

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER HIGHLANDS LAKE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4240 LAKELAND HIGHLANDS RD LAKELAND, FL 33813	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the quality assurance committee was actively involved in the effective creation, implementation and monitoring of the plan of correction for deficient practice after a complaint investigation that was conducted on 4/20/2020 with findings at F 880. Ongoing non-compliance was identified at the revisit related to 1. omitted documentation related to enhanced environmental cleaning for COVID 19, 2. not maintaining water fountains covered with signage to aid in the prevention of COVID-19, 3. practice proper application of surgical mask to prevent the spread of COVID-19, masks. 4. Infection Control Preventionist failed to practice wet contact time for disinfection for possible transmission of COVID-19. Findings Included 1. Record review was conducted of the facility plan of correct (POC) that included a completion date on 5/20/2020. The plan step #1; Center has procedures and staff practices in place to prevent the spread of COVID-19. One of the steps included Scheduled Environmental services hourly cleaning of high touch areas. The facility provided their POC binder that included a document titled High Touch Cleaning Schedule for the Coral Court unit. The cleaning schedule time start was at 7:00 a.m. and hourly until 11:00 p.m. Further review of the cleaning schedule revealed omitted documentation on 5/24/2020 at 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and at 11:00 p.m. Omitted documentation on 5/25/2020 at 3:00 p.m., 4:00 p.m. 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and at 11:00 p.m. Omitted documentation for the entire day on 5/26/2020. Omitted documentation on 5/27/2020 at 4:00 p.m. 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and at 11:00 p.m. Omitted documentation on 5/28/2020 at 4:00 p.m. 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and at 11:00 p.m. At 1:19 p.m. an interview was conducted with the Environmental Services Director that confirmed the scheduled cleaning of high touch areas are daily. The start time is scheduled for 7:00 a.m. and hourly until 11:00 p.m. He was asked if the staff are aware of the cleaning schedule. He said staff members were trained on the cleaning schedule form and its required documentation. He was asked about the omitted documentation. The Director indicated he was out of the building on those days. 2. Further review of the facility plan of correction (POC) additionally listed under step #1; Water fountains covered and signage for non-use. The POC binder had a copy of the Physical Configuration (map) that contained the date 10/04/2019. The map indicated three separate units. The first unit named was Herington Point, the second(NAME)Court and the third unit Park Place. The map indicated in three water fountains in the facility. A tour of the facility was conducted that revealed a water fountain on the Park Place unit. This water fountain was not covered nor was signage posted indicating it was for non-use. At approximately 2:30 p.m. the Director of Nurses was asked about the water fountains in the facility being covered for non-use. She said they had all been covered. She was asked to observe the water fountain on park place. The Director of Nursing confirmed that the water fountain should have been covered and would take care of it. 3. On 5/29/2020 at 12:10 p.m. the kitchen staff were observed through two windows on the doorway entrance. Kitchen Staff B was standing in front of a tray line placing items on top of a tray. The tray contained an uncovered plate of food. As the staff member turned, she was noted with her surgical mask below her nose. Just at that time she looked over at the windows and smiled at the surveyors. She walked across the room and opened up the door. As she did this her mask remained below her nose. She confirmed that her mask was below her nose and that it slipped down frequently. The Plan of Correction step #1 Center has procedures and staff practices in place for using correct PPE (Personal Protective Equipment) Step #2 Center staff practices to prevent the spread of COVID-19 audited and all findings corrected. Center is using surgical masks at all times while in the center. Learning specialist/designee educated staff of practices to prevent the spread of COVID-19 specifically to include the application and removal of PPE, using surgical masks, proper application and fitting of gown, face shields, masks. (100%) of active team members educated. Facility Education records were reviewed titled Application and Removal of Personal Protective Equipment Competency tool dated on 9-12-19. The Task/ Step at #2. Put on face mask (if eye protection is not necessary) using the elastic bands around the ears and making sure the mask is snug on the bridge of the nose to below the chin. Review of the facility provided Centers for Medicare Services (CMS) 672 indicated the facility census was 44. Listed on the 672 current residents with orders for nothing by mouth zero (0). 