

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Bedrock Rehabilitation and Nursing Center at Suwan		STREET ADDRESS, CITY, STATE, ZIP CODE 1620 Helvenston St SE Live Oak, FL 32064	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50695</p> <p>Based on observation, interview, and record review, the facility failed to prevent the possible spread of infection during hygiene care for 1 of 3 residents, Resident #2.</p> <p>Findings include:</p> <p>During an observation of Resident #2's peri-care, on 11/4/2024 at 1:30 PM, Staff B, CNA (Certified Nursing Assistant), and Staff C, CNA were observed performing hand hygiene and donning gloves prior to initiating care. Staff C, CNA did not prevent the possible transfer of bacteria when cleansing the outside of the resident's left groin then cleansing the inside labial/vaginal area of the resident's left groin, then cleansing the outside of the resident's right groin area to the inside labial/vaginal area, and then rinsing the resident's groin area from the outside to the inside. Staff C, CNA did not remove her gloves and did not perform hand hygiene. Staff C, CNA picked up a tube of barrier cream and applied it to Resident #2's groin and vaginal areas. Staff C, CNA did not remove her gloves and did not perform hand hygiene. Staff C, CNA cleansed Resident #2's perineal area (the region of skin between the anus and the genitals) with a washcloth, and applied barrier cream to the area. While peri-care was being completed for Resident #2, the bag being used for the collection of soiled linens fell on the floor, Staff B, CNA picked up the bag and placed it back on Resident #2's bed. The bed linens were not changed, and the CNAs exited the room.</p> <p>During an interview on 11/4/2024 at 2:30 PM, the DON stated, My expectation is that the CNAs will wash their hands after doing personal care, before touching reusable items, as well as washing their hands and changing their gloves after cleaning the peri-area before moving to a clean area or putting on a clean brief. I also expect that they would not put a trash bag on a resident's bed after it had been on the floor.</p> <p>During an interview on 11/5/2024 at 3:45 PM, Staff B, CNA stated, During peri-care for [Resident #2's name], she [Staff C, CNA] should have changed her gloves before picking up or applying the barrier cream. Before changing gloves, you should wash your hands. I would not have done the peri-care from the outside [of the groin] inwards. I should not have put the trash bag back on the bed after it fell on the floor. We should do these things for infection control.</p> <p>Review of the of the policy and procedure titled, Peri-Care Competency document read, Peri-Care . 13. Washes hands after care and follows infection control policy and procedures</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(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	Review of the policy and procedure, titled Hand Hygiene read, Policy: It is the facility's policy that handwashing/hand hygiene be regarded as the most important means of preventing infection Purpose: To prevent and to control the spread of infectious diseases When . 1) b. After contact with blood, body fluids, secretions, mucous membranes, wounds, or non-intact skin. c. After handling items potentially contaminated with blood, body fluids, or secretions. 2) e. Before moving from a contaminated body site to a clean body site during resident care. f. After contact with inanimate objects .		