

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105621	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER NORTH CAMPUS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 700 N PALMETTO ST LEESBURG, FL 34748	
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>Based on observation, interview and record review, the facility failed to prevent the possible spread of communicable diseases and infections by failing to ensure the staff donned a face mask while on duty in the facility per CDC (Centers for Disease Control and Prevention) guidelines and performed hand hygiene. Findings include: On 06/08/2020 at 10:00 AM, upon exiting the elevator on the second floor, by a screening table, Staff A, Receptionist, was observed wearing a cloth mask and both her nose and mouth were not covered. During an interview on 06/08/2020 at 10:01 AM, Staff A confirmed that her mask was loose and difficult to keep it on. She stated she had a surgical mask underneath the cloth mask, and she was responsible for screening employees entering the facility. On 06/08/2020 at 10:15 AM, the Assistant Director of Nursing (ADON) was observed coming down the hallway from North Wing with a mask around her neck, with nose and mouth exposed. On 06/08/2020 at 10:40 AM, during a tour of the North Wing, Staff B, Certified Nursing Assistant (CNA), was observed working on a computer screen. Staff B was wearing a surgical mask; the mask did not cover Staff B's nose. On 06/08/2020 at 10:41 AM, Staff B stated she was not wearing her mask appropriately. She attended COVID-19 update training and learned about how to wear a mask. On 06/08/2020 at 10:51 AM, during a tour of the East Wing, Staff C, CNA, was observed in the nursing station using a cell phone. Staff C had a surgical mask on her neck. The mask was not covering Staff C's nose or mouth. Behind her at the nursing station, Staff D, Wound Specialist, was observed working on a computer without a face mask on. On 06/08/2020 at 12:58 PM, during a tour of the facility, Staff F, CNA, and Staff B, CNA, were observed sitting and talking in the North Wing nurse's station; both were wearing masks that did not cover their noses. During an interview on 06/08/2020 at 1:00 AM, Staff F stated he did not cover his nose as he had an injury to his nose. He had been asking for a different type of mask, but there was not one available. On 06/08/2020 at 2:52 PM, Staff F, CNA, was observed walking in the hallway with a mask on his neck. The mask did not cover his nose and mouth. On 06/08/2020 beginning at 2:49 PM, Staff G, CNA, was observed wearing a mask and entering Resident #1's room with the portable vital sign machine on wheels and pulse oximeter device. Staff G exited the room and proceeded to Resident #2's room with the rolling vital sign machine at 2:53 PM. Staff G obtained Resident #2's vital signs. Then, Staff G exited the room and entered Resident #3's room. Staff G exited immediately as the resident was not in the room. Staff G then entered Resident #4 and Resident #5's room with the portable vital sign machine at 2:55 PM. Staff G obtained the blood pressure of both Residents #4 and #5. Staff G exited the room at 2:59 PM. Staff G did not perform any handwashing or use hand sanitizer prior to or after exiting the residents' rooms. During an interview on 06/08/2020 at 3:55 PM, the Assistant Director of Nursing (ADON), when asked if the facility staff members are always supposed to wear mask while on duty, the ADON replied, I have educated them over and over and over about wearing mask while at work. Then added, I think it is time for a write-up or disciplinary action. Review of the facility Infection Control policy with an effective date of 03/09/2020, page 1 of 3 read; Policy Statement: It is the policy of North Campus Rehabilitation and Nursing Center to prepare for COVID-19 and implement measures to prevent an outbreak. Good clinical practices and prompt implementation of the COVID -19 policy is expected to result in infection prevention and anticipated outcomes. Policy and Procedure: North Campus Rehabilitation and Nursing Center will prepare, develop and implement best practices to prevent a possible outbreak of COVID-19. The policy developed will seek to help with identification and response to a potential COVID-19 infection outbreak. Best practices will be based on evidenced based research and evolving guidance from the Centers of Disease Control (CDC). Page 2 of 3 read, Facility employees were in serviced on hand washing techniques and contact precaution. All employees are strongly advised to wash hands often and with soap and water for at least 20 seconds. Review of a laminated memo posted at the front entrance of the facility and a copy provided by the ADON read: Effective immediately, all staff and anyone entering the facility must always wear a facial mask. Review of the facility records revealed an in-service dated March 18, 2020 revealing training was provided to all staff related to mandatory mask use while on duty.</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.