

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

PRINTED: 12/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2019
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PUNTA GORDA			STREET ADDRESS, CITY, STATE, ZIP CODE 450 SHREVE STREET PUNTA GORDA, FL 33950		
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F 000	INITIAL COMMENTS An unannounced recertification and complaint #2019016028 survey was conducted through _____ at Life Care Center of Punta Gorda, a skilled nursing facility in Punta Gorda, Florida. Complaint #2019016028 was unsubstantiated Life Care Center of Punta Gorda 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 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced	F 688			

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

TITLE

(X6) DATE

Electronically Signed

/2019

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 688	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, resident and staff interview the facility failed to consistently provide necessary restorative care to minimize the worsening of _____ and range of motion for 1 (Resident #62) of 3 residents reviewed for limited range of motion. Failure to consistently follow the plan of treatment and provide restorative _____ to the resident increased the risk for worsening of _____ and decrease range of motion.</p> <p>The findings included:</p> <p>A review of the clinical record for Resident #62 revealed a diagnosis of _____'s lower extremities and right upper extremity _____.</p> <p>The physician's orders for _____ included restorative nursing, active range of motion, passive range of motion to right upper extremity and _____ application to the right _____ on in the morning and off in the afternoon.</p> <p>The "Nursing Rehabilitation/Restorative Care" form indicated Resident #62 had decreased range of motion on _____ lower extremities and upper extremities and required complete active and passive range of motion on all joints and the application of a right _____ to prevent further _____ (shortening and hardening of _____ or other tissue, leading to deformity and rigidity of _____).</p> <p>On _____ at 10:05 a.m., Resident #62 was observed in bed. Resident was alert, oriented and able to answer questions appropriately. Resident #62's right _____ was _____. The prescribed</p>	F 688	<p>Resident # 62's physician was notified of restorative care not provided. Resident was evaluated by _____, services and no decline was noted.</p> <p>Residents receiving restorative services have the potential to be affected. Residents receiving restorative services will be reviewed to ensure restorative services are being provided according to the plan of care. A new process of reviewing the Restorative dashboard will be added to the clinical meeting.</p> <p>The Don/ designee will educate the Restorative Nurse and C.N.A.'s on ensuring restorative services are implemented according to the plan of care and the system for monitoring to ensure services and documentation demonstrate the provision of restorative services.</p> <p>The DON/ designee will complete random monthly audits of residents receiving restorative services to ensure services are provided according to the plan of care and documented appropriately. Results of the audits will be trended and reviewed at the monthly QAPI meeting.</p>		

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F 688	<p>Continued From page 2</p> <p>... device was not observed on the right ... During interview, Resident #62 said he was not currently receiving any ... or treatment for his right ...</p> <p>Several observations throughout the day and afternoon on ... through ... revealed Resident #62 in bed. He was not wearing the ... device on his right ...</p> <p>On ... at 10:00 a.m., Resident #62 said no one had come to do any exercise with him or apply the ... to his right ... all week.</p> <p>The Restorative Nursing documentation for ... through ... indicated Resident #62 completed the restorative program each day as ordered, and the ... was applied to the right ... as ordered.</p> <p>On ... at 10:10 a.m., during an interview the Restorative Certified Nursing Assistant (CNA) Staff G said the Restorative Nursing Documentation was inaccurate. She said she had not provided any restorative treatment and had not applied the ... to the resident's ... since "sometimes last week". Staff G said Resident #62 liked to get up late. She said she gets "distracted" and did not return to provide the treatment and apply the ... as ordered.</p> <p>The Restorative Nurse was present during the interview. She said she was not aware Resident #62 had not received the treatment as ordered.</p> <p>On ... at 11:30 a.m., Director of Rehabilitation said Resident #62 did not like to move at all and there was always a potential for decline if the restorative treatment was not</p>	F 688			

