, later identified as the Director of Nursing (DON), entered the building by pulling open the sliding entrance doors with her bare hands without using a bleach wipe prior to touching the door surface. She left the double doors open. The screener/ADON performed monitoring for COVID-19. Once complete, the DON walked away from the screening table into a front office. The DON did not perform hand hygiene before or after the screening process. The screener/ADON did not stop the DON, nor provide education on appropriate hand hygiene practices related to COVID-19. On 8/19/20 at 8:47 a.m., an observation of the screening table and an observation of an employee storage table with a sign revealed instructions to immediately upon entering the facility you must report to the front office for screening. Please use hand sanitizer prior to clocking in and use an alcohol swab on the time clock finger pad. A total of two bottles of hand sanitizer were available in the screening location, one on the screening table and another on the employee storage table. Signage review on the screening desk revealed, How to disinfect the TIME CLOCK . You will receive 2 alcohol swabs as you are screened outside the front of the facility. As you approach the time clock Sanitize your hands, open the 1st alcohol swab and wipe the time clock and dispose the 1st alcohol swab, place your finger on the time clock and clock in, open 2nd alcohol wipe and clean the time clock and dispose the 2nd alcohol wipe, sanitize hands . Signed by the DON. On 8/19/20 at 8:49 a.m., an observation revealed a staff member, later identified as the Director of Rehab (DOR), entered the building through the open sliding doors. The screener/ADON performed monitoring for COVID-19. Once completed, the DOR signed the screening document and walked away from the screening table. The DOR did not perform hand hygiene before or after the screening process. The screener did not stop the DOR, nor provide education on appropriate hand hygiene practices related to COVID-19. The Screener/ADON did not provide the DOR with alcohol swabs to use at the time clock. On 8/19/20 at 8:50 a.m., Staff A, Registered Nurse (RN), entered the building through the open sliding doors. The screener/ADON performed monitoring of COVID-19, and Staff A signed the document. Interview with Staff A at the time of the observation revealed that employees must enter through the front doors to be screened for COVID-19 prior to clocking in. Once screening was completed, they go through a set of double doors into a back area where employees will clock in prior to beginning their shift. Staff A then walked away from the screening area without performing hand hygiene before or after screening. The screener/ADON did not stop Staff A, nor provide education on appropriate hand hygiene practices related to COVID-19. The screener/ADON did not provide Staff A with alcohol swabs to use at the time clock. On 8/19/20 at 8:51 a.m., the DON stated that the procedure when entering the building was to be screened at the front desk, sign the COVID 19 screening document with a clean pen, have a temperature taken and then proceed into the building. After a few people were screened, the screener will use the bleach wipe to clean the door and the radio. Visitors should use hand sanitizer upon entering the building. Besides hand sanitizer being available at the screening desk, hand sanitizer and alcohol wipes to clean the employee clock-in pad were available by the clock-in station. The DON stated that she did use hand sanitizer upon entering the building, but if she did not then she had hand sanitizer available in her office. On 8/19/20 at 8:52 a.m., Staff A approached the clock-in station and began to touch the clock-in keypad. Once done touching the keypad, Staff A walked away from the keypad back out into the main hallway of the facility. Staff A did not perform hand hygiene before or after touching the clock-in keypad. Staff A did not use alcohol swabs before or after touching the clock-in keypad. On 8/19/20 at 8:55 a.m., an observation of the clock-in station with the DON occurred. A hand sanitizer dispenser was located directly next to the clock-in keypad. A small white container was available for discarded alcohol swabs. Hand sanitizer was available within the dispenser, however, there were no alcohol swabs by the station for cleaning of the keypad. The DON stated that the facility had plenty of alcohol swabs. She stated that if no alcohol swabs were available to clean the keypad, then employees should notify someone to have the location re-stocked. The DON instructed another facility staff member to restock the alcohol swabs for employee usage. Observation with the DON on 8/19/20 at 9:30 a.m. revealed that a new COVID-19 screener was present, identified as Staff B, Social Services Assistant/COVID 19 entrance screener. Interview with Staff B at the time of observation revealed that the procedure for entering the facility was to have the person wait outside the door and a disposable mask was provided to them. The person must then use hand sanitizer prior to completing the screening process and then use a clean pen to sign the screening form. An employee was then provided with alcohol wipes for the clock-in station. The DON was present during the interview. An interview on 8/19/20 at 9:35 a.m. with the DON revealed that the screener observed prior to Staff B was the Assistant Director of Nursing (ADON), RN. The ADON had completed the screener competencies prior to 8/19/20. The DON stated that the ADON was in the process of re-education on the importance of screening competencies and requirements of people entering the building. Record review of COVID-19 Screener Competency revealed the ADON completed training on 7/20/20 and 7/27/20. The competency was signed and dated by both the ADON and the DON. On 8/19/20 at 10:35 a.m., documentation was provided by the DON to show that the ADON was, Re-educated on importance of COVID-19 screening @ entrance. The document was dated and signed 8/19/20. Follow-up interview on 8/19/20 at 11:48 a.m. with Staff A, RN, revealed that upon entrance into the building screening occurs with a temperature and a COVID-19 screening sheet was completed. She stated that normally, the screener will provide the employee with two alcohol wipes to clean the time clock with. There was a bin to dispose of the alcohol swabs in once used. She stated that upon clocking in that day, she was running late to her shift on the COVID observation unit. She could not remember if there were alcohol swabs available to clean the clock with. Record review of the Hand Hygiene/PPE Education/Audit COVID 2020 Infection Control Binder revealed that handwashing audits were completed on 7/20/20, 7/25/20, 7/27/20, 7/28/20, 7/29/20, 7/30/20, 7/31/2020, 8/4/2020, 8/11/20, and 8/13/20. On 8/19/20 at 1:00 p.m., an interview was conducted with the Nursing Home Administrator (NHA), DON, and the ADON. The NHA stated that the facility was aware of the hand hygiene issue. Education was being provided to the facility staff members to try and correct the behaviors. It was a</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 - Few	<p>(continued... from page 1)</p> <p>process to try and correct these behaviors. Facility policy review of Infection Control, revised August 2014, revealed, This facility's infection control policies and practices were intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections . 4. All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities. 5. The Administrator or Governing Board, through the Quality Assurance and Performance Improvement and the Infection Control Committees, has adapted out infection control policies and practices, as outlined herein, to reflect the facility's needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA, OSHA, and CDC guidelines and recommendations. A review of CDC guidance and references revealed the following: Coronavirus Disease 2019 (COVID-19) Healthcare Workers Hand Hygiene, updated May 17, 2020, revealed, Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role . CDC recommends using ABHR with 60-95% alcohol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink. Preparing for COVID-19 in Nursing Homes dated June 25, 2020 - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens . Core Practices - Reinforce adherence to standard IPC measures including hand hygiene . How COVID-19 Spreads updated June 16, 2020 - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way [MEDICAL CONDITION] spreads, but we are still learning more about how this virus spreads.</p>		