

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Pensacola		STREET ADDRESS, CITY, STATE, ZIP CODE 3291 East Olive Rd Pensacola, FL 32514	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39374</p> <p>Based on observation, interview, and policy review, the facility failed to ensure measures to prevent the spread of infection were followed for 1 of 3 residents observed on contact isolation precautions. (Resident #1)</p> <p>The findings include:</p> <p>During an initial facility tour between 10:37 am and 11:40am on 10/01/2024, an observation was made of Staff G, a Housekeeper, through the open door of room [ROOM NUMBER] mopping the floor. Housekeeping Staff G was wearing gloves while mopping, but no other personal protective equipment (PPE) was observed. A sign outside the door of room [ROOM NUMBER] indicated contact isolation precautions were in place and indicated that all staff were to wear a gown and gloves upon entering room and another sign on the door indicated staff are to wash hands with soap and water after completing care in this room. A plastic bin containing gowns was observed outside the door. The door for room [ROOM NUMBER], which was adjacent to room [ROOM NUMBER], also had a contact isolation precautions sign and handwashing with soap and water sign present. Additional observations revealed similar signage for contact precautions a little way down the hall for room [ROOM NUMBER].</p> <p>Upon exiting the room, Staff G was interviewed and asked about the contact isolation sign, which was visible and pointed out during the interview. Staff G stated as long as the door of the room is open, he does not need to wear a gown. He repeated this statement when asked for clarification. During the interview, it was noted housekeeping staff G spoke with an accent and may not be a native English speaker. The signs on the doors were observed to be printed only in English.</p> <p>In an interview with the Infection Preventionist on 10/01/2024 at 10:47 am, she indicated that the resident in room [ROOM NUMBER] was diagnosed with Clostridioides Difficile (C. diff) in August and the residents in rooms [ROOM NUMBERS] were diagnosed in the past week and received confirmative positive results on 09/30/2024 and 10/01/2024 and placed on contact isolation precautions.</p> <p>During an interview on 10/02/2023 at 10:47AM with the Director of Environmental Services and the Infection Preventionist, they discussed the training of housekeeping staff and acknowledged that Staff G is not a native English speaker but does speak English. Both acknowledged that signs are provided in English and they try to provide training that is color-coded for transmission-based precautions because there are staff who are native speakers of languages other than English and may have difficulty reading English.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy for transmission-based precautions included a policy titled Transmission-based Precautions and Isolation Procedures from chapter 4: Standard Precautions, transmission-based precautions: A guide to infection prevention and control. Issued 01/30/2019; reviewed 06/03/2024; revised 09/24/2024. Under the heading categories of transmission-based precautions paragraph 2. Contact Precautions included the language: contact precautions .require the use of appropriate PPE, including a gown and gloves before or upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room or cubicle, the PPE is removed, and hand hygiene is performed. Refer to the Contact Precautions Policy for additional information.</p> <p>The Contact Precautions policy issued 02/15/2021, revised 08/22/2022; reviewed 06/03/2024 contained a paragraph with the heading environmental measures which specified environmental service workers should don gown and gloves before room entry to clean and disinfect the patient's room. For patients with organisms that are resistant to traditional cleaning methods (e.g. C. difficile, norovirus), bleach may be used as an adjunct to cleaning or as a final wipe down of the frequently touched surfaces.</p>		