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F 688	Continued From page 3 completed as ordered.	F 688			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to prevent a . . . with injuries for 1 (Residents #6) of 2 residents reviewed for . . . Resident #6 sustained an acute of her . . . bone (collarbone) and a hematoma with . . . on the left side of her forehead. Resident #6 was a dependent resident who rolled off the bed in the presence of staff. Safety precautions had been removed at time of . . . The findings included: Policy review for Event management & Emergency Procedures: Management (Effective Date . . .) reviewed . . . The policy states; The facility must ensure that the resident's environment remains as free of accident hazards as possible and each resident receives adequate supervision to prevent accidents. Supervision refers to an intervention and means of mitigating the risk of an accident. Adequate supervision is determined by assessing the appropriate level and number of staff	F 689	Resident # 6's physician was notified of the . . . The resident was re-evaluated and an alternating pressure mattress with defined edges was added to the current plan of care. Dependent residents have the potential to be affected by this practice. Dependent residents will be reviewed to ensure the care plan has appropriate interventions, including level of assistance required, to prevent . . . The IDT team will review the plan of care to ensure resident specific interventions are on the plan of care. Licensed nurses and C.N.A.'s will be educated by the DON/ Designee on the facility policy for Event management and Emergency Procedures: . . . management. In addition, Licensed nurses and C.N.A.'s will be educated on ensuring interventions to prevent . . . are implemented according to the plan of		

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F 689	<p>Continued From page 4</p> <p>required, the competency and training of the staff. Hazards refer to elements of the resident environment that have the potential to cause injury or illness. "Hazards over which the facility has control" are those hazards in the resident environment where reasonable efforts by the facility could influence the risk for resulting injury or illness. Avoidable Accident means that an accident occurred because the facility failed to: Identify environmental hazards and/or assess individual resident risk of an accident, including the need for supervision and/or assistive devices.</p> <p>Record review revealed on at approximately 3:07 p.m., Resident #6 rolled out of bed and to the floor sustaining an acute of the (collarbone), and a hematoma with on the left side of her forehead. At the time of the Certified Nursing Assistant (CNA) Staff L had placed Resident #6 on her bed and positioned her on her side. After turning away from the dependent resident to reach for his supplies, he heard something and turned to find Resident #6 laying on the floor. Resident #6's /ankles had gotten caught between the wheelchair arm and the bed while her upper body was twisted with her landing hitting bed wheel area and left hitting the floor.</p> <p>Record review of progress notes written on by Assistant Director of Nursing (ADON) documented CNA Staff L, did not see the because he was facing the other way. She wrote when CNA turned around, Resident #6's /ankles had gotten caught between the wheelchair arm and the bed, while her upper body was twisted with her landing hitting bed wheel area and left hitting the floor.</p>	F 689	<p>care. Dependent residents will be reviewed to ensure the care plan has appropriate interventions, including level of assistance, to prevent on: admission, after each , quarterly and with significant changes.</p> <p>The Don/ designee will complete random monthly audits of dependent residents to ensure interventions to prevent are being implemented according to the plan of care. Results of the audits will be trended and reviewed at the monthly QAPI meeting.</p>		

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F 689	<p>Continued From page 5</p> <p>On _____ at 10:08 a.m., observed reenactment of _____ incident done by ADON to demonstrate how Resident #6 _____. CNA Staff L had transferred the resident to her bed. He did not have his supplies in reach, so he had to take his _____ and his _____ off the resident. This was when the resident rolled off the bed. CNA Staff L left the resident unsupervised at the side of the bed. There was not a second CNA with the resident during the procedure.</p> <p>Record review of Resident #6's quarterly assessment minimum data set (MDS) dated _____ records the resident was severely _____ and total dependent for her daily care including bed mobility and toileting. Resident #6 was coded as needing two staff to assist with bed mobility. The resident had the following diagnosis: _____ (_____) with _____ or _____ (_____) or partial _____) and _____.</p> <p>On _____ 2:15 p.m., in interview with CNA Staff D, she said when doing _____ care for a dependent resident she made sure she gets all of her supplies ready and had them on the bedside table right beside her or on the _____ of the bed so she did not have to leave the resident or turn away. She said that you were never to take your _____ off the resident and really you should hold on to them if they were on their side. Staff D said she would not turn the resident away from her if there was not another staff member helping.</p> <p>On _____ 2:37 p.m., in an interview LPN Staff E said she would never turn the resident away</p>	F 689			

