STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Locavec		7	0. 0938-0
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
	105884	B. WING		0.5	C /01/2015
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 05	10112015
EXCEL REHABILITATION AND	HEALTH CENTER	- 1	2811 CAMPUS HILL DR TAMPA, FL 33612		-
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETIC DATE
CCR# 20150037087 was conducted off house to Excel Rehabilitation a compliance with 42 C	FACILITY ation CCR# 2015002905, and CCR# 2015003927 urs at 6:30a.m. Monday nd Health Center is not in F.R. Part 483 g Term Care Facilities. vas identified on	F 00	Preparation and submission of This plan of correction does not Constitute and admission or agreement by the provider of the truth of the facts alleged or correctness of the conclusions set forth on the statement of deficiencies, the plan of correction is prepared and submitted solely because of the requirements under State and Federal law. This plan of correction will serve as the Facility's allegation of substantial compliance.		
Findings of Immediate F 281 S/S: K; F 282 S/S/S: K and F 501 S/S: The Administrator was Jeopardy on It was determined that twas removed on severity and scope was 483.10(f)(2) RIGHT TO RESOLVE GRIEVANCE A resident has the right facility to resolve grievar have, including those will of other residents.	informed of the Immediate t 9:50 A.M. the Immediate Jeopardy at 5:30 PM and the reduced to an E. PROMPT EFFORTS TO S o prompt efforts by the ces the resident may be respect to the behavior and the respect to the behavior at the respect to the person of the respect to the services and the respect to the behavior at the respect to the person of the respect to t		RECEIVED MAY 2 9 2015 AHCA HQA5/6 AHCA HQA5/6 THE ALAMANASTREEK may be excused from correcting providing it is de	(Xe) D. (<)7	1

A CMS-2567(02-99) Previous Versions Obsolete

Event ID: KCY611

Facility ID: 62932

If continuation sheet Page 1 of 167

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 09	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		105884	B. WING		05/01/2	2015
	ROVIDER OR SUPPLIER	HEALTH CENTER	2	BTREET ADDRESS, CITY, STATE, ZIP CODE 1811 CAMPUS HILL DR TAMPA, FL 33612	1 00/01/2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE CO	(X5) VIPLETION DATE
F F (1) m www. (f, f, coc, m w.c. Ref th. th. th. see Ref log (2) preguill stata Nu hay few timm any	asaed on interviews acility failed to act o rievances for two (f 23) of twenty-three indings include: 1) During an interview at 10:30 a utilitie concerns will atting for assistance ADL) care, staff slow oncerns related to nedications as order oliced these concern eview of the following at the staff was marked to the second of the concerns roughly of the Grievan at 3:10 pm assed his call light for come into his utility that they are goin rsing Assistant (CN ppens consistently at times before his C help him. He see when he has asie to twenty for the cone into his consistently at times before his C help him. He see when he has asie to twenty for the cone into his consistently at times before his C help him. He see when he has asie	T is not met as evidenced and record review, the noresolve, and log resident Resident #6 and Resident sampled residents. It with Resident #6 on more than the resident sampled residents. It with Resident #6 on more than the resident sampled residents. It with Resident #6 on more than the resident sampled residents has has the than the resident for the resident sampled resident for the residen	F 166	1. Resident #6concern recorded In nurses note regarding timing of her medication, order was written by MD on to change to times requested by res. #6. Concern resolved at that time. Res. #6 concern recorded in nurse's note regarding res. choice of lift, resident was provided choice of 2 lift pads, resident chose which one she wanted to use, this was resolved on Social Service met with resident #23 on advised resident that call light audit was heing implemented to address a divised resident was provided that resident #23 on regarder tends with call light response tim resident expressed no further concerns at time. Social Service met with Resident #6 on to review Facility grievance process. Resident stated she had no concerns or grievances at this time. Social Service met with Resident #23 on to review facility grievance process. Resident stated he had no grievances/concerns at this time. Social Service met with Resident #23 of the review facility grievance process. Resident stated he had no grievances/concerns at this time. Social Service met with Resident #23 of the review facility grievance process. Resident stated he had no grievances/concerns at this time. Social Service met	е.	of 167

CENTI	ERS FOR MEDICARE	& MEDICAID SERVICES			C		KM APPKOVED IO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) D	OMPLETED
		105884	8. WING	ā		١,	C 5/01/2015
NAME OF	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0	5/01/2013
EXCEL	REHABILITATION AND	HEALTH CENTER		28	311 CAMPUS HILL DR		
				1,5	AMPA, FL 33612		
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in a control in the c	lold him that they are working on another I his call light goes off staff not assigned to his he ha assistance. He states unit manager and the coming into his leaving without provice has done no good be During an interview w. Administrator (NHA) as she stated that Resid number of things whe facility on to his he stated that Resid number of things whe repeated on the goog. She was asked if are not logged, then he veriewed by the Qualit dentify patterns or treshe stated that "if grihen it is impossible to she confirmed that the hogged related to Resid Nerviewed by the Qualit dentify patterns or treviewed by the Qualit dentify patterns or treview of the nursing evealed that on diministration aware it more trans related to standard that the noncerns related to s	stated that the CNA staff has working short or are all so they cannot see when . He stated that many times, his just walk past is his call light on for the state of the state which the increase related to staff, turning off the call light and ling him assistance but it cause they continue to do it. With the Nursing Home on at 4:34 p.m. on the start was angry about an he first arrived at the concerns he had were rievance form or grievance all residents' grievances ow the concerns he had were rievance form or grievance own the concerns are y Assurance Committee to das per the facility policy, evances are not logged track and trend them "track and trend them", are was no grievance lent #23 having concerns.		166	2. Grievance p&p reviewed by Social Services at resident council meeting, and then quarterly with resident council. Call light audit to be completed by Social Service/designees on all 3 shifts starting to the completed by Social Service/designees on all 3 shifts starting. Call light audit will continue on all three shifts for three months by Social Service designees with results reported by Social Service at monthly QAPI meeting. Negative trends identified in call light response to staff involved and documented as a resident grievance if indicated. Tracking and trending of all resident grievance from the staff involved and documented as a resident grievance from the staff involved and documented as a resident grievance from the staff involved and documented as a resident grievance from the staff involved and documented as a resident grievance from the staff involved and documented from the staff involved and documented as a resident grievance from the staff involved and documented as a resident grievance from the staff involved and documented as a resident freedom the staff involved and the staff involved at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurses station and in the Main toby. Grievance p&p is posted at each nurse and part of the staff in the s	e	
th	ie food. It was noted t	hat the Nursing Home			inserviced by Social Service/staff development on grievance p&p by		
N	anager met with the r	esident at bedside.			Grievance forms placed on clipboards at each nurses station for ease of		
R	eview of the Grievano	e log from		1	access.		1

STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERICLA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X4) MO FLAN OF CORRECTION (X3) DATE (X4) MULTIPLE CONSTRUCTION (X5) DATE (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE CONSTRUCTION (X9	APPROVE		Of		& MEDICAID SERVICES	RS FOR MEDICARE	CENTE
105884 B. WINO	E SURVEY IPLETED	(X3) DATE COMP	LE CONSTRUCTION	,	(X1) PROVIDER/SUPPLIER/CLIA	T OF DEFICIENCIES	STATEMEN
NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEP PRECEDED BY FULL REGULATORY OR I.S.C IDENTIFYING INFORMATION) F 166 Continued From page 3	C 01/2015			WING	105884		
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION) F 166 Continued From page 3 revealed no grievances logged for Resident #23. F 166 F 166 REGULATORY OR LISC IDENTIFYING INFORMATION) F 166 REGULATORY OR LISC IDENTIFYING INFORMATION F 166 A. Resident grievance tracking and trending will continue monthly with Social Service reporting results at monthly age.			811 CAMPUS HILL DR	2	HEALTH CENTER		
logged for Resident #23. Revealed no grievances 4.Resident grievance tracking and trending will continue monthly with Social Service reporting results at monthly again.	(X5) COMPLETION DATE	BE	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	PREFIX	MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
Review of the Grievance Policy (no date) revealed the following: Any resident or responsible party has the right to voice grievances grievances include those with respect to freatment and services furnished, as well as those not furnished, and may be expressed at any time, both verbally and in writing. Grievances will be monitored by the Quality Assurance Committee. In order to be remedied, residents and responsible parties report the concern to staff. F 254 48.3.15(h)(3) CLEAN BED/BATH LINENS IN SS=E linens that are in good condition. This REQUIREMENT is not met as evidenced by: Call light audits will be completed by Social Service will 3 shifts x 3months. Social Service will present results of call light audits via months at monthly aspi committee to identify any negative trends and ensure they are analysed and addressed through root cause analysis. Additional linen was out Additional linen was out ordered over 11,200 disposable washcloths since Housekeeping Supervisor rounds daily to ensure sufficient linen supply, Laundry staff deliver linen every 2 hours or as needed.	15		will continue monthly with Social Service reporting results at monthly qual. Call light audits will be completed by Social Service/designee for all 3 shifts x amonths. Social Service will present results of call light audits x2 months are monthly capp committee to identify any negative trends and ensure they are analysed and addressed through root cause analysis. Additional linen was out ordered over 11,200 disposable washcloths since Housekeeping Supervisor rounds daily to ensure sufficient linen supply. Laundry staff		revealed no grievances #23. ance Policy (no date) g:	logged for Resident Review of the Griev revealed the followin Any resident or resp volce grievances. "respect to treatment well as those not fur writing. Grievances v quality Assurance C remedied, residents report the concern to 483.15(n)(3) CLEAN inens that are in good	F 254 SS=E
Based on observations, staff interviews, and resident interviews, the facility failed to ensure that there was sufficient linen (towels, wash cloths and gowns) for the resident population on two (Skilled Rehab Unit and the Life Enrichment Unit) of two units in the facility. Findings include: On at 6:15 a.m. the linen the Skilled Rehab Unit (SRU) was observed to have no wash cloths, towels, or gowns. During an interview with Staff J, a Registered Nurse, on at 6:34 a.m. she stated that	n 4 of 167	heat Pool	Linen order received Linen inventory completed by disposable wet wipes implemented on to use for resident incontinence care.	Facility	le facility failed to ensure int linen (towels, wash the resident population on all and the Life Enrichment e facility. a.m. the linen the RU) was observed to have, or gowns. th Staff J, a Registered to failed that the staff of the staff	Based on observation sesident interviews, the hatt there was sufficie loths and gowns) for woo (Skilled Rehab Ur Jinit) of two units in the indings include: On at 6:15 & killed Rehab Unit (SFo wash cloths, towels uring an interview with urse, on	F CSn

CENTERS	FOR MEDICARE	& MEDICAID SERVICES			· C		O. 0938-039
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		105884	B. WING	∍		0	C 5/01/2015
	SUMMARY STAT	HEALTH CENTER EMENT OF DEFICIENCIES	· ID	L	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612 PROVIDER'S PLAN OF CORRECTION	V	(X5)
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Ce co verification of the control of	molained to her it in y little linen and it y little linen and it y little linen and it you have a seen and it is a seen and	sistant (CNA) staff had at they have to work with wipes. There were no the wipes to work with wipes. There were no the wipes observed in the ime. 6 a.m. the linen the (LEU) was observed to have ash cloths or gowns. with Staff K, CNA on .n. she stated that she has for many years. She stated ot of towels or wash cloths or k with a short linen supply. with Staff L, CNA on .n. she was asked if she had a stated, "It is badn. ave two towels for 10 ." This place was not always gone down." p.m. the linen the RU) was observed to have s, or gowns. p.m. the linen the LEU) was observed to have leave the control of the linen the LEU) was observed to have leave the control of the linen the LEU) was observed to have	F	25.4	Laundry aide added for midnight shift, facility will process laundry 24 hours per day. Wet wipes implemented for incontinence care. Housekeeping Supervisor will maintain monthly linen audit and order as needed to ensure par levels for linen are maintained Linen delivery form implemented by . Licensed nurse on each wing will sign off to verify count on all linen deliveries at time of delivery. Nursing staff inserviced by staff developm by on linen service, linen delivery linen delivery form. Housekeeping supervisor/designee will report to monthly qapl meeting x3months any negative trends in linen inventory or delivery. Negative trends will be addressed through root cause analysis for resolution.	ient	

