

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>85810</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTH PORT REHABILITATION AND NURSING CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6940 OUTREACH WAY NORTH PORT, FL 34287</b>
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(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
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced relicensure survey with complaint 2019015019 was conducted through at Quality Health of North Port, a skilled nursing facility in North Port, Florida.</p> <p>Complaint #2019015019 was substantiated without citation</p> <p>The following is description of the deficiencies.</p>	N 000		
N 042 SS=D	<p>400.1183 FS Resident Grievances and Complaints</p> <p>(1) Every nursing home must have a grievance procedure available to its residents and their families. The grievance procedure must include: (a) An explanation of how to pursue redress of a grievance. (b) The names, job titles, and telephone numbers of the employees responsible for implementing the facility's grievance procedure. The list must include the address and the toll-free telephone numbers of the ombudsman and the agency. (c) A simple description of the process through which a resident may, at any time, contact the toll-free telephone hotline of the ombudsman or the agency to report the unresolved grievance. (d) A procedure for providing assistance to residents who cannot prepare a written grievance without help.</p> <p>(2) Each nursing home facility shall maintain records of all grievances and a report, subject to agency inspection, of the total number of grievances handled, a categorization of the cases underlying the grievances, and the final disposition of the grievances.</p> <p>(3) Each facility must respond to the grievance within a reasonable time after its submission.</p> <p>(4) The agency may investigate any grievance at</p>	N 042		

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

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N 042	<p>Continued From page 1</p> <p>any time.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview, observation and records review, the facility failed to ensure a grievance/complaint was initiated for 1 (Resident #76) of 4 residents reviewed for grievances.</p> <p>The findings included:</p> <p>On _____ at 12:52 p.m., Resident #76 was observed sitting in his wheelchair outside. He was wearing a mirrored wrap-around pair of sunglasses.</p> <p>On _____ at 12:52 p.m., during an interview outside in the facility courtyard, Resident #76 said approximately a month ago, his sunglasses went missing. He said he goes outside to the courtyard a few times every day and needed his sunglasses for _____ protection. Resident #76 said he kept his sunglasses with him all the time. He said he had _____ and realized _____ protection is important. He said he lost both of his _____ because of _____. Resident #76 said he complained to the nurse at the desk that his sunglasses were missing. He said he told "all" staff working on the unit his sunglasses were missing. He said staff looked for the sunglasses but did not find them. Resident #76 said staff had not gotten _____ to him about the sunglass investigation and there was no resolution discussed. Resident #76 said he had to replace the sunglasses without any resolution to the facility investigation.</p> <p>On _____ at 8:55 a.m., Resident #76 was observed in his room, sitting in his wheelchair. A mirrored wrap-around pair of sunglasses were</p>	N 042	<ol style="list-style-type: none"> <li>1. Resident #76 is wearing his replacement pair of sunglasses, and has been reimbursed by the facility for this pair of sunglasses. The resident is satisfied with this resolution, and his plan of care has been updated.</li> <li>2. Full-house resident interviews have been completed by the Social Service Director and/or Designees on Grievance Reporting and Complaint(s) to follow-up on other residents who are affected. Corrective action has been instituted for any discrepancies noted.</li> <li>3. The Grievance Policy/Procedure in-servicing was completed on _____, _____, and 20th by the Administrator, Social Service Director and/or Designees for staff in all departments. The Social Service Director/Designees will complete monthly full house audit interviews and log in grievances to monitor resolution for compliance and/or further corrective action.</li> <li>4. Findings of full house monthly audit findings will be taken to the QAPI Committee monthly, until substantial compliance has been achieved and maintained; and the QAPI Committee deems the process effective. The Social Service Director/Designee will continue to review grievances/log in the QAPI Committee on a regular monthly basis.</li> </ol>	
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N 042	<p>Continued From page 2</p> <p>located near the resident on his bed.</p> <p>Per record review of Quality Health Care Center Resident Complaint/Grievance Policy and Procedure dated . . . . ., page 2, #3, any staff member receiving a complaint or grievance from a resident will immediately notify the charge nurse or Social Services Director. Residents may make their complaints/grievances verbally or in writing. If the resident is unable to prepare the written complaint/grievance without assistance, a staff member will assist him or her to file the written complaint/grievance.</p> <p>Per record review of Quality Health Care Center Resident Complaint/Grievance Policy and Procedure dated . . . . ., page 2, #4, the supervisor of the department the complaint originated in or a staff member designated by the administrator will investigate the complaint. Within 5 days the findings of the investigation will be documented on the complaint/Grievance form. Additionally, the staff investigator/complaint coordinator will document the following process: action taken if necessary, resident/family notification of outcome, follow-up, final disposition.</p> <p>In an interview on . . . . . at 10:04 a.m., Licensed Practical Nurse (LPN) Staff H said Resident #76 complained to her about a month ago his sunglasses were missing. Staff H said the Unit Manager also knew the sunglasses were missing. She said the staff searched for the glasses but did not find them. Staff H said she did not initiate a grievance for Resident 76's missing sunglasses.</p> <p>On . . . . . at 11:53 a.m., the Nursing Unit Supervisor RN (Registered Nurse) Staff B said</p>	N 042		