4. At 12:20 p.m. during the tour of the(NAME)court unit the Infection Control Preventionist (ICP) was noted standing in front of a computerized touch screen. The screen was directly across from the nursing station. She held the bottle of spray in her right hand and pumped the liquid contents on the screen surface. With her left hand she immediately utilized a paper towel and dried the screen surface. The ICP was asked what she was cleaning the screen with. She turned the bottle that contained an attached label Brand Name, the label included the following: Disinfectant, Cleaner, Mildewsatat, Fungicide, Virucide and Treated surfaces must remain wet for 10 minutes. (photographic evidence obtained) At 12:35 p.m. an interview was conducted with the Environmental Director (ED) as he confirmed the Brand Name cleaner was a disinfectant spray that the facility was currently using. He was informed of cleaning process that had been observation by the ICP. the ED stated, that the (Brand Name cleaner) requires a contact time of 10 minutes. He then confirmed that the touch screen was not disinfected properly. The Infection Preventionist (IP) was interviewed at 10:10 a.m. She said that the staff had been educated on PPE, infection control due to the COVID-19 outbreak and it is really being done daily. Competency checklists have also been done. All staff are to wear a surgical mask and face shield at all times, gown and gloves as needed. The entire facility is considered to be on droplet precautions. The Learning Specialist was interviewed at approximately 10:30 a.m. on 5/29/2020. He said that all staff are trained by him and the IP works with him on infection control as well. He said that new team members have orientation and they are educating and in servicing on the floor mostly with a focus on HH (hand hygiene) and PPE usage. He said they did do a full set of competencies on COVID-19 already for all the staff. We also are doing the education on cough etiquette, respiratory and HH. We are doing monitoring and are rating them when we do this. If they score low, then they have an individual educations We do the monitoring daily for five to six staff members. We have an evening supervisor and a weekend supervisor they are assisting in the monitoring of staff. The IP works with me when we are doing the training. At 2:57 p.m. the Director of Nurses was interviewed. She said they had done education on the use of all PPE. The unit managers are looking at the staff daily and if we see any problems with the use of the PPE we will be intervening right away. The dietary staff are not seen by nursing too often. The dietary manager is responsible for them. The laundry department is responsible for monitoring the use of PPE in that area. They are responsible for the monitoring of the staff in each area. We just had a Quality Assurance meeting last week. Each department manager is responsible for monitoring their own staff.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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 - Some	<p>(continued... from page 1)</p> <p>Based on observations, interviews and record reviews the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to prevent the development and transmission of coronavirus disease, COVID-19 regarding lack of having procedures and staff practices in place to prevent the spread of coronavirus in the facility for 64 residents who tested positive for the [MEDICAL CONDITION] from [DATE] to [DATE] out of a total of 135 tested and specifically in regards to lack of use of the correct PPE (Personal Protective Equipment), lack of procedures in place to track residents and staff positive for the [MEDICAL CONDITION], failure to test all symptomatic staff and lack of use of masks and spacing of residents to prevent exposure to droplets during nebulizer treatments for 2 (#52, #53) of two residents observed. Findings included: A joint visit with the Department of Health (DOH) was made on [DATE] at 3:30 p.m. The facility was notified by the Department of Health on [DATE] at 1:36 p.m., prior to the joint visit, that a resident had tested positive for the [MEDICAL CONDITION]. At that time a test was conducted on the resident's roommate. The DOH representative emphasized to the facility team the need for screening, effective hand hygiene and appropriate use of personal protective equipment. The DOH representative confirmed the importance of screening the residents every shift and if a resident presents with respiratory symptoms to isolate immediately. The DON and the Alternate Nursing Home Administrator on [DATE] confirmed they had stopped visitation, stopped communal dining and activities and were screening staff temperatures on entrance to the facility. A telephone interview was conducted on [DATE] at 4:20 p.m., for a facility update. The Alternate Nursing Home Administrator said, Our census as of midnight was 132. We have in the facility 11 current COVID 19 positive residents. We have 14 new residents presenting with signs and symptoms and 10 roommates who were potentially exposed. The facility has had 4 COVID 19 related deaths to date. There have been no additional staff identified or suspected. At 10:30 a.m., today I was notified by nursing staff that there was another group of residents on another hall that were exhibiting signs and symptoms. In collaboration with a local hospital, they sent one of their Infectious Disease Physicians and a nurse. They came out to the facility and assessed the residents. Those needing a test were done by them. As of this morning we have moved all 11 COVID 19 positive residents to the hospital. The next phase of transfers were for residents with suspected COVID 19 and then later today they will be transferring roommates. An unannounced visit was conducted on [DATE] at 11:00 a.m., that included a tour of the facility beginning at 11:33 a.m. Direct care staff on the 400 hall (isolation area) were observed wearing surgical masks as they entered the isolation rooms. Non-direct care staff were observed on the isolation hall wearing scarf type face coverings. The facility management team well as support staff were observed wearing scarf like face covering on and off the dedicated isolation area. In an interview with the DON on [DATE] at 12:02 p.m., she said, Yes, we do have a supply of N95 masks. Once I read that the N95 masks really did not provide any better protection that these surgical mask (pointing to the one she had on), I have not enforced direct care staff to use the N95 masks on the isolation hall. Only direct care staff should be on the isolation hall. An interview was conducted on [DATE] at 11:50 