FORM APPROVED

DECEMBER OF THE PROPERTY DESCRIPTION

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES DX1) PROVIDER/SUPPLIER/CL:A (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NURSEES COMPLETED A. BUILDING 105884 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 2814 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION exat in (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEELL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LISC IDENTIFYING INFORMATION' DATE TAG TAC CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 254 | Continued From page 5 F 254 into other residents to find wines or something to clean them up with." During an interview with Staff O. CNA on at 3:55 p.m. she stated that she has

Interview with Staff P, CNA on ... at 4:05 p.m. she stated that sometimes they do not have enough linen available for all of the residents. She stated that they do have wipes but sometimes they run out of those too. She was asked what she does when they run out. The staff was observed to shrugh her shoulders and stated, "We have to just use whatever we got,"

been at the facility for only a couple weeks. She stated, "I have to ask other aides for (linen). Towels and wash cloths are hard to find here."

During an interview with Staff Q. CNA on at 4:15 p.m. she stated that the supply of linen has been a problem on all shifts. She stated that sometimes the CNA staff has to use paper towels with soap and water to clean the residents when they have a bowel movement because they don't have linen. She stated, "You just gotta do the best you can for them."

During an interview with Housekeeping Supervisor on 4/28/2015 at 4:16 p.m. she stated that the staff had just placed a cart of linen on each unit at 3:00 p.m. She stated that the laur dry staff takes cards of clean linen out to the floors three times a day. She stated that she does not know what the CNA staff does with the linen after that. She stated, "We have plenty of boxes of rew linen." She was asked if she brings out the new linen for the CNA staff to use. She stated that she does bring out new linen "sometimes."

The services provided or arranged by the facility

must meet professional standards of quality.

This REQUIREMENT is not met as evidenced bv: Based on a review of the Nurse Practice Act,

record review, interviews with the facility staff, the Attending Physician, the Medical Director, facility

Administration and review of the facility's policy

I CMS-2567(02-99) Previous Versions Obsolete

Evant ID: KCY611

Facility ID; 02932

If continuation sheet Page 7 of 167

STATEMENT OF DEPICIENCIES DX1 PROVIDENCE/IPPLEDUCA DEPICE COMPRECTION DX1 PROVIDEN OR SUPPLER 105884 B, WIND C		10:58 1	8139721324			PAGE.	. supe ou
I 105884 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 281 CAMPUS HILL DR TAMPA, FL 33812 STREET ADDRESS, CITY, STATE, ZIP CODE 281 CAMPUS HILL DR TAMPA, FL 33812 PREPER (#EACH DEPRICENCY VILIST BE PRECEDED BY FULL PREPER TAG Continued From page 8 administered five doses of on 3/7, 10, 13, 15, 19/2015. Feasident #18 was not administered four doses of from not administered seven doses of from The facility is Licensed Nursing staff failed follow physician is ordered administer medications. Based on record review and interview, the nurses also failed to administer medications for two (#2, #8) out of forty-eight (48) residents reviewed for medication accuracy. Resident #2 is physician ordered for 10 days. There was a three day delay in starfing a physician ordered for Fessions from at 9:50 a.m. The Immediate Jeopardy existing in the facility as of The facility Administration was informed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on at 9:50 a.m. The Immediate Jeopardy was removed on a to 9:50 a.m. The Immediate Jeopardy was removed on a store of the professional nursing "means the performance of those acts requiring substantial specialized knowledge, ludgment, and nursing skill based upon applied principles of bloogical, physical, and social sciences				1 '			4P
EXCEL REHABILITATION AND HEALTH CENTER (AC) ID PREFIX (BACH DEPICIENCY MLIST BE PRECEDED BY PULL TAG (BACH CORRECTIVE ACTION SHOULD BE COMMITTED TAG (BACH CORRECTION SHOULD			105884	B. WING			C ;
(XA) ID SUMMARY STATEMENT OF DEFICIENCES (SACE) TO THE APPROPRIATE PROPERLY TAG SUMMARY STATEMENT OF DEFICIENCY ON LSC IDENTIFYING IMPORTANTION) F 281 Continued From page 8 administered five doses of	NAME OF	PROVIDER OR SUPPLIER				OCE	
F 281 Continued From page 8 administered five doses of on 3/7, 10, 13, 19, 19/2015. Resident #18 was not administered four doses of on 4/2, 11, 13 and Resident #19 missed four doses of Fradaxa from Resident #20 was not administered seven doses of from The facility 's Licensed Nursing staff failed follow physician's orders and administer medications. Based on record review and interview, the nurses also failed to administer medications for two (#2, #8) out of forty-eight (48) residents reviewed for medication accuracy. Resident #2 is physician ordered and ware emitted for 10 days. There was a three day delay in starting a physician ordered for Resident #8 and two doses were omitted. The nursing staffs failure to administer medications resulted in the findings of immediate Jeopardy existing in the facility as of The facility Administration was informed on at 9:50 a.m. The Immediate Jeopardy was removed on at 5:30 p.m. and the scope and severity was reduced to a "E." Findings include: The Florida Nurse Practice of professional nursing means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of and social sciences which shall include, but not be limited to: 1. The observation, assessment nursing	EXCEL	REHABILITATION AND	HEALTH CENTER				
administered five doses of 0 n 3/7, 10, 13, 15, 19/2015. Resident #18 was not administered four doses of 0 n 4/2, 11, 13 and Resident #18 missed four doses of Pradaxa from Resident #2 was not administered seven doses of 1 from Refacility 1 s. Licensed Nursing staff failed follow physician 1's orders and administer medications. The facility 1's Licensed Nursing staff failed follow physician 1's orders and administer medications or orders and administer medications for two (#2, #8) out of forty-eight (48) residents reviewed for medication accuracy. Resident #2's physician ordered and was a three day delay in starting a physician ordered for Resident #8 and two doses were omitted. The nursing staffs failure to administer medications resulted in the findings of Immediate Jeopardy existing in the facility as of 1 free facility Administration was informed on 1 at 5:30 p.m. and the scope and severity was reduced to a "E." Findings include: The Florida Nurse Practice Act, Section 464,003, Definitions Part (3) (a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, ludgment, and nursing skill based upon applied principles of and social sciences which shall include, but not be limited to: 1. The observation, assessment nursing	(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-RE TO THE A	HOULD BE	COMPLETION
CMS-2861(0.2-99) Previous Versions Cosolete Event ID: KCY611 Facility ID: 62932 (if continuation sheet Page 8 of 167	Find Science of the S	administered five do 13 and 19/2015. Ret administered four do 13 and Ret administered four do 13 and Ret of Pradaxa from not administered sev The staff failed follow phy administer medicatio Based on record revit also failed to adminis 89) out of forty-eight (or and couracy, redered and couracy, redered and or 10 days. There wa tarting a physician or Resident #8 and two or he nursing staffs faili hedications resolted i eopardy existing in the facility Administrat at 9:50 a.m. as removed on pope and severity wer ndings include: he Florida Nurse Prad finitions Part (3) (a)' reing' means the per spiring substantial ap gment, and nursing a cipiles of a social sciences whil limited to: he bosservation, asser- houses, planning, inte- pross, planning, inte-	ses of on 3/7, 10, sident #18 was not see of on 4/2, 11, ident #19 missed four doses Resident #20 was en doses of from facility's Licensed Nursing sician's orders and nose wand interview, the nurses ter medications for two (#2, 48) residents reviewed for Resident #2's physician were omitted was a three day delay in doses were omitted. The transport of the facility as of		1. Resident #6 is receiving their by the physician since been discharged from the facil medication error report was cresident and the physician was #10 is currently receiving a day. Residents #12 was disch and was a closed record. A rin ph Resident #15 was discharged medication error report was completed with the Resident #15 was discharged medication error report was con physician was notified. Residen currently receiving. Resident #17 is receiving day. Resident #18 is receiving day. Resident #18 is receiving the receiving day. Resident #18 is receiving the receiving day. Resident #18 is receiving the receiving day. Resident #18 is receiving day. Resident #18 is receiving day. Resident #18 is receiving day. Resident #19 is receiving day. 2. A complete facility review was a complete facility review was considered and received his received and received the received received and received his received received and received his received received and received his received received received his received received his received rece	Resident #2 has the Management #2 has the Ma	nt na

