Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969382	A. BUILDING: _____ B. WING _____	04/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF WILDWOOD	1477 HUEY STREET WILDWOOD, FL 34785

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2022005550) was conducted at Harborchase of Wildwood on , , through , , . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , , hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure an unlicensed	A 036		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 036	Continued From page 1 person providing assistance with self-administration of medications used gloves or completed hygiene before and after each resident for 4 of 4 residents observed for medication pass, Resident #4, Resident #5, Resident #6, and Resident #7. Findings: On , at approximately 9:30 AM, a medication pass observation was conducted with Staff B, Medication Technician (Med Tech.) Staff B was observed assisting with self-administration of medication to Resident #4, Resident #5, Resident #6, and Resident #7. Staff B did not utilize -based gel to sanitize her or soap and water to clean her prior to assisting the residents with self-administration of medications. Staff B removed medications from their individual packets, placing all pills in her non-gloved and then putting the pills into a medication cup prior to giving them to the residents to consume. On , at approximately 11:47 AM, during an interview with Staff B, she stated that she was taught in medication class not to touch the pills and to complete hygiene before and after each resident. On , at approximately 1:00 PM, during an interview with the Regional Director of Health and Wellness (Registered Nurse), she confirmed that her expectations are for the staff to complete hygiene before and after each resident, and medications should never be placed in staff . Medication should be placed in a medication cup prior to providing it to the residents.	A 036		

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A 036	Continued From page 2 On . . . . . , at approximately 12:26 PM, during an interview with the Resident Care Nurse Manager Licensed Practical Nurse (LPN), she stated that her expectation is that hygiene must be completed before and after each resident, and medication should never be touched by the med tech or nurse. Review of the facility policy and procedure titled, "Standard: Handwashing and Glove Usage," date issued: . . . . , date revised . . . . , read: "Gloves are used to protect both the Associates and the residents. The Associates are trained to use gloves that fit. Gloves will be changed after each resident. All associates should wash their : Before and after medication administration to a resident. Associates will use soap and water to wash their ." Class III	A 036		