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F 689	Continued From page 6 from her on a bed if no one was assisting on the other side. She also said you can never tell what residents would do, so it was best to never take your _____ off them when you have them on their side on a bed. She said it was like having a baby on a changing table, they might _____ On _____ at 9:58 a.m., in an interview ADON said she investigated Resident #6's _____ . She did not find that CNA Staff L could have prevented the _____ . On _____ at 10:30 a.m., in interview with Director of Nursing (DON), she stated "I do not feel that the incident was adverse or neglect. I do not feel that the CNA could have done anything different to prevent the _____ ." On _____ at 11:55 a.m., in interview RN Facility Educator Staff H said after review of the reenactment of the Resident #6 _____ incident "I was not included in the investigation." Staff H said she did not do staff re-education for any staff after the resident _____ out of the bed. Staff H said she did not feel CNA Staff L could have done anything different to prevent the _____ from the bed. Record review of Suspension Pending Investigation Form dated _____ at approximately 3:10 p.m., interview with CNA Staff L has documentation the residents bed was not in low position and the safety mats were removed from the side of the residents bed at the time of the _____ .	F 689			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors.	F 759			

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F 759	<p>Continued From page 7</p> <p>The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and record review the facility failed to administer medications in accordance with physician orders for 2 (Resident # 101 and #130) of 6 residents observed for medication administration. Four licensed nurses with 25 opportunities were observed. Two medication errors were observed resulting in an 8% error rate.</p> <p>The findings included:</p> <p>The facility policy #6.0 General Dose Preparation and Medication Administration (revised), #3.7 specified "Facility staff should verify that the medication name and dose are correct".</p> <p>On at 9:53 a.m., Licensed Practical Nurse (LPN) Staff B was observed administering four different medications to Resident #130, including one tablet of Plus (a medication to treat). Staff B verified she administered one tablet of Plus to Resident #130. Upon reconciliation with the physician order, it revealed an order to administer three tablets of Plus twice a day for</p> <p>On at 10:01 a.m., LPN Staff A was observed administering eight different medications to Resident #101, including a chewable tablet of 81 milligram. Staff A verified she administered one chewable 81 milligram tablet of to Resident #101.</p>	F 759	<p>Resident # 101 and #130's physicians were notified of the medication errors. Both resident #101 and #130 were evaluated and no negative effects were identified.</p> <p>Resident's receiving medications have the potential to be affected. Licensed nurses will have medication pass observations to ensure medications are administered according to physician orders, and medication pass procedures are followed.</p> <p>Licensed nurses will be educated by the DON/ designee on ensuring medications are administered according to the physician order and medication pass procedures are followed.</p> <p>The DON/ designee will complete random monthly medication pass observations to ensure medications are administered according to the physician order, and medication pass procedures are followed. The results of the audits will be trended and reviewed at the monthly QAPI meeting.</p>		

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F 759 F 880 SS=D	<p>Continued From page 8</p> <p>Upon reconciliation with the physician order, it revealed an order to administer 81 milligrams of _____ (the _____ coating helps to prevent _____ and _____).</p> <p>Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 _____ Control</p> <p>The facility must establish and maintain an _____ prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable _____ and _____.</p> <p>§483.80(a) _____ prevention and control program.</p> <p>The facility must establish an _____ prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable _____ for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable _____ or _____ before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of</p>	F 759 F 880		

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F 880	<p>Continued From page 9</p> <p>communicable or should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of ; ()When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and (vi)The hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of policies and procedures, and staff interview the facility failed to follow prevention technique during medication administration for 1 (Resident #101) of 6 residents observed. The facility failed to store</p>	F 880	<p>Resident # 101 was reviewed and no adverse effects were noted from the medication pass. bedpan was discarded. bedpan and wash basin were discarded.</p>		