CENTERS FOR MEDICARE & MEDICAJD SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

105884

(X2) MULTIPLE CONSTRUCTION

E. WING .

(X3) DATE SURVEY COMPLETED A BUILDING

С 05/01/2015

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

STREET ADDRESS, CITY, STATE, ZIP CODE

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITT, STATE, ZI	CODE.
XCEL REHABILITATION AND HEALTH CENTER	2811 CAMPUS HILL DR	
AGEL NO ADICIATION AND REALIN GENTER	TAMPA, FL 33612	
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F 281 Continued From page 9	F 281	
of care; health teaching and counseling of the III, injured, or infirm; and the promotion of wellness,		
rigured, of intimit, and the promotion of wallness, maintenance of health, and prevention of fillness of others. (b) Practice of practical nursing "means the performance of selected acts, including the administration of treatments and medications, in the care of the III, injured, or infirm and the promotion of wellness, maintenance of health, and pravention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed osteopathic physician, a licensed osteopathic physician, a licensed osteopathic physician, a licensed of entits. 1. The facility identified thirty residents receiving all the following residents were identified with medications errors by the Licensed Nursing staff at the facility related to Review of Resident #6" s Medication Administration Record dated 15 MG tablet one tablet by mouth once a day. Directly undermeath the typed order a hand written entry, resume The Medication Administration Record (MAR) revealed the Licensed Nurses documented for land "HOLD." On the MAR Indicated to resume The remainder of the MAR from through was reviewed with no Indication that the medication had been given and no Indication that the medication had been given and no Indication that the medication had been given and no Indication that the medication had been given and no Indication that the medication had been given and no Indication that the medication had been given and no Indication that the medication had been given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and no Indication that the medication had seen given and	will be discontinued and the phy called to obtain new orders who to be restated and the new dose physician wants implemented. A that requires a ho documented as hold and the ord yallowed out. The order will be r arrowed over to the restart date the restart will be written on the	orders on hold iclan will be the his hat the is hat the is hat the youther will be written and mid holds of youther and mid holds of youther, all holds on the twenty-d. A new word on how to on the twenty-d. A new word is not to the youther and is not the youther and you had not you had no

