

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Riviera Health Resort		STREET ADDRESS, CITY, STATE, ZIP CODE 6901 Yumuri Street Coral Gables, FL 33156	

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>48906</p> <p>Based on observations record review and interviews the facility failed to follow standard precaution protocols to prevent the spread of infections for two residents (Resident #512 and Resident #133) out of seven residents sampled as evidenced by staff not cleaning blood pressure cuff between residents. There were 199 residents residing in the facility at time of survey.</p> <p>The findings included:</p> <p>On 05/28/24 at 7:26 AM Staff B, Certified Nursing Assistant (CNA) was observed measuring Resident #512's vital signs. using a blood pressure machine and cuff. Staff B, CNA removed the blood pressure cuff from the resident's arm, placed cuff into a basket that was attached to the blood pressure machine, and left the room.</p> <p>On 05/28/24 at 7:28 AM Staff B, CNA entered Resident#133's room with the same blood pressure machine and cuff used on Resident #512, verbalized intention to take vital signs and proceeded to place cuff on Resident #133. Staff B, CNA stopped by surveyor.</p> <p>During an interview on 05/28/24 at 7:37 AM, (translated by Staff A, Licensed Practical Nurse (LPN)) Staff B, (CNA) revealed, when using the blood pressure machine on different residents the correct procedure is to clean the machine and the cuff using the bleach wipes located inside the basket attached to the machine. Staff B, CNA also stated: I didn't wipe the cuff between residents because I was nervous.</p> <p>On 5/30/24 at 12:47 PM; the Assistant Director of Nursing (ADON) stated: The blood pressure cuff should be cleaned using bleach wipes between residents.</p> <p>Review of the facility' Policy and Procedure indicated:</p> <p>Policy No.140 Dated 1/16/18 review date 11/16/23 revised date 12/7/23 Title: Infection Prevention and Control Surveillance Program</p> <p>I. Purpose: a) It is the policy of the facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection.</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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