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F 880	<p>Continued From page 10</p> <p>resident's personal care items in a sanitary manner on one of two floors of the facility.</p> <p>The findings included:</p> <p>_____ was a double occupancy room. On _____ at 2:40 p.m., a bedpan was stored on the handrail behind the toilet. The bedpan was not labeled making it impossible to determine whom it belonged to.</p> <p>_____ is a double occupancy room. On _____ at 1:00 p.m., an unlabeled bedpan was observed stored on the bedrail and an unlabeled wash basin was stored on the floor in the bathroom next to the garbage can with a pair of used gloves in the basin.</p> <p>On _____ at 11:10 a.m., two bedpans were observed stored on the floor next to the toilet in _____.</p> <p>On _____ at 9:21 a.m., observations and pictures were shared with the Director of Nursing (DON) and the Regional Nurse Consultant. DON said the expectation was that bedpans and basins were bagged and placed in the drawer. She said the managers make rounds every day. She said the Certified Nursing Assistants have been educated on how to store the bedpans and wash basins.</p> <p>** Photographic evidence on file**</p> <p>The facility policy #6.0 General Dose Preparation and Medication Administration (revised _____; _____), specified in sections 3.4 "facility staff should not touch the medication when opening a bottle or unit dose package" and 3.5 "If a</p>	F 880	<p>two bedpans were discarded.</p> <p>Residents receiving medications have the potential to be affected. Licensed nurses will have medication pass observations completed to ensure _____ control procedures are followed. Residents with personal care items have the potential to be affected. Each resident room was observed to identify personal care items not stored in a sanitary manner. Items identified were discarded and residents were provided _____ with new personal care items that are currently being stored under sanitary conditions.</p> <p>Licensed nurses will be educated by the DON/ designee on medication pass procedures to ensure _____ control techniques are followed. Facility staff will be educated by the DON/ designee on ensuring personal care items are stored in a sanitary manner.</p> <p>The DON/ designee will complete random monthly medication pass observations to ensure _____ control procedures are followed during the medication pass. The ED/ designee will complete random weekly room observations to ensure personal care items are stored in a sanitary environment. Results of the audits will be trended and reviewed at the monthly QAPI meeting.</p>		

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

PRINTED: 12/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2019
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PUNTA GORDA			STREET ADDRESS, CITY, STATE, ZIP CODE 450 SHREVE STREET PUNTA GORDA, FL 33950		
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F 880	<p>Continued From page 11</p> <p>medication which is not in a protective container is dropped, Facility staff should discard it according to facility policy".</p> <p>On at 10:01 a.m., Licensed Practical Nurse (LPN), Staff A was observed administering medications for Resident #101. Staff A opened a bottle of , 81 milligrams and poured several pills into the bottle's cap. She held the pills with her and poured 1 tablet into a medication cup. Staff A returned the rest of the pills into the bottle that was used for all residents receiving</p> <p>Staff A poured two Probiotic 250 mg Capsules (live that are good for the system) into the medication cup. Staff A inserted her into the medication cup and removed one of the probiotic capsules. In the process, she touched all the pills previously poured into the cup.</p> <p>Staff A took the unit dose package of 10 milliequivalent capsules (a supplement) and removed three capsules. Two of the capsules on the top of the medication cart. Staff A picked them up and placed them into the medication cup. Staff A administered the medications to Resident #101.</p> <p>On at 10:20 a.m., Staff A confirmed she had dropped and touched several of Resident #101's medications during the medication administration. Staff A verified she should have discarded the medications.</p>	F 880			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2019
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PUNTA GORDA	STREET ADDRESS, CITY, STATE, ZIP CODE 450 SHREVE STREET PUNTA GORDA, FL 33950
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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced relicensure and complaint #2019016028 survey was conducted through at Life Care Center of Punta Gorda, a skilled nursing facility in Punta Gorda, Florida.</p> <p>Complaint #2019016028 was unsubstantiated</p> <p>The following is description of the deficiencies.</p>	N 000		
N 054 SS=D	<p>59A-4.107(5), FAC Follow Physician Orders</p> <p>All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to administer medications in accordance with physician orders for 2 (Resident # 101 and #130) of 6 residents observed for medication administration. Four licensed nurses with 25 opportunities were observed. Two medication errors were observed resulting in an 8% error rate.</p> <p>The findings included:</p> <p>The facility policy #6.0 General Dose Preparation and Medication Administration (revised), #3.7 specified "Facility staff should verify that the medication name and dose are correct".</p>	N 054	<p>Resident #101 and 130 is physicians were notified of the medications not given according to the physician order. Both residents were evaluated and no negative outcomes were identified. Resident #62 physician was notified that the restorative orders were not implemented. Resident #62 was screened by services and no decline was noted.</p> <p>Residents receiving medications and restorative services have the potential to be affected. Licensed nurses will have medication pass observations to ensure medications are administered according to</p>	

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

TITLE

(X8) DATE

Electronically Signed

/19

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2019
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NAME OF PROVIDER OR SUPPLIER
LIFE CARE CENTER OF PUNTA GORDA

STREET ADDRESS, CITY, STATE, ZIP CODE
**450 SHREVE STREET
PUNTA GORDA, FL 33950**

(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 054

Continued From page 1

On _____ at 9:53 a.m., Licensed Practical Nurse (LPN) Staff B was observed administering four different medications to Resident #130, including one tablet of _____ Plus (a medication to treat _____). Staff B verified she administered one tablet of _____ Plus to Resident #130. Upon reconciliation with the physician order, it revealed an order to administer three tablets of _____ Plus twice a day for _____.