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING

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The same of the sa		PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612	
	(X4) ID PREFIX TAG	EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORPECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIO DATE
	i i i i i i i i i i i i i i i i i i i	Employee (Registers cared for the resident for the resident shifts, stated that she time and worked in le shifts, stated that she was a The medical She stated that she was a The medical She stated that she did not have represented that she did not reasonable the medication was held, it is not she would be suffered that there we calculation was held, it is not she would be she would be stated that the medication had been gifted the she would be stated that	id Nurse) E, a nurse that to not 2 of the 26 evening that been a nurse for a long ing term care. She stated with Resident #6. She ware the resident needed for was not administered, id not think the order was on it was on hold. She stated the time to research the that Resident #6 was at estated that she attend that she attend that she attend that she attend that when a best of the time to research the that Resident #6 was at estated that she attend that she attend that when a best of the stated that he not should have been tated that when a he nurse should write hold adication is to be held and medication should be should write and should have been the should will be the should write the should will be should write the should be discontinued. It is a stop order, then I was as to whether the should be discontinued, it call the pharmacy, ication card was not in confirmed that she did ions in the chart. She ok at the chart to find the	F 28	Meeting to assure implementation of all orders and assure transcription of orders to the appropriate MAR/TAR. Medication errors will be will be documented on the Medication from Report and all necessary notifications will be made. These will be investigated by the file Manager according to risk meagement standards and root cause analysis. A shift to shift MAR/TAR review has been implemented to assure that residents have received all of their medications. There will also be a daily Nursing Administration review of the MAR/TAR to assure compliance with this process. Binders with current nursing education has been implemented in the sagency nursing staff and they are required to review this metertal and sign off each time thay work at the facility. This will all be overseen by the Director of Nursing/Designee and the Interdisciplingar y ream. These areas of care will be monitored by the Director of Nursing/Designee utilizing data collection tools weekly times from weeks and then monthly on an ongoing basis to assure continued compliance. This will as the everseen by the Administrator and the QAPI Committee.	

00/01/2020 TO:00 To	31 - 31 1 22 - 32 - 4	,	
GENTEL FOR MEDICARE	a MEDICAID SERVICES		MB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING	(X3) DATE SURVEY COMPLETED
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	F PROVIDER OR SUPPLIER REHABILITATION AND HEALTH CENTER	28	REET ADDRESS, CITY, STATE, ZIP CODE 11 CAMPUS HILL DR MPA, FL 33612	-
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F 281	REGULATORY OR LSG IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPRIA	TE DATE
w or the U are Di Asserta accente otte res	week by flipping through all of the MARS*, she onfirmed there was no documentation related to his process. The DON said that the ADON and nit Manger check every MAR daily for accuracy nd completeness, unling an interview on at 8:50 a.m., ssistaint Director of Nurses stated that she ndomly checked the MARs on a daily basis for curacy and completeness. She stated that she ecked new admissions and "maybe two 1915." She stated that the Unit Manager was aponsible for checking at least five residents on the cert on a daily basis.			

MARs daily.

at 10:43 a.m. that she was unaware the ADON and Unit Managers were not checking the

at 9:50 a.m. the Nursing Home Administrator, DON and the facility's corporate nurse confirmed that an in service was not

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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NAME C	F PROVIDER OR SUPPLIE	R	1	STREET ADDRESS, CITY, STAT	E, ZIP CODE	
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	conducted related her scheduled mer Review of the Pha Resident #5 's 2015. The pharma Review of the Diag Review of the Diag Review of the Diag Review of 14 pill medication would her Therefore, for administration, routinely stocked m Drug Kit. The Licer reorder after Review of the Drug Pharmaceutical Merevealed, "XARELI medicine used to tre of these conditions of wers your chance or prevent lots from KARELTO®, you ma coming a citiz in warring a citiz warring and the property of the provent clots from KARELTO®, you ma coming a citiz warring a citiz warring a citiz warring a citiz medicane wa	to Resident #6"s omissions of ideatons, many Dispensing Record for 1.A cycy sent 14 pills at a time, ensing Log revealed the facility son All of the ave been administered by there was no available. The medication was not a edication in the Emergency sed nursing staff failed to Manufacturer's dication Guide for O® is a prescription at a prescription and a proper staff of the many of the produce the risk occurring again. If having a by helping forming, if you stop taking y have increased risk of Do not stop taking alking the history.	F 28	1		

p.m. " A telephone order dated RM CMS-2587(02-99) Previous Versions Obsolete

increases your risk of having a

prescribe another

first. Your doctor may stop

takino

taking

procedure. "

to stop taking XARELTO®, your doctor may

time before any surgery, medical or dental procedure. Your doctor will tell you when to start

Further review of the physician orders dated on

prevent a ... clot from forming. Do not stop

Event ID: KCY611

. If you have

for a short

medicine to

x 3 days prior to

without talking to your doctor

again after your surgery or

and resume one day post

Facility ID: 82932

If continuation sheet Page 14 of 167

STATEMEN AND FLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULT A, BUILDIN	IPLE CONSTRUCT	rion	(X	OMF	SURVEY LETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRES	SS, CITY, STATE, ZIP C	ODE		
EXCEL	REHABILITATION AN	D DEALTH CENTER	- 1	2811 CAMPUS	HILL DR			
LAGEL	ALTADILITATION AND	D REALIN CENTER	- 1	TAMPA, FL 33	3612			
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F 281	Continued From pa	ge 14	F 28	1				
	revealed			1			1	
	a third order dated f	or the same day	1	1			- 1	
	80 MG SQ		1	1 .			- 1	
- 1	times) was ordered	for 5 days.	1	1				
- 1	revealed on	cian 's Progress Notes	1	1			- 1	
- 1		, the Attending Physician #6 and diagnosed her with an	ĺ	1			- 1	
- 1	acuie	The physician		1			- 1	
	documented: "Redi	ness and left leg. 4+		i			- 1	
- 1		left leg. " The physician					- 1	
	also documented that	at the resident had been " Off						
- (15 MG for 3	weeks by nurse 's error "					j	
- [1	-urther review of the	Affending Physician 's			1			
- 15	rogress note reveal	ed he documented "	1				1	
15	Oppler was ordered	." There was no					1	
5	tudies until	ian's order for the Doppler	- 1				-	
	hysician assessed ti	three days after the	1				i	
F	eview of the Nurses	Notes on	- 1					
Te.	evealed no documen	tation of a red					1	
T	here was no docume	entation of the omission of	- 1				1	
, th	e medication, the pt	ysiclan visit or the new	1				1	
10	ders, On e	mplovee (LPN) A					1	
l de	cumented: the resi	dent complained of pain	1				1	
100	tu reoness to her leg	, upon assessment the leg	1				1	
nit	ting. The doctor was	d was Painful, 2+ s paged and made aware	ĺ					
an	d stated he saw her	on Saturday. New orders	- 1				1	
for	Bactroban wen	e obtained. On 3/31/2015	1				1	
(01,	O.ZO a.m. the nurse.	documented of # 45.4c	1				1	
ı a.r	n. Datient states she	fhinks sho has a '	1				l	
11161	LLC. Area of slight	redness nated to inner	1				1	[
) Gen	IO LLE. to	LE, Skin temp	- 1				1	1
WIE	nin normal limits,	refill is brisk	- 1		* *			- 1
1	Patient rates or	sess pulse related to	- 1			[
a 50	ale of 1-10 with 10 i	gin level #1 at this time on being the worst. Patient	1					- 1
stat	as she has had mult	tiple in the past and				1		1
, otal								
kne	ws what it feels like.	Notified resident	1			- 1		- 1

