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
	AL11969174	A. BUILDING: _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ERA COMMUNITY HEALTH CENTER LLC	1351 N KROME AVE HOMESTEAD, FL 33030

(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 #2024007972 was conducted at New Era Community Health Center from through . The provider had deficiencies at the time of the survey.	A 000		
A 036 SS=L	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, record review and interview, the facility failed to ensure that services	A 036		

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A 036	Continued From page 1 were provided in a manner that reduced the risk of transmission of -causing ( ) for one of three sampled residents (Residents #1,2,3). Recommendations made by the Centers for Control and Prevention (CDC), Occupational Safety and Health Information (OSHA) and the local Health Department to implement biennial tests of the facility's water systems for were ignored in 2023 despite cases of Legionnaire's being found at the site in 2019, 2021, and 2022. Resident #1 was hospitalized in with , and tested positive for . Findings: A review of a letter from the health department dated to the facility confirmed Resident #1 was diagnosed with Legionnaires' , including the confirmation that the resident received care at the facility10-14 days prior to developing symptoms. Occupational Safety and Health Information (OSHA) defines as: "Legionnaires' and Pontiac are collectively known as Legionellosis, a caused by Legionnaires' is a serious, potentially deadly, (i.e., ,)." A review of Resident #1's health assessment dated revealed that the resident was diagnosed with Prostatic Hyperplasia ( ), , , , and . The resident needed assistance with self-administration of medications and self-care, required supervision with bathing and , and was independent in ambulation,	A 036		

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A 036	Continued From page 2 eating, toileting and transferring. The resident's status was identified as awake, alert and oriented times two. A review of progress notes dated at 10:31 AM regarding Resident #1's condition documented: "During round check, the staff reported that the resident had a and general discomfort. Staff called the administrator, and the resident was sent in non-emergency transportation to Larkin Hospital. PCP (primary care physician) Psychiatrist and LTC (long term care) case manager and legal guardian were notified by the Administrator's assistant." A review of Resident #1's hospital records dated showed that the resident presented at [hospital] due to . Symptoms had started a day earlier with moderate intensity, and they progressed, getting worse according to the staff at the facility. At the emergency room evaluation symptoms persisted, Computed (CT) was performed and reviewed, CT abdomen performed and reported. Ct abdomen reviewed, suggestive for ." According to the record, "Right basilar findings may represent atelectasis however cannot exclude in the appropriate clinical setting.Diagnosis - , unspecified organism." The resident started on medications and was admitted. According to the National Institute of Biomedical Imaging and Bioengineering, "the term "computed ," or CT, refers to a computerized imaging procedure in which a narrow beam of is aimed at a patient and quickly rotated around the body, producing signals that are processed by the machine ' s computer to	A 036		

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A 036	Continued From page 3 generate cross-sectional images, or "slices." These slices are called tomographic images and can give a clinician more detailed information than conventional . Once a number of successive slices are collected by the machine ' s computer, they can be , "stacked" together to form a three-dimensional (3D) image of the patient that allows for easier identification of basic structures as well as possible or abnormalities." A review of a description from the World Health Organization showsed: The most common form of transmission of is inhalation of contaminated aerosols from contaminated water. Sources of aerosols that have been linked with transmission of include air conditioning cooling towers, hot and -water systems, humidifiers and whirlpool spas. can also occur by , of contaminated water or ice, , in susceptible hospital patients, and by exposure of babies during water births. To date, there has been no reported direct human-to-human transmission. Interviewed on at 1:40 PM, the Epidemiologist from the Health Department stated in 2019, 2021, and 2022, was found in the facility's water supply, and residents were exposed. She stated that this was what prompted the facility to hire an assessment company to test the water for . She stated that the facility failed to follow the water management assessment provided by the Center for Control and Prevention and OSHA. She stated that the Centers for Control's (CDC) guidelines were that the facility must evaluate the building and create a plan which was done in 2019, 2021, and 2022. She stated that they should have tested for every six	A 036		

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A 036	Continued From page 4 months. The Epidemiologist stated further that the facility followed the recommendations in those earlier years but in 2023, they did not follow any. A review of a letter from the health department to the facility dated after water tested positive for showed recommendations were made to prevent water features from harboring biofilms and : 1. We recommend that you install 0.2-micron biological point-of-use (POU) filters on any showerheads or sink/tub faucets intended for use until remediation of your premise plumbing has occurred and subsequent testing has reported negative results. Follow the manufacturer recommendations regarding frequency of replacement and appropriate operating conditions. POU filters may need to be removed before performing an acute remediation procedure. 2. We recommend you work with water management experts on remediation activities as well as monitoring the effects of remediation. Information on this can be found Guideline - Minimizing the Risk of Legionellosis Associated with Building Water Systems. 3. We recommend remediation to the entire premise plumbing of buildings in question as described in the document. We recommend that you increase the frequency of water sampling (checking temperature, pH, and parameters) and testing for the next year to ensure this was effective. 4. We recommend that you monitor water temperature and residual parameters at sinks/showers in patient rooms, showers,	A 036		

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A 036	Continued From page 5 drinking water fountains, decorative water fountains, and heat exchangers. Monitoring and recording hot and [illegible]-water temperatures and residual [illegible] levels should be on a routine schedule. Interviewed on [illegible] at 12:53 PM when asked why a test was not done in 2023 for [illegible], the Owner stated regarding the testing, "We did it [illegible] times and it did not happen, and this was why we did not test last year (2023)." Interviewed on [illegible] at 12:01 PM, the Medical Doctor from the Health Department stated, "You can't dismiss this population. This population is at risk. The elderly are very susceptible. The resident (Resident #1) did not come from another facility and the incubation period was two weeks." Interviewed at 2:01 PM on [illegible], the Administrator confirmed that Resident #1did not leave the facility before the diagnosis of [illegible], and that he only had visitors. On [illegible] at 1:45 PM, the Epidemiologist concluded that the resident (Resident #1) [illegible] at the facility because he was there for more than 10 continuous days and that the incubation period was two weeks. A review of guidance from The Center for [illegible] Control and Prevention shows: "It usually takes [illegible] days after being exposed to [illegible] to develop legionnaires' [illegible] symptoms to include: [illegible], [illegible], [illegible] aches, [illegible]. People can get Legionnaires' [illegible] when they breathe in mists that contains the [illegible]. Building owners and managers can use a water management	A 036		

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A 036	Continued From page 6 program to help control [illegible]." Interviewed on [illegible] at 2:02 PM the Owner stated that the plan starting the next day ([illegible]/20204) that there would be 10 different spot checks, and that he was going to contact a [company] to do the assessment. He stated that he installed a new water tower made from stainless steel compared to the old tower made from fiberglass. According to a Department of Health report dated [illegible] was found at the facility after samples were taken from six different sites on [illegible]. Class I	A 036		