

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/20/2024
NAME OF PROVIDER OR SUPPLIER  Skytop View Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2145 North Don Wickham Drive Clermont, FL 34711	

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>15234</p> <p>Based on record review and interview, the facility failed to ensure transmission-based precautions were implemented for 1 of 3 residents reviewed, Resident #5, to prevent the possible spread of infections and communicable diseases.</p> <p>Findings include:</p> <p>Review of Resident #5's progress note, dated 7/12/24 at 8:51 PM, revealed the resident was noted with congested cough. The progress note documented Resident #5's physician ordered COVID-19 PCR [polymerase chain reaction] test.</p> <p>Review of Resident #5's COVID-19 test result, received by the facility on 7/15/2024 at 2:20 PM, revealed the resident had been tested for COVID-19 on 7/13/2024 at 8:27 AM and had been positive for COVID-19 on 7/13/2024 at 10:08 AM.</p> <p>Review of Resident #5's physician orders revealed no order for transmission-based precautions on 7/12/2024 after the resident was symptomatic with congested cough.</p> <p>Review of Resident #5's physician orders revealed orders for Zinc Sulfate oral capsule 50 milligrams one capsule by mouth one time a day for COVID-19 prophylaxis for 10 days (start date 7/15/2024 at 2:24 PM); Zyrtec Allergy Tablet 10 milligrams 1 tablet by mouth one time a day for allergy (start date 7/15/2024 at 2:24 PM); and Vitamin C 500 milligrams by mouth one time a day for immune health (start date 7/15/2024 at 2:24 PM).</p> <p>Review of Resident #5's physician orders failed to reveal an order for transmission-based precautions on 7/15/2024 after the facility was notified that Resident #5 had tested positive for COVID-19.</p> <p>Review of Resident #5's physician order showed the resident was placed on transmission-based precautions on 7/16/2024 at 9:41 AM.</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>During an interview on 8/20/2024 at 11:36 AM, the Director of Nursing stated that an agency nurse was working with Resident #5 when Resident #5 was noted with a congested cough. She stated Resident #5 should have been placed on transmission-based precautions when she became symptomatic. She confirmed Resident #5 had tested positive for COVID-19 on 7/13/2024, the facility had not received the positive test results until 7/15/2024 and the physician had not ordered Resident #5 to be placed on transmission-based precautions until 7/16/2024. She acknowledged the facility's infection prevention policy requires residents to be placed on transmission-based precaution if there is reasonable suspicion of an infectious disease.</p> <p>Review of the facility policy and procedure titled Isolation- Initiating Transmission-Based Precautions with the last review date of 3/13/2024, showed the policy read, Policy Statement: Transmission-Based Precautions will be initiated when there is reason to believe that a resident has a communicable infectious disease. Transmission-Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precautions . Policy Interpretation and Implementation: 1. If a resident is suspected of, or identified as, having a communicable infectious disease, the Nurse or Nursing Supervisor shall notify the Infection Preventionist (or (designee) and the resident's Attending Physician for appropriate Transmission-Based Precautions. 2. If the Attending Physician or his/her alternate fails to respond appropriately to notification of a suspected or confirmed communicable infectious disease, the staff will inform the Medical Director and Administrator. 3. In the event the Attending Physician fails to take appropriate action, the Infection Preventionist or Medical Director shall have the authority to implement appropriate Transmission-Based Precautions.</p>		