On _____ at 10:01 a.m., LPN Staff A was observed administering eight different medications to Resident #101, including a chewable tablet of _____ 81 milligram. Staff A verified she administered one chewable 81 milligram tablet of _____ to Resident #101. Upon reconciliation with the physician order, it revealed an order to administer 81 milligrams of _____ (the _____ coating helps to prevent _____ and _____).

A review of the clinical record for Resident #62 revealed a diagnosis of _____'s _____, lower extremities and right upper extremity _____.

The physician's orders for _____ included restorative nursing, active range of motion, passive range of motion to right upper extremity and _____ application to the right _____, on in the morning and off in the afternoon.

The "Nursing Rehabilitation/Restorative Care" form indicated Resident #62 had decreased range of motion on _____ lower extremities and upper extremities and required complete active and passive range of motion on all joints and the application of a right _____ to prevent further

N 054

physician orders. Residents receiving restorative services will be reviewed to ensure restorative services are being provided according to the physician order. A new process of reviewing the restorative dashboard will be added to the clinical meeting.

Licensed nurses will be educated by the DON/designee on ensuring medications are administered according to the physician order and medication pass procedures are followed. The Don/designee will educate the Restorative nurse and C.N.A.'s on ensuring restorative services are implemented according to the physician order and the system for monitoring to ensure services and documentation demonstrate the provision of restorative services.

The DON/designee will complete random monthly medication pass observations to ensure medications are administered according to the physician order and medication pass procedures are followed. The DON/designee will complete random monthly audits of resident _____s receiving restorative services to ensure provided according to the physician order. Results of the audits will be trended and reviewed at the monthly QAPI meeting.

Agency for Health Care Administration

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N 054	<p>Continued From page 2</p> <p>..... (shortening and hardening of or other tissue, leading to deformity and rigidity of , ,).</p> <p>On at 10:05 a.m., Resident #62 was observed in bed. Resident was alert, oriented, and able to answer questions appropriately. Resident #62's right was The prescribed device was not observed on the right During interview, Resident #62 said he was not currently receiving any or treatment for his right</p> <p>Several observations throughout the day and afternoon on through revealed Resident #62 in bed. He was not wearing the device on his right</p> <p>On at 10:00 a.m., Resident #62 said no one had come to do any exercise with him or apply the to his right all week.</p> <p>The Restorative Nursing documentation for through indicated Resident #62 completed the restorative program each day as ordered, and the was applied to the right as ordered.</p> <p>On at 10:10 a.m., during an interview the Restorative Certified Nursing Assistant (CNA) Staff G said the Restorative Nursing Documentation was inaccurate. She said she had not provided any restorative treatment and had not applied the to the resident's since "sometimes last week". Staff G said Resident #62 liked to get up late. She said she gets "distracted" and did not return to provide the treatment and apply the as ordered.</p> <p>The Restorative Nurse was present during the</p>	N 054		

Agency for Health Care Administration

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N 054	Continued From page 3 interview. She said she was not aware Resident #62 had not received the treatment as ordered. Class III	N 054		
N 201 SS=G	400.022(1)(f), FS Right to Adequate and Appropriate Health Care The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This Statute or Rule is not met as evidenced by: Based on observation, resident and staff interview the facility failed to prevent a . . . with a for 1 (Resident #6) of 2 residents reviewed for The facility also failed to consistently provide necessary restorative care to minimize the worsening of and range of motion for 1 (Resident #62) of 3 residents reviewed for limited range of motion. The findings included: Policy review for Event Management & Emergency Procedures: . . . Management Effective Date . . . (reviewed . . .). Purpose: to promote patient safety and reduce patient . . . by proactively identifying and monitoring resident . . . indicators. The policy states: The facility must ensure that the resident's environment remains as free of accident hazards	N 201	Resident # 6 physician was notified of the The resident was re-evaluated and an alternating pressure air mattress with defined edges was added to the current plan of care. Resident #62's physician was notified of restorative care not provided. Resident was evaluated by services and no decline was noted. Dependent residents have the potential to be affected by this practice. Dependent residents will be reviewed to ensure the care plan has appropriate interventions to prevent The IDT team will review the plan of care to ensure resident specific interventions, including level of assistance required, are on the plan of care. Residents receiving restorative services	

Agency for Health Care Administration

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N 201	<p>Continued From page 4</p> <p>as possible and each resident receives adequate supervision to prevent accidents. Supervision refers to an intervention and means of mitigating the risk of an accident. Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff. Avoidable Accident means that an accident occurred because the facility failed to: Identify environmental hazards and/or assess individual resident risk of an accident including need for supervision.</p> <p>Record review revealed on _____ at approximately 3:07 p.m., Resident #6 rolled out of bed and _____ to the floor sustaining an acute _____ of the _____ (collarbone), and a hematoma with _____ on the left side of her forehead. At the time of the Certified Nursing Assistant (CNA) Staff L had placed Resident #6 on her bed and positioned her on her side. After turning away from the dependent resident to reach for his supplies, he heard something and turned to find Resident #6 laying on the floor. Resident #6's _____/ankles had gotten caught between wheelchair arm and the bed while her upper body was twisted with her _____ landing hitting bed wheel area and left _____ hitting the floor.</p> <p>On _____ at 10:30 a.m., interview with the Director of Nursing (DON) who stated "I do not feel that the incident was adverse or neglect. She said that she did not report as an adverse incident even though Resident #6 _____ her collarbone, because after investigation it was determined that it could not have been prevented. "I do not feel the CNA could have done anything different to prevent the _____."</p> <p>Record review of the quarterly assessment</p>	N 201	<p>have the potential to be affected. Residents receiving restorative services will be reviewed to ensure restorative services are being provided according to the plan of care. A new process of reviewing the restorative dashboard will be added to the clinical meeting.</p> <p>Licensed nurses and C.N.A.s will be educated by the DON/Designee on the facility policy for Event management and Emergency procedures: management. In addition, licensed nurses and C.N.A.s will be educated on ensuring interventions to prevent _____ are implemented according to the plan of care. Dependent residents will be reviewed to ensure the care plan has appropriate interventions, including level of assistance, to prevent _____ on: admission, after each _____, quarterly and with significant changes.</p> <p>The DON/ designee will educate the restorative nurse and C.N.A.s on ensuring restorative services are implemented according to the plan of care and the system for monitoring to ensure services and documentation demonstrate the provision of restorative services.</p> <p>The DON/ designee will complete random monthly audits of dependent residents to ensure interventions to prevent _____ are being implemented according to the plan of care. Results of the audits will be trended and reviewed at the monthly QAPI meeting.</p> <p>The Don/ designee will complete random</p>	

Agency for Health Care Administration

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N 201	<p>Continued From page 5</p> <p>Minimum Data Set (MDS) dated _____ revealed Resident #6 was coded as needing 2 staff to assist with bed mobility and transfers.</p> <p>On _____ at 11:55 a.m., interview with Regerstered Nurse (RN) Educator Staff H who said she did not feel anything differenc could have been done to prevent the _____ from the bed. She said that she was not involved in the investigation.</p> <p>On _____ at 9:58 a.m., interview with ADON who said after she investigated the _____ of Resident #6, she did not find the _____ could have been prevented.</p> <p>On _____ at 11:55 a.m., in interview RN Facility Educator Staff H said after review of the reenactment of the Resident #6 _____ incident "I was not included in the investigation." Staff H said she did not do staff re-education for any staff after the resident _____ out of the bed. Staff H said she did not feel CNA Staff L could have done anything different to prevent the _____ from the bed.</p> <p>Record review of Suspension Pending Investigation Form dated _____ at approximately 3:10 p.m., interview with CNA Staff L has documentation the residents bed was not in low position and the safety mats were removed from the side of the residents bed at the time of the _____.</p> <p>2. A review of the clinical record for Resident #62 revealed a diagnosis of _____'s _____ lower extremities and right upper extremity _____.</p> <p>The physician's orders for _____ included _____.</p>	N 201	<p>monthly audits of resident _____s receiving restorative services to ensure services are provided according to the plan of care and documented appropriately. Results of the audits will be trended and reviewed at the monthly QAPI meeting.</p>	