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N 042	<p>Continued From page 3</p> <p>she knew about Resident #76's missing sunglasses. Staff B said she did not file a grievance for Resident #76. She said the Social Services Director probably filed the grievance because she knew the sunglasses were missing.</p> <p>Per record review of the Facility Grievance/Complain Report Form 3326, Revised . . . , from . . . to present, there was no grievance or complaint filed for Resident #76's missing sunglasses. The grievance procedure was not followed.</p> <p>On . . . at 1:52 p.m., the Social Services Director said she was aware Resident 76's sunglasses were missing, but she did not file a grievance for them. She said she initiated grievances all the time because she was Director of Social Services. She said she did not initiate a grievance for Resident #76's sunglasses because she was not sure if they were lost in the facility or when Resident #76 was out with his daughter. Social Services Director said she did not file a grievance or investigate the missing sunglasses but she should have.</p> <p>In an interview on . . . at 1:15 p.m., Administrator concurred that the grievance should have been filed, investigated and resolved for Resident #76's missing sunglasses. CLASS: III</p>	N 042		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 000	INITIAL COMMENTS  An unannounced recertification survey with complaint 2019015019 was conducted through at Quality Health of North Port, a skilled nursing facility in North Port, Florida.  Complaint #2019015019 was substantiated without citation  Quality Health of North Port is not in compliance with is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities.  The following is a description of the noncompliance.	F 000			
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4)  §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.  §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.  §483.10(j)(3) The facility must make information	F 585			

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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.

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F 585	<p>Continued From page 1</p> <p>on how to file a grievance or complaint available to the resident.</p> <p>§483.10(i)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p>	F 585			

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F 585	<p>Continued From page 2</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated:</p> <p>( ) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, . . . . ., including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, observation and records review, the facility failed to ensure a grievance/complaint was initiated for 1 (Resident #76) of 4 residents reviewed for grievances.</p>	F 585	<p>1. Resident #76 is wearing his replacement pair of sunglasses, and has been reimbursed by the facility for this pair of sunglasses. The resident is satisfied</p>		