a.m., the Alternate Nursing Home Administrator said, on [DATE] we transferred 38 customers to the hospital. These customers included the 11 COVID 19 positive, 2 pending, and 12 symptomatic with 10 roommates and 3 customers that were clinically declining. A review of the facility infection control line item specifically for monitoring the signs and symptoms and results of those tested for the COVID 19 was not up to date. The line item did not include all residents and staff members who had tested positive or were pending test results. The facility line item did not reflect the same information as provided by the DOH. An interview was conducted on [DATE] at 1:15 p.m., with the facility identified Infection Preventionist. She said, Things have been changing so quickly. I have updated the report the best I could. An observation was conducted on [DATE] at 11:43 a.m., Resident #52 was in her room sitting in her wheelchair in the middle of the two beds with Resident #53 sitting on his bed less than 2 feet away. Resident #52 was administering a nebulizer treatment by herself. From the doorway, droplets from the nebulizer were visually seen coming from the nebulizer pipe and dispersing throughout the area shared between the two residents. Resident #53 did not have on a face mask for protection for the nebulizer droplets. There was not a nurse on the hallway at the time of the observation. An interview was conducted on [DATE] at 11:45 a.m., with Staff D, nurse who said, No, I do not see that Resident #52 has an order to self-administer her nebulizer treatments. I do not know if Resident #53 has a mask or not. Why would he need to wear one? I have not been told if that is the process. I do understand though. In an interview conducted on [DATE] at 11:50 a.m., Resident #52 said, I do this by myself all of the time. I am used to it. No, we do not have any masks in here. An interview was conducted on [DATE] at 3:30 p.m. with the alternate Nursing Home Administrator. She said I guess in hind sight we should have transferred the residents out in the beginning that tested positive. But, in the beginning they had symptoms and then they were asymptomatic. Then several days later their condition changed. We did not see any reason to overload the hospital with the residents who had tested positive when we thought we could manage them here. We have not tested the remaining residents or staff. We have not been given that recommendation by DOH. A telephone interview was conducted on [DATE] at 7:10 p.m., with the responsible party for Resident #36 who said, They sent her out to the hospital and we found out she had the [MEDICAL CONDITION]. When she got out of the hospital, I took her home. She died here at home with me. I had no idea how bad it was in the facility. They should have told us how many residents were sick with it. A review of the facility infection control line list revealed the following, Positive staff: Staff A, B, C, E, I, L, O, T, HH, tested positive for COVID 19. Staff who presented with symptoms and were not tested : F, G, H, K, N, R, U, V, Z, AA, DD, EE, FF, KK, LL, MM. An interview was conducted with the facility Infection Preventionist on [DATE] at 2:19 p.m., she said, If I had a staff member report symptoms such as fever, sore throat, cough, vomiting, diarrhea and a headache, I would add them to my line item and I would call it in to the DOH. The DOH would tell me whether the employee and the residents, for that matter, needed to be tested. I am in contact with the DOH daily sometimes more than once a day. I guess it is possible that someone not tested could be positive. Review of a Florida Department of Health report dated [DATE] from the Epidemiologist for Polk County Health Department revealed a cumulative line list of COVID-19 results from the residents of the facility. The report revealed To date DOH has tested 135 residents and among those 64 were positive, 68 were negative, and 3 are pending. To date there are 12 deaths. A review of the facility policy titled Novel Coronavirus Prevention and Response with an effective date of [DATE] (4 pages).Policy: This service location will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. Policy: Explanation and Compliance Guidelines: 1. The infection Preventionist will assess service location risk associated with the COVID-19 through surveillance activities of emergency diseases in the community and illness is present in the service location. A. No current risk the service location implement interventions for prevention and prepare for potential outbreak. B. Threat detected the service location will respond promptly and implement emergency and/or outbreak procedures. Preventionist will assess service location risk associated with the COVID-19 through surveillance activities of emergency diseases in the community and illnesses present in the service location. a. No current risk the service location implement interventions for prevention and prepare for potential outbreak. b. Threat detected the service location will respond properly and implement emergency and/or outbreak procedures. 2. Team member shall be alert to signs of COVID-19 and notify the customers position if evident; a new onset of fever of 100.4 or greater and B. Cough/sneezing see. Or other respiratory signs including shortness of breath. ii. Team members shall be alert to signs of COVID-19 and notify the customers physician if evident; a new onset of fever of 100.4 or greater and B. Cough/sneezing iii. Or other respiratory science including shortness of breath. 3. The service location is assessing and monitoring ongoing when a customer or team member exhibits the following clinical features and epidemiologic risk; Fever or cough/shortness of breath and has had close contact with a laboratory confirm COVID-19 patient within the 14 days of symptom onset. Fever and cough/shortness of breath requiring hospitalization and a history of travel from affected geographic areas, within 14 days of symptom onset. Fever with severe acute lower respiratory illness pneumonia, ARDS requiring hospitalization without an alternative explanatory [DIAGNOSES REDACTED]. 