Agency for Health Care Administration

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N 201	<p>Continued From page 6</p> <p>restorative nursing, active range of motion, passive range of motion to right upper extremity and _____ application to the right _____, on in the morning and off in the afternoon.</p> <p>The "Nursing Rehabilitation/Restorative Care" form indicated Resident #62 had decreased range of motion on _____ lower extremities and upper extremities and required complete active and passive range of motion on all joints and the application of a right _____ to prevent further _____ (Shortening and hardening of _____ or other tissue, leading to deformity and rigidity of _____).</p> <p>On _____ at 10:05 a.m., Resident #62 was observed in bed. Resident was alert, oriented, and able to answer questions appropriately. Resident #62's right _____ was _____. The prescribed _____ device was not observed on the right _____. During interview, Resident #62 said he was not currently receiving any _____, or treatment for his right _____.</p> <p>Several observations throughout the day and afternoon on _____ through _____ revealed Resident #62 in bed. He was not wearing the _____ device on his right _____.</p> <p>On _____ at 10:00 a.m., Resident #62 said no one had came to do any exercise with him or apply the _____ to his right _____ all week.</p> <p>The Restorative Nursing documentation for _____ through _____ indicated Resident #62 completed the restorative program each day as ordered and the _____ was applied to the right as ordered.</p> <p>On _____ at 10:10 a.m., during an interview</p>	N 201		

Agency for Health Care Administration

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N 201	<p>Continued From page 7</p> <p>the Restorative Certified Nursing Assistant (CNA) Staff G said the Restorative Nursing Documentation was inaccurate. She said she had not provided any restorative treatment and had not applied the _____ to the resident's _____ since "sometimes last week". Staff G said Resident #62 liked to get up late. She said she gets "distracted" and did not return to provide the treatment and apply the _____ as ordered.</p> <p>The Restorative Nurse was present during the interview. She said she was not aware Resident #62 had not received the treatment as ordered.</p> <p>On _____ at 11:30 a.m., Director of Rehabilitation said Resident #62 did not like to move at all and there was always a potential for decline if the restorative treatment was not completed as ordered.</p> <p>Class II</p>	N 201		
N 602 SS=D	<p>400.211(3), FS C N A Employment History Required</p> <p>Nursing homes shall require persons seeking employment as a certified nursing assistant to submit an employment history to the facility. The facility shall verify the employment history unless, through diligent efforts, such verification is not possible. There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, a former employer who reasonably and in good faith communicates his or her honest opinion about a former employee's job performance.</p>	N 602		

Agency for Health Care Administration

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N 602	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to have evidence of employment verification for 1 (Staff L) of 11 employee files reviewed. The findings included: Review of the employee files revealed Certified Nursing Assistant (CNA) Staff L was employed at the facility from through The employee file lacked documentation of efforts made to verify employment history. On at 10:57 a.m., Staff Development Coordinator (SDC) said some facilities require to pay money on line to access the information and she did not do that. She said she did not document attempts to obtain reference checks from previous employers. SDC said she did not remember if she called to verify employment history for Staff L. She called a couple of people whose name he provided in his application but was unsure if they were former coworkers and where they worked with him. Class III	N 602	No residents were identified. The staff member identified is no longer employed. Facility residents have the potential to be affected. A new electronic applicant tracking system was implemented in addition to a new employment verification form to take credit for the diligence in employment verification. Employment verification will be reviewed by Human resources/designee prior to the employees first day of employment. The ED/Designee will educate department managers, staff development, and HR on the electronic applicant tracking system requirements and expectations of verifying and documenting employment verifications including all attempts made to verify the employee's employment history. The ED/ designee will complete random monthly audits of new employee's to ensure that employment history was verified and/ or diligent efforts were made and documented. Results of the audits will be reviewed at the monthly QAPI meeting.	
N 913 SS=D	400.147(5), FS Adverse Incidents Defined For purposes of reporting to the agency under this section, the term "adverse incident" means: (a) An event over which facility personnel could exercise control and which is associated in whole or in part with the facility's intervention, rather than the condition for which such intervention	N 913		

Agency for Health Care Administration

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N 913

Continued From page 9

occurred, and which results in one of the following:

1.;
2. or ... damage;
3. Permanent ...;
4. of bones or joints;
5. A limitation of ..., physical, or sensory function;
6. Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
7. Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident's condition prior to the adverse incident; or
8. An event that is reported to law enforcement or its personnel for investigation; or

(b) Resident elopement, if the elopement places the resident at risk of harm or injury.

This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to recognize a reportable adverse event of a ... with ... of 1 (Resident #6) of 2 residents reviewed for ... Resident #6 was a dependent resident who rolled off the bed in the presence of 1 staff member about to render care. Resident #6 sustained an acute ... of her ... bone (collarbone). Resident #6 also sustained a ... and forehead injury.

The findings included:

N 913

Resident # 6 ... was reviewed and an alternating pressure air mattress with defined edges was added to the plan of care. Resident is also noted to have low beds and mats. Staff L completed and successfully passed the ADL competency which included return demonstration.

Facility residents have the potential to be affected by this practice. Residents who meet one of the 8 (b) criteria for adverse incident will be investigated to determine if, "facility personnel could exercise control

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2019
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NAME OF PROVIDER OR SUPPLIER
LIFE CARE CENTER OF PUNTA GORDA

STREET ADDRESS, CITY, STATE, ZIP CODE
**450 SHREVE STREET
PUNTA GORDA, FL 33950**

(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 913

Continued From page 10

Record review revealed on _____ at approximately 3:07 p.m., Resident #6 rolled out of bed and _____ to the floor sustaining an acute _____ of the _____ (collarbone), and a hematoma with _____ on the left side of her forehead. At the time of the _____ Certified Nursing Assistant (CNA) Staff L had placed Resident #6 on her bed and positioned her on her side. After turning away from the dependent resident to reach for his supplies, he heard something and turned to find Resident #6 laying on the floor. Resident #6's _____/ankles had gotten caught between wheelchair arm and the bed while her upper body was twisted with her _____ landing hitting bed wheel area and left _____ hitting the floor.

On _____ at 10:30 a.m., interview with the Director of Nursing (DON) who stated "I do not feel that the incident was adverse or neglect". She said that she did not report as an adverse incident even though Resident #6 _____ her collarbone, because after investigation it was determined that it could not have been prevented. "I do not feel the CNA could have done anything different to prevent the _____."

Record review of the quarterly assessment Minimum Data Set (MDS) dated _____ revealed Resident #6 was coded as needing 2 staff to assist with bed mobility and transfers.

On _____ at 11:55 a.m., interview with Registered Nurse (RN) Educator Staff H who said she did not feel anything different could have been done to prevent the _____ from the bed. She said that she was not involved in the investigation.

On _____ at 9:58 a.m., interview with Assistant

N 913

and which is associated in whole or in part with facility's intervention, rather than the condition for which such intervention occurred". If determined to be adverse the report will be made.

The RDCS/designee educated the ED, DON, and risk manager of the adverse incident definitions and guidelines for recognizing and reporting an adverse incident.

The ED/designee will complete random audits of resident's meeting the 8(b) criteria to verify the investigation is complete, thorough and has an accurate determination of whether or not the event is adverse.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2019
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PUNTA GORDA	STREET ADDRESS, CITY, STATE, ZIP CODE 450 SHREVE STREET PUNTA GORDA, FL 33950
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N 913	<p>Continued From page 11</p> <p>Director of Nursing, who said after she investigated the _____ of Resident #6, she did not find the _____ could have been prevented.</p> <p>Policy review for Event Management & Emergency Procedures: _____ Management Effective Date _____ (reviewed _____).</p> <p>Purpose: to promote patient safety and reduce patient _____ by proactively identifying and monitoring resident _____ indicators. The policy states: The facility must ensure that the resident's environment remains as free of accident hazards as possible and each resident receives adequate supervision to prevent accidents. Supervision refers to an intervention and means of mitigating the risk of an accident. Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff. Avoidable Accident means that an accident occurred because the facility failed to: Identify environmental hazards and/or assess individual resident risk of an accident including need for supervision.</p> <p>Class III</p>	N 913		