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F 585	<p>Continued From page 3</p> <p>The findings included:</p> <p>On _____ at 12:52 p.m., Resident #76 was observed sitting in his wheelchair outside. He was wearing a mirrored wrap-around pair of sunglasses.</p> <p>On _____ at 12:52 p.m., during an interview outside in the facility courtyard, Resident #76 said approximately a month ago, his sunglasses went missing. He said he goes outside to the courtyard a few times every day and needed his sunglasses for _____ protection. Resident #76 said he kept his sunglasses with him all the time. He said he had _____ and realized _____ protection is important. He said he lost both of his _____ because of _____. Resident #76 said he complained to the nurse at the desk that his sunglasses were missing. He said he told "all" staff working on the unit his sunglasses were missing. He said staff looked for the sunglasses but did not find them. Resident #76 said staff had not gotten _____ to him about the sunglass investigation and there was no resolution discussed. Resident #76 said he had to replace the sunglasses without any resolution to the facility investigation.</p> <p>On _____ at 8:55 a.m., Resident #76 was observed in his room, sitting in his wheelchair. A mirrored wrap-around pair of sunglasses were located near the resident on his bed.</p> <p>Per record review of Quality Health Care Center Resident Complaint/Grievance Policy and Procedure dated _____, page 2, #3, any staff member receiving a complaint or grievance from a resident will immediately notify the charge</p>	F 585	<p>with this resolution, and his plan of care has been updated.</p> <p>2. Full-house resident audit interviews have been completed by the Social Service Director and Designees on Grievance Reporting and Complaint(s) to follow-up on other residents who are affected. Corrective action has been instituted for any discrepancies noted.</p> <p>3. The Grievance Policy/Procedure in-resolution was completed on _____ and 20th by the Administrator, Social Service Director, and/or Designees for staff in all departments. The Social Service Director/Designees will complete monthly full house audit interviews and log in grievances to monitor resolution for compliance and/or further corrective action.</p> <p>4. Findings of the full house monthly audits will be taken to the QAPI Committee monthly, until substantial compliance has been achieved and maintained; and the QAPI Committee deems this process is effective. The Social Service Director/Designee will continue to review grievances/log in the QAPI Committee on a regular basis.</p>		



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F 585	<p>Continued From page 4</p> <p>nurse or Social Services Director. Residents may make their complaints/grievances verbally or in writing. If the resident is unable to prepare the written complaint/grievance without assistance, a staff member will assist him or her to file the written complaint/grievance.</p> <p>Per record review of Quality Health Care Center Resident Complaint/Grievance Policy and Procedure dated _____, page 2, #4, The supervisor of the department the complaint originated in or a staff member designated by the administrator will investigate the complaint. Within 5 days the findings of the investigation will be documented on the complaint/Grievance form. Additionally, the staff investigator/complaint coordinator will document the following process: action taken if necessary, resident/family notification of outcome, follow-up, final disposition.</p> <p>In an interview on _____ at 10:04 a.m., Licensed Practical Nurse (LPN) Staff H said Resident #76 complained to her about a month ago his sunglasses were missing. Staff H said the Unit Manager also knew the sunglasses were missing. She said the staff searched for the glasses but did not find them. Staff H said she did not initiate a grievance for Resident 76's missing sunglasses.</p> <p>On _____ at 11:53 a.m., the Nursing Unit Supervisor RN (Registered Nurse) Staff B said she knew about Resident #76's missing sunglasses. Staff B said she did not file a grievance for Resident #76. She said the Social Services Director probably filed the grievance because she knew the sunglasses were missing.</p>	F 585			

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F 585	Continued From page 5  Per record review of the Facility Grievance/Complain Report Form 3326, Revised . . . . . from . . . . . to present, there was no grievance or complaint filed for Resident #76's missing sunglasses. The grievance procedure was not followed.  On . . . . . at 1:52 p.m., the Social Services Director said she was aware Resident 76's sunglasses were missing, but she did not file a grievance for them. She said she initiated grievances all the time because she was Director of Social Services. She said she did not initiate a grievance for Resident #76's sunglasses because she was not sure if they were lost in the facility or when Resident #76 was out with his daughter. Social Services Director said she did not file a grievance or investigate the missing sunglasses but she should have.  In an interview on . . . . . at 1:15 p.m., Administrator concurred that the grievance should have been filed, investigated and resolved for Resident #76's missing sunglasses.	F 585			
F 700 SS=E	Bedrails CFR(s): 483.25(n)(1)-(4)  §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.  §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.	F 700			