AND PLAN OF CORRECTION DENTIFICATION NUMBER: A SULCINIC COMPUTED OF COMPUTED O	06/01/2025 10:58	18139721324			PAGE 11/1/
NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER (PA) DESCRIPTION OF STATE AND OF PROVIDER OF PROVIDERS CITY, STATE ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL. 33612 PROVIDER AND OF COMPRETION REGULATORY OR LSC DENTIFYING INFORMATION) F. 281 PROVIDER ACTION SHOULD BE PROVIDED BY PROVIDER ACTION SHOULD BE PROVIDER ACTION SHOULD BE PROVIDED ACTION SHOULD BE PROVIDER ACTION SHOULD BE PROVIDED ACTION SHOULD BE PROVIDER ACTION SHOULD BE PROVIDER ACTION SHOULD BE PROVIDED ACTION SHOULD BE P	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY
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F 281 F 281 Continued From page 15 physicians of above and new orders were received for a STAT Doppler of the LLE to rule out At 0200 (2:00 100mg was administered for or/o pain to LLE with a pain level of #9, was effective. At 0330 (the mobile service) arrived to perform Doppler. Patient remained on bed rest, Patient remained alert and responding appropriately to verbal and stimuli. No s/s of distress noted. Vitals 97,9-74-1 order on to restart was not discontinued). Failorit received new not discontinued). Failorit received new augmentation of post populateral veins. Left lower Extremity duplex deep and common of left leg. There are no excessive collateral veins. Left lower Extremity duplex deep and common at 11/42 a.m., Resident #6 's Attending Physician stated; "The nurses did not give her medication at the medication was only on hold for a few days for her dental surgery." The physician stated effer her dental surgery. The physician stated effect her dental surgery. The physician stated effect her dental surgery were nurses did not restart the medication, "I gave the nurses the order they should have restarted the effer the dental properties of the properti	EXCEL REHABILITATION A	ND HEALTH CENTER		2811 CAMPUS HILL DR	05/01/2015 CODE
physicians of above and new orders were received for a STAT Doppler of the LLE to rule out at 0200 (2:00 100mg was administered for o'p pain to LLE with a pain leval of #9. I was effective. At 0330 (the mobile service) arrived to perform Doppler. Patient remained on bed rest. Patient remained alert and responding appropriately to verbal and stimuli. No s/s of distress noted. Vitals 97.8-74-1 Patient received new order on to restart was not discontinued). Review of Ultra Sound Report dated: Examination: Doppler extremity/limb, left. Cilinical Indications: Depler extremity/limb, left. Cilinical Indications: of Limb, Findings. Real time color imaging shows no collateral and augmentation of post pain of the post pain of the pain of			PREFIX	CROSS-REFERENCED TO TH	N SHOULD BE COMPLETIC EAPPROPRIATE DATE
	physicians of abo received for a STI rule out 14, 41 was administered leval of #9, mobile 3 Doppler. Patient re remained alert and verbal and 5 Vitals ST,8-74-1 order on to not discontinued). Review of Ultra Soc Examination: Clinical Indications: Call the continuation of pode deep a ugmentation of pod deep a There are no excess lower Extremity Impression: Extens seen. During a telephone in 11:42 a.m., Resident stated; "The nurses the ways for her dent was asked why the m restarted after her des stated he did not und not restart the medica the order they should after the dental proce is to prevent h if she would During an interview on Attending Physician co resident on anne	we and new orders were XT Doppler of the LLE to 200 (2:00 Lm 1100mg for do pain to LLE with a pain was effective. At 0330 (the was noted. Patient received new restart responding appropriately to Effective of Effective of Effective. At 1 popilities of Effective on the was effective on the effective on the effective of the eff	F 28		
	~~coor (occasi) Previous Versions Obsc	lote Event ID: KCY611	Facility II): 82932	

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included

in her left arm "that is

every day. " The resident

and a history of

(BIMS) revealed a

Facility ID: 62932

They (the nurses) had to give me times a day for five days and I hate needles. " Resident #6 said that when she first had come to

. On

stated that she used to check her medications every day and now has to start checking them again. "It's not my job to have to ask if all my medications are there or not is it?" Further review of Resident #6's medical record revealed that she had resided in the facility for approximately fifteen months and was fifty three years old. Resident #6 's medical history

