

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105823</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROHR HOME, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2120 MARSHALL EDWARDS DR BARTOW, FL 33830</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview with staff and residents and record review the facility failed to ensure infection control practices were followed related to 12 (Resident #1 and 11 other residents observed) of total census of 45 residents observed not wearing wearing masks when in common areas. Findings Included: 1. On 6/04/20 at 11:00 am during a meeting with the Administrator, The Director of Nursing and the Infection Preventionist it was revealed that residents were not wearing facemasks and the choice to wear them had been left optional. If the building had positive cases the facility would make sure the residents wore masks. Currently, the protocol for the wearing of facemasks by residents was less stringent. If a resident was not symptomatic, they were not required to wear a mask when direct care was being provided. If the person is under investigation, then they would have to wear a mask. The residents were social distancing, so they are not required to wear mask when out of their room. On 6/04/20 at 12:30 pm Resident #1 was observed self-propelling with a rolling walker in the hall area without a mask. The Director of Nursing begin to assist but a unidentified CNA came over to further assist resident with concern she was asking about. The staff did not get resident a mask to put on. After the staff and resident interaction the resident continued though the hall without a mask. Another random resident was observed propelling through the hallway areas without mask. Review of the Minimum Data Set for Resident #1 revealed she was admitted to the facility on [DATE], had a BIMS (Brief Interview of Mental Status) score on 3/2/20 of 14 indicating intact cognition. Also on 3/2/20 she reported no shortness of breath or trouble breathing, and was not receiving oxygen therapy. On 06/04/20 at 12:45 pm the dining area was observed. A resident and the activities director were present. The Resident had gloves on but no mask. On 6/04/20 at 2:39 pm 8 residents were observed on the common area, playing Bingo with the activity director. There residents were seated at separate tables without masks on and masks were not observed to be nearby. On 6/04/20 at 2:40 pm while interviewing Staff C, LPN another observation was made of a Resident in the hallway without a facemask on. Staff C did not get the resident a facemask. On 6/04/20 at 3:08 pm Staff D, CNA stated I am in the middle of assisting a resident, but I know that when Residents are out in the common areas, they need to wear a mask. Review of Employee Town Hall Meeting minutes dated April 21st revealed the Infection Preventionist shared the following: Mask are available for staff and should be worn at all times in the building. Masks are also available to residents if they wish to wear one. A May 19, 2020 update from the Centers for Disease Control and Prevention titled Preparing for COVID-19 in Nursing Homes revealed: Implement Source Control Measures. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. In addition to the categories described above cloth face coverings should not be placed on children under 2. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</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.