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F 700	<p>Continued From page 6</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and . . . .</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure alternatives were attempted and risk for entrapment was assessed prior to the use of bedrails for 8 (Resident #1, #45, #55, #75, #46, #8, #65, and #73) of 10 residents reviewed for accidents.</p> <p>The findings included:</p> <p>A review of the facility admission packet of information provided to each resident, under the heading "Medical Services", finds the statement: "Our beds do not have side rails." The Center for Medicare and Medicaid Services (CMS) definition is: "Bed rails' are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. . . . Examples of bed rails include, but are not limited to side rails, bed side rails, and safety rails, grab bars and assist bars".</p> <p>The facility had a policy for Proper Use of Side Rails implemented . . . . , revised . . . . . Policy stated under section "Policy Explanation and Compliance Guidelines" part #4: "The facility</p>	F 700	<p>1. A Bed Rail/Entrapment Evaluation was completed and alternatives reviewed for Resident #1, #45, # 55, #75, #46, #8, #65, and #73.</p> <p>2. All residents have the potential to be affected. A facility wide audit was conducted to identify residents utilizing bed rails. Residents utilizing bed rails were reassessed. The facility initiated a procedure where new admissions to the facility are assessed and alternatives attempted prior to initiation of bed rails. The admission packet related to (Bed Rail Usage) has been updated.</p> <p>3. A new bed rail policy was implemented on . . . . Nursing staff were educated by the Director of Nursing on the updated policy. A monitoring tool for Bed Rails has been developed.</p> <p>4. The Director of Nursing/designee will randomly audit 10 residents to ensure bed rails are not initiated without bed rail entrapment risk and alternatives evaluated. All audits will be conducted for a minimum of weekly for the first month, then monthly for two months. The results</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 700	<p>Continued From page 7</p> <p>will attempt to use alternatives prior to using side rails/bed rails"; and part #5 "...the facility will assess the resident for the risks of entrapment ... of side rails ...".</p> <p>On . . . . . at 11:17 a.m., Resident #1 was observed in his room. His bed was noted to have ½ side rails attached. The side rail on the left side of bed was in the "up" position.</p> <p>On . . . . . at 8:35 a.m., Resident #1 was observed lying in his bed eating his breakfast. The . . . . . side rails were in the "up" position.</p> <p>On . . . . . at 12:10 p.m., Nursing Supervisor Registered Nurse (RN) Staff B said side rails were used by the residents for mobility. She said the residents use the rails to help them get in and out of bed. She said not every bed has rails, but the side rails were attached to a lot of beds. Staff B said she hadn't seen any alternatives to bed rails at this facility. Staff B said the side rail assessment was not an actual assessment, but a conversation with the resident and family when they were admitted. Staff B said she explained to the resident and family that side rails were used for mobility. Staff B said she tells residents and families there were risks associated with side rail use, but there was no formal risk assessment form. Staff B said it would be a good thing if the facility put a side rail assessment in place. Staff B said there had been times when side rails were "up" for residents who could not use them, and she lowered them. Staff B mentioned one resident in . . . . . who was unable to use the side rails, and whenever she sees the side rails in the "up" position she lowers the side rails. Staff B said she instructed her staff to do the same.</p>	F 700	<p>of these audits will be reviewed by the QAPI committee for a period of three months and then quarterly to ensure continued compliance.</p>		

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F 700	<p>Continued From page 8</p> <p>On ..... at 10:01 a.m., Certified Nursing Assistant (CNA) Staff I said whenever a resident was in bed, she always made sure their side rails were in the "up" position. She said she did this all the time. Staff I was not aware of any residents for whom side rails were not appropriate.</p> <p>Record review of Informed Consent for Use of Bed Rails for Resident #1 was obtained on ..... Document contained no assessment for risk of entrapment with use of side rails. There were no documented alternatives attempted prior to using side rails. In ....., it was determined the residents lacked the capacity to make health care decisions. No reevaluation of the appropriateness of side rail use for Resident #1 had been conducted since the increase in ..... and decline of capacity to make health care decisions.</p> <p>On ..... at 12:29 p.m., Resident #45 was observed in her room. Her bed was noted to have ..... ¼ side rails in the "up" position. Resident #45 said she did not need the side rails and she did not know why her bed had them.</p> <p>On ..... at 9:03 a.m., Resident #45's bed was observed with side rails in the "up" position.</p> <p>Record review of Informed Consent for Use of Bed Rails for Resident #45 was obtained on ..... Document contained no assessment for risk of entrapment with use of side rails. There were no documented alternatives attempted prior to using side rails.</p> <p>In an interview on ..... at 2:41 p.m., the Risk Manager, in response to admission paperwork, said they need to clarify the bed rail statement.</p>	F 700			

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F 700	<p>Continued From page 9</p> <p>Regarding the side rail assessment, the Risk Manager said risk assessments needed to be completed and was not sure what was being done.</p> <p>In an interview on _____ at 10:52 a.m., the Maintenance Director said the beds arrived from the manufacturer with ¼ side rails attached. He said the side rails were not removed from the beds even when they were not use by the resident occupying the bed. Maintenance Director said, up to this week, maintenance staff had not done anything to disable the bed rails from being placed in use in the up position. He was not made aware of which residents were not to use side rails. He said no one had ever told him to take the rails off.</p> <p>On _____ at 10:41 a.m., ¼ rails were noted in the "up" position on the bed of Resident #55. On _____, record review revealed no documented evidence of appropriate alternatives attempted prior to the use of bed rails on the bed of Resident #55. On _____ at 12:49 p.m., Staff B confirmed no alternatives were offered for Resident #55.</p> <p>On _____ at 1:30 p.m., ¼ rails were noted in the "up" position on the bed of Resident #75. On _____, record review revealed no documented evidence of appropriate alternatives attempted prior to the use of bed rails on the bed of Resident #75. On _____ at 12:49 p.m., Staff B confirmed no alternatives were offered for Resident #75.</p> <p>On _____ at 11:31 a.m., _____ upper ¼ bed rails were noted in the "up" position on the bed of Resident #46. On _____, record review</p>	F 700			

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F 700	<p>Continued From page 10</p> <p>revealed no documented evidence of appropriate alternatives attempted and no evidence of an assessment for entrapment prior to the use of bed rails on the bed of Resident #46.</p> <p>On _____ at 11:56 a.m., _____ upper ¼ bed rails were noted in the "up" position on the bed of Resident #8. On _____, record review revealed no documented evidence of appropriate alternatives attempted, no evidence of informed consent and no evidence of an assessment for entrapment prior to the use of bed rails on the bed of Resident #8.</p> <p>On _____ at 12:02 p.m., interview with Staff B, confirmed there was no evidence of alternatives attempted, no evidence of informed consent and no evidence of an assessment for entrapment prior to the use of bed rails on the bed of Resident #8.</p> <p>On _____ at 8:25 a.m., Resident #65 was observed lying in bed with quarter bed rails raised on both sides of the bed. The rails were positioned at the _____ of the bed above the resident's pillow. Resident #65 was laying in the middle of the bed and said she did not use the bed rails as they were above her _____. The resident said she had _____ in her _____ and when staff pull her up in bed, she slides herself _____ down to the middle of the bed for comfort. Resident #65 said the bed rails had been there the whole time and thinks they were to keep her from falling. She did not recall anyone talking to her about the bed rails or offering her any alternative to them.</p> <p>Resident #65's clinical record revealed an Admission Nursing Evaluation dated _____. The form indicated side rails were included as</p>	F 700			

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F 700	<p>Continued From page 11</p> <p>part of the resident's orientation to facility. On _____, an Informed Consent for Use of Bed Rails was signed by the resident. Under "Recommendations", bed rails were recommended at all times when the resident was in bed. The next section a box was checked for "I do voluntarily consent to the use of bed rails recommended above and understand I have the right to refuse them". The section of alternatives to bed rails had been attempted, the Licensed Nurse had written "N/A" (not applicable).</p> <p>In an interview on _____ at 3:33 p.m., Licensed Practical Nurse (LPN) Staff F said bed rails were already present on the bed and the resident was asked if they want them. If the answer was yes then had them sign an informed consent. Staff F said usually the nursing supervisor did the admission paperwork and would be going over the bed rail information. They could switch out the bed if the resident did not want the bed rails.</p> <p>In an interview on _____ at 3:46 p.m., Registered Nurse Supervisor Staff G said a lot of admissions were on the afternoon shift and she did ask the resident if they want side rails at the time, she did the admission paperwork. Staff G said most of the new admissions were here for rehab and she told them bed rails can help them turn and move about in bed. Staff G said she did go over the risks of bed rails and had them sign the informed consent.</p> <p>Resident #73's clinical record revealed a nursing progress note indicating the resident arrived at the facility on _____ at 4:35 p.m., accompanied by a family member. An Admission Nursing Evaluation dated _____ was completed by LPN</p>	F 700			



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F 700	<p>Continued From page 12</p> <p>Staff C. The form indicated the resident was oriented to her side rails. On _____, an Informed Consent for Use of Bed Rails indicated bed rails were recommended and was signed by the resident's family member. The section for alternatives to bed rails was "N/A".</p> <p>In an interview on _____ at 3:51 p.m., Staff C said when she did the admission paperwork, she had the discussion about bed rails with the resident and family member. She said the family member relayed the resident was able to move about independently so would not be a _____ . Staff C said the bed rails could help the resident move about in bed and alternatives to bed rails would be not to have them.</p> <p>In an interview on _____ at 11:40 a.m., the Director of Nursing acknowledged the concern with the facility's practice of having bed rails already on the beds and offering them to residents on admission; not allowing any time to assess a need for the bed rails or if bed rails were appropriate for the resident; and not attempting any alternatives prior to the use of the bed rails.</p>	F 700			

Agency for Health Care Administration

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CZ814 SS=C	<p>435.12(2)(b-d), FS Background Screening Clearinghouse</p> <p>435.12(2) Care Provider Background Screening Clearinghouse.-</p> <p>(b) Until such time as the _____ are enrolled in the national retained print _____ notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.</p> <p>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure completion of a level 2 background screening at the time of hire for an employee with a break in service of more than 90 days from a position that required a level 2 background screening for 1 (Staff A) of 10 staff</p>	CZ814	<p>1. The facility has conducted a new Level 2 background screening for 1 (Staff A), who had more than a 90-day break in service prior to re-hire. Her eligibility to work again at the facility was confirmed.</p>	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

/19

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CZ814	<p>Continued From page 1</p> <p>sampled. This could enable ineligible persons to continue to have access to residents.</p> <p>The findings included:</p> <p>On _____, record review revealed Dietary Aide Staff A date of hire at the facility was _____. The most current level 2 background screen was _____. Review of the Agency for Healthcare Administration employee roster revealed she was previously employed at the facility until _____ and rehired on _____. During the time not employed at the facility, Staff A was not employed at a facility that required a Level 2 background screen. A new level 2 background screen was not completed at time of hire for Staff A.</p> <p>On _____ at approximately 1:30 p.m., Administrator confirmed Staff A had a break in service of greater than 90 days and had not been employed at a facility that required a level 2 background screen and a new level 2 background screen was not completed for Staff A at the time of hire.</p> <p>Unclassified</p>	CZ814	<p>2. The Administrator, Payroll _____ and HR Director have completed a background check audit for new hires, re-hires, and terminations for the past year to identify other employees affected. Two other discrepancies were identified, and immediate corrective action was completed for two current employees.</p> <p>3. The Administrator initiated in-servicing on the Level 2 Background Screening regulation, and how re-hires with more than a 90-day break in service require another Level 2 background verification/screening to confirm eligibility prior to re-employment at the facility. This in-servicing was initiated on _____ with the Payroll _____ and HR Director. On _____ and _____ this in-servicing has continued for other facility staff as well. The Payroll _____ and/or Designee will continue to keep an ongoing audit log to record new hires, re-hires, and terminated employees for verification that all are entered into the Background Screening Clearinghouse within 10 days of hire, re-hire, and termination. For all new hires, re-hires, the Payroll _____ and/or Designee will print the eligibility form for attachment to the audit log for the Administrator to verify completion/current employment eligibility.</p> <p>4. Employment Background Screening audit log completion findings will be conducted weekly by the Payroll _____ and/or Designee for a minimum of 4 weeks or longer until substantial compliance is achieved and maintained as determined by the QAPI Committee. Any</p>	
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CZ814	Continued From page 2	CZ814	discrepancies identified during the audits will receive corrective action by the Payroll and/or Designee. The audit results will be reviewed by the Administrator, and the findings will be submitted to the QAPI Committee for review and direction of further corrective action as necessary; until the QAPI Committee deems the new system is effective.	