the facility she had a

why I take the

CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB NO. 0838-036

NAME OF PROVIDER OR SUPPLIER

EXCEL REHABILITATION AND HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR

EXCEL	REHABILITATION AND HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE			
# Company of the comp	Continued From page 17 An interview was conducted with the facility's Director of Nursing (DON) on 1 at 3:00 p.m. All st of medication errors for the month of 2015 was provided by the DON. The DON 5tated that she was aware of the medication error for Resident #6. She stated that a nurse found the error after performing a "medication reror for Resident #6. She stated that a nurse found the error after performing a "medication reror for Resident #6. She stated that the facility's intervention was the part of the facility's intervention was the part of the facility's intervention was the provided to the the facility's intervention was the provided to the Licensed Nursing staff following the medication error. The DON salso confirmed that there was no evidence of an investigation. The DON stated that her conclusion of the omitted medication for Resident 66 was "we performed an and tarted giving her injections and leveted her left leg." Injections and leveted her left leg. "Injections and leveted her left leg." Injections and leveted her left leg. "Injections and leveted her left leg." Injections and leaded Director stated that he had been the ledical Director of the facility since 2012. He atact that he participated in the OA monthly eatings and the facility followed a set agenda, a stated that he was made aware of incidents in the other residents would be notified of idents. He stated that he was here at the other residents would be notified of idents. He stated that he was here at the lifty every Wednesday and Friday. However, meone from his physician group was present ly and should be notified. He expected that nurses notify the physician of any incident. Confirmed again that he was not made aware by any seues in Qarlants of was not made aware aware of incidents in the same of the medication rerors aware of my located to the same aware of my located to the same aware of my located the same aware of	F 281					

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s pp c c in the think the state the the the the the the the the the t	medication administra aware that the facility and had a lot of turns stated that there was implemented related procedures. He also implemented related procedures. He also orders (Implemented the provided education was to have ordered to medication would not be provided education was to have ordered to medication was to have ordered to assure implement there was nothing elated to the medication plementation protein and season of the the same that there was nothing elated to the medication plementation prome in and care for it the system. He state that if the facility lace, then any staff in order in and should edical Director was a at the facility notify his estated. "I would love elincident for Resident for this pare was not a plain in ring an interview on ministrator stated tha dication error on Unit Manager had es DON informed by Investigation and we he next OA meeting of time was fire investigation and we	ration. He stated that he was used a lot of agency staff vere. The Medicial Director no action plan identified or to staffing or staff stated that he was aware of a not implementing physician ted that the nurse would he oncoming shifts and the be starfad. He stated that to the staff "within the cation implementation. The as second nurse initial the mentation. He confirmed in Quality Assurance (QA) on administration and order staff and the staff within the cation that the confirmed in Quality Assurance (QA) on administration and order staff and the staff and the staff or the staff or the staff or the staff in the staff in Quality Assurance (QA) or administration and order staff the staff in the staff involved, has a serior that the was informed drucated the staff involved, hat she was sementing and the staff involved hat she was sementing and the staff involved in the s	F2	351				

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NAME OF PROVIDER OR SUPPLIER

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	EXCEL	REHABILITATION AND HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612				
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	fill of the state	Continued From page 19 scheduled every third Tuesday of the month. The facility has done Ad Hoc meetings in the past but the DON wanted to sure everything was done before hand and an Ad Hoc meeting was not scheduled. The DON informed her that the facility has done before hand and an Ad Hoc meeting was not scheduled. The DON also more than the facility was still working the concern. The Administrator stated that she was sware the process was in place. The four point process was not completed and had not been research. A review of Resident #8' s Care Plan indicated focus on Anticoagulai has a lotential for abnormal Date initiated ground the process was not completed and had not been research. The Administration of Goal will be free focus on Anticoagulai has a lotential for abnormal Date initiated working the free form signs and symptoms of abnormal terventions: Administer redication. Administer redication and maintenance of the free form of the facility is policy entitled and activation and maintenance of the process was not officered. The Care Plan was not followed, eview of the facility is policy entitled and age one of three) (no dated) was reviewed and s expected that the Liconset Nurses and with an application and maintenance of the physician is directly in the process of the physician is directly and the nurse had written up the sician orders on one of our order sheets. The was written on a regular sheet that did have a maintenance of our order sheets. The sician orders on one of our order sheets. The sician orders on one of our order sheets. The sician orders on one of our order sheets. The sician orders on one of our order sheets. The sician orders on one of our order sheets. The sician orders on one of our order sheets. The propend was written on a regular sheet that did have a maintenance of our order sheets. The propend with an application administration record. We the (DON ADON) did not find out about the medication being given until in the clocking the propending stems.	F 28					

		EVEN INTRUTTI	Facility ID:	62932 If continuation	n sheet Page 2	21 of 167
	ordered medications into the Medication A she said the ADON of the said the said the ADON of the said the	were accurately transcribed widministration Record (MAR) or herself. The DON said "sician order sheet and they but because the Cournedin the physician order sheet and the physician order sheet and the physician order sheet copy it did not show up in the DON ownfirmed she did to make sure all the physician sheet and t	Facility ID:	62832 f continue(c	in sheet Prope	21 of 167
F	next morning and the was out on maternite who would be respo	r their accuracy she said that lager will check the orders the en added the unit manager y leave. The DON was asked hsible to verify the physician	F 281		-	-
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 2811 CAMPUS HILL DR TAMPA, FL 33512	ZIP CODE	
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Fig. 1 Fi	order was discontined and the management of the	ued and rewritten to give mouth on Sunday, Tuesday, hay and Saturday and to 2 mg on Monday and Sentical order, this time the tilined indicating which day of the mouth of the	F 28			

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				M APPROVEL O. 0938-039
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING		ATE SURVEY OMPLETED
		105884	B. WING		0.	C 5/01/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	CODE	
EXCEL	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
Consist on a construction of the construction	4 mg byr Wednesday, Thursid administer Friday, (The same Friday, (The same Friday, (The same Initial boxes were ou the week the medica on at 11:4 was conducted with 1 he confir resident had been re and confir Ratio was 3.2 and no The physician. He confir Ratio was 3.2 and no The physician confirm is orders and should proper dosages of as ordered. The physician confirm is orders and should proper dosages of the pool of the physician orders in the physician orders in the physician order in Protocol. Machael of the physician orders in the pool is accurate. The DoN servicing that was pn physician orders no provided at all, she he DoN and NHA on the year and provided a flicated a medication cility was aware of Re rors and provided afficated a medication cility was aware of Re rors on how how the physician orders no dicated a medication cility was aware of Re ror on how how the washed the physician orders no dicated a medication cility was aware of Re ror on how how the washed the physician orders no dicated a medication cility was aware of Re ror on how how the physician orders no physician ord	ned and rewritten to give now to make your and Saturday and to 12 mg on Monday and entical order, this time the tilined indicating which day of tion needed to be given). 5 a.m. a telephone interview Resident #2 's attending med he was notified that the ceiving double doses of his med that his International to critical arapeutic), ned the facility did not follow thave administered the on the proper days sician stated "they need to to the to fix these things so it n." Dopy of an in-service that (three days after the was found) Teaching and lake sure	F2	281		

