

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  55232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/07/2020
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NAME OF PROVIDER OR SUPPLIER  
**BON SECOURS MARIA MANOR NURSING CARE CEN**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**10300 4TH ST N  
SAINT PETERSBURG, FL 33716**

(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

INITIAL COMMENTS

N 000

A complaint investigation for #2020015897 and a Focused Control survey were conducted at Bon Secours Maria Manor Nursing Care Center on . . . . . Deficient practice was identified at the time of the survey.

N 054  
SS=D

59A-4.107(5), FAC Follow Physician Orders

N 054

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.

This Statute or Rule is not met as evidenced by: Based on interview and medical record review the facility failed to ensure physician orders were followed to perform biweekly laboratory testing for one (#1) out of one resident that received . . . . .

Findings Included:

The "LTC Facility Pharmacy Service and Procedure Manual" dated on 2017 was reviewed that revealed "Medication: ( ) INR (International Ratio) weekly, or more frequent, for weeks following initiation and dosing changes, then once 3 consecutive INRs in targeted INR range, consider INRs level every 14-28 days, with more frequent INR monitoring if the individual had a change in condition, diet or medication regimen".

On . . . . . at 12:45 p.m. a phone interview was conducted with resident #1's spouse. Who stated "my spouse had been transferred from the nursing home to the hospital. Just the day before she was supposed to come home. She went to the nursing home for her and had a . . . . ."

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegations of compliance. All alleged deficiencies have been or will be corrected by the date indicated.

1. Resident #1 was discharged on . . . . . and did not return to the facility.
2. There are no current residents receiving . . . . . of . . . . . requiring routine laboratory testing.
3. The Licensed Nurses who write and receive orders received education regarding proper placement of laboratory orders on the MAR in the EMR. Any resident admitted on . . . . .

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

TITLE

(X8) DATE

Electronically Signed

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NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS MARIA MANOR NURSING CARE CEN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10300 4TH ST N SAINT PETERSBURG, FL 33716</b>		
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N 054	<p>Continued From page 1</p> <p>He went on to say that the facility had not monitored the numbers for her International Ratio (INR). They were supposed to do that.</p> <p>Medical record review was conducted for resident #1 that indicated on the "Admission Record" form she had been at that facility for approximately one month. She had been admitted for short term rehabilitation after being hospitalized. The diagnosis information description ranked as being primary, the secondary ranked at long term (current) use of _____ and of _____ in right ankle and joints of right _____ and _____ and diagnosis a _____, deficiency of other clotting factors.</p> <p>Physician orders were reviewed for _____ tablet 4 mg give one tablet by _____ one time a day for _____ (_____) ordered on _____. And laboratory order for (Lab)-prothrombin time test and international normalized ratio (_____/INR) every night shift every Thursday ordered on _____.</p> <p>A new order was noted that replaced the frequency that was dated on _____ Lab _____/INR every shift every 14 days.</p> <p>Laboratory results were reviewed that were dated _____. The test of the INR indicated it was within range at 1.55 as the normal reference range was 0.8 -3.50. The next laboratory result was dated on _____ with the INR within range at 2.27. A handwritten note stated "4 mg daily order for _____/INR Q 14 day, start _____ ARNP is informed no new orders _____ SV".</p> <p>There were no additional _____/INR results found in the medical record.</p>	N 054	<p>requiring routine laboratory _____ testing will be audited weekly to ensure testing is completed according to physicians' orders.</p> <p>4. Unit Manager will conduct weekly audits on all residents requiring _____ monitoring and provide to the Director of Nurses. The Director of Nurses will review findings at the monthly QAPI meeting for 3 months.</p>		

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N 054	<p>Continued From page 2</p> <p>The Medication Administration record (MAR) was reviewed. No orders were in place to perform every 14-day lab work. The Treatment administration Record (TAR) was reviewed that contained the order for Lab /INR every night shift every 14 day. The TAR was signed out on ..... with an initial and a check mark indicating that it had been conducted.</p> <p>At 1:15 p.m. an interview was conducted with the Director of Nursing (DON) about the missing lab from ..... She stated, "I'll find it".</p> <p>At 2:00 p.m. the DON confirmed that the ordered /INR for ..... had not been performed. She said when the physician order was received was put in the TAR and it should have been put in the MAR. The DON went on to say that the TAR will not generate labs that need to be performed daily. Only the MAR generates this report. We look at these reports daily. The reports are then compared to the labs that were performed to verify all of the ordered labs are conducted. That was how it was missed. The DON indicated that currently there were no current residents at the facility with / ..... orders.</p> <p>On ..... at approximately 3:00 p.m. an Interview was conducted with the Advanced Registered Nurse Practitioner (ARNP), he recalled resident #1 after looking at the "Admission Record" form. Stating "Oh yes I remember her, I had seen her almost daily." She was a very ..... women and was on top of everything. He said he did not recall too much about her medical history. Stating he had remembered she was on monthly ..... draws. He stated she had a deficiency factor II. He said if the resident went ..... as she had that would will cause her INR level to go up. The ARNP was</p>	N 054		
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N 054	Continued From page 3  informed that her ordered /INR had not been performed on . The ARNP confirmed it was his expectation that orders would be followed.  CLASS III	N 054		

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

PRINTED: 11/09/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BON SECOURS MARIA MANOR NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10300 4TH ST N</b> <b>SAINT PETERSBURG, FL 33716</b>		
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F 000	INITIAL COMMENTS  A complaint investigation for #2020015897 and a Focused Control survey were conducted at Bon Secours Maria Manor Nursing Care Center on . The facility was in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

/2020

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.