4. Interventions to prevent the induction of respiratory germs into the service location; a. Restricting visitation for the Governors Executive orders b. Posting signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection. c. Screening team members, visitors, vendors and other healthcare professionals prior to coming into our service location. d. Enforce sick leave policies that allow team members to stay home if they have symptoms of respiratory infection. Follow service location policy regarding work restriction when a team member has an infectious disease. e. Assess customers for symptoms of respiratory infection upon admission to the service location and implement infection prevention practices for incoming symptomatic customers. 5. Interventions to prevent the spread of respiratory germs within the service location; a. Keep customers and team members informed by answering questions and explaining what they can do to protect themselves and their fellow customers and team members such as handwashing, facial separation, respiratory hygiene/cough etiquette. b. Monitor customers and team members for fever or respiratory symptoms. 1. Restrict customers with fever or cute respiratory symptoms to their room. Have them wear a face mask if</p>		

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Arrange for transfer to service location with the appropriate capacity to manage the customer designated treatment center. 1. inform ambulance personnel of suspicion of Covid 19 when arranging transportation. To inform team members at transfer location of suspicion of Covid 19. f. Implement standard, contact, and airborne precautions droplet precautions if no airborne isolation room available. Wear gloves, gowns, goggles/face shields and masks upon entry room and when caring for the customer. g. Dedicated medical equipment preferably disposable, when possible should be used for the provision of care. Clean and disinfect all other equipment used for care. H. Avoid aerosol generating procedures such as suctioning as possible. A review of the facility policy titled Infection Prevention and Control Program/Exposure with an effective date of [DATE] and a revision date of [DATE] (9 pages) Policy: The service location establishes and maintains an Infection Prevention and Control Program (IPCP) designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Purpose: The purpose of the Infection Prevention and Control Program is to improve customer outcomes and reduce the risk of acquisition and transmission of communicable diseases in customers and team members. A complete infection prevention and control program includes risk assessment of internal factors and environmental assessment of the infection rates in the geographic area served where applicable. By utilizing the risk assessment service locations will establish goals in accordance with the infection prevention and control program to effectively review practices that provide surveillance, reduce/control outbreaks, and initiates process. Process: 1.8 Transmission based Precautions (formerly isolation precautions); 1.9 Proper hand hygiene procedures to be followed by team members involved in direct customer contact, to include alcohol based hand rub (ABHR) when applicable. 1.10 Sanitation of the environment, medical equipment, devices and supplies. 1.11 Infection prevention education for team members, customers, and visitors. A review of the policy titled Personal Protective Equipment with an effective date of [DATE] and revised on [DATE] (5 pages) Policy: This service location will provide appropriate personal protective equipment (PPE), in accordance with the procedure outlined below and the CFR1910.1030 when exposure to blood and other potentially infectious materials is likely. Process: 1. When and where there is occupational exposure, the service location will provide at no cost to the team member, appropriate personal protective equipment such as but not limited to gloves, gowns, laboratory coats, Face shields or mask and eye protection, mouthpieces, resuscitation bags, pocket mask or other ventilator devices, shoe covers. A review of the CDC to the guidance as of [DATE] (updated): Current knowledge suggests that spread from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs, sneezes, or talks, similar to how influenza and other respiratory pathogens spread. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. This route of transmission is not a concern when handling human remains or performing postmortem procedures. 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, but this is not thought to be the main way [MEDICAL CONDITION] spreads. CDC will update this interim guidance as additional information becomes available. To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19. Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP. For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a facemask may be used for source control if supplies are available. Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. As community transmission intensifies within a region, healthcare facilities could consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for HCP and screening for fever and symptoms before every shift. Review of Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs), [DATE]. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html included, Identify infections early: Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID. Prevent spread of COVID-19: Actions to take now: Cancel all group activities and communal dining. Enforce social distancing among residents. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop.</p>		