FURM AFFRUYEL OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND DIAM OF CORRECTION A BUILDING C B WING 105884 05/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (XS) (X4) (D COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 281 Continued From page 22 F 281 lack of the investigation of how and why the medication error was found) 3. The facility admitted Resident #10 on with diagnoses including . per the physician order summary list of diagnoses. Review of the Medication Administration Record revealed Resident #10 the nurses failed to document the administration of the 4/9 or There was no documentation on the back side of the MAR as to why the medication was omitted Review of the Admission Physician Orders dated revealed the resident was prescribed 40 unit daily at 9 a.m. Review of the Care Plan dated _____ revealed a problem area was identified for 1 , potential for abnormal approaches included "administer as MD ordered. " The findings were confirmed by the Nurse Consultant, Administrator and Director of Nurses on _____ at 11:00 a.m. No additional information was provided related to why the medication would not have been given to Resident #10 4. The facility admitted Resident #14 on

face sheet.

with diagnoses including Acute

Review of Resident #14 's Medication Administration Record for 20

revealed the nursing staff failed to document the administration of for 4 out of the 6 available doses. She did not receive any

, per the demographic

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DA	TE SURVEY MPLETED	
		105884	B. WING	A 17 A 18	05	C 05/01/2015	
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE			
EXCEL I	XCEL REHABILITATION AND HEALTH CENTER			2811 CAMPUS HILL DR TAMPA, FL 33612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F a a a E E N h u h le gi	on at 9 a.m. documentation in the of the Medication Ac why the medication Ac which are the resident was play sub-therapeutic INR Ratio) levels and she additional clots Review of the Labora Review of the Labora Review of the Labora He resident remained such shall be a sub-therapeutic Ac was order a consumer of the Care Problem area was ideproposed with a Review of the Care Problem area was ideproposed in MD ordered. "Juring an interview on the stated It aver been available for pable to determine wave given the medicast one dose of the ven on	The resident did not receive at 9 a.m., at 9 a.m. There was no a nurses ' notes or the back ministration Record as to was not given. Provided a not offer a did not given a not given. It was not given as at risk for developing a not given as a n	F 26	11			

		A MEDICAID SERVICES			C	MB N	D. 0938-	039
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		ΞΥ
		105884	B. WING	3		0.5	C 5/01/201	5
	PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR		70 11201	<u> </u>
	7				TAMPA, FL 33612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	COMPLE DAT	TION
GO NN IN	sheet. pe sheet. Review of Resident # Administration Record nurses failed to docu the on Review of the Physicia Resident #15 was pre daily Review of the Care P problem area was ide potential for a approaches included as MD ordered. The findings were con Consultant, Administr on at 11:00 a. anformation was prove medication would not I Resident #15. The facility admitted dith diagnoses includir and agnoses listed on the ecord. eview of Resident #16 ministration Record i ourses failed to doc sident 's pertinent lat ministered four extra and sess of after we was ses of after the session of the Physician Resident #16 Resident	r the demographic face #15 's Medication d for 2015 revealed the ment the administration of and an Orders revealed scribed	F2	8				

CENTE	ERS FOR MEDICARE	8 MEDICAID SERVICES					WAFFRUVE D. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105884	B. WING	·		05	C 5/01/2015
NAME OF	PROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE		
EVOCE I	THE PURITATION AND	(IEALT) OFFITTE			2811 CAMPUS HILL DR		
EXCEL	REHABILITATION AND	HEALIH CENTER		١.	TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F A A n n n w w R R ree m m R R p pr aps as Th	was collected on Further review of INR was collected on Further review of INR was collected or was rapeut was noted. Record review revea. Review of the Care Problem area was identified as MD ordered." The findings were co. Consultant, Administron at 11 am. when the medical consultant, Administron at 11 am. when the medical consultant, Administration of the Care Problem area was identified by the medication of the Care Problem area was not some of the Care Problem area was identified by the medication was view of the Care Problem area was identified by the medication was problem area was identified by the medication was problem area was identified by the medication was potential for at proaches included "MD ordered." e findings were confiled."	that was 2.5. that was 2.5. and the resident ic at 3.9. led no indication of abnormal led no indication led no indication led no indication should have been led cation should have been led no indication should have been led no indication should have been led led no indication should have been led	F2	881			

سننسم	- IS I VININEDIOARI	α MEDICAID SERVICES			FURM APPRO
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED
NAME OF	PROVIDER OR SUPPLIER	105884	B. WING		C 05/01/2015
EXCEL	REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZI 2811 CAMPUS HILL DR TAMPA, FL 33612	P CODE
(X4) ID PREFIX TAG		EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
A r r c c d d w w A A r r r r s c c d d w w A A r r r r r r r r r r r r r r r r	information was provided and involved and in	.m. No additional ided related to why the have been given to defend the with the seen given to defend the seen given the seen	F 28		
,	, vara varaionis Obsolete	Event ID: KCY611	Facility I	D: 62932 If continu	lation sheet Page 27 of 167

CENT	ERS FOR MEDICARE	& MEDICAID SERVICES					M APPROVI 0. 0938-03
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		105884	B. WING			05	C /01/2015
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		0 112010
EXCEL	REHABILITATION AND	HEALTH CENTER			1811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	 (EACH DEFICIENCY) 	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RF	(X5) COMPLETION DATE
e s s s s s s s s s s s s s s s s s s s	Consultant, Adminision 111:00 at 11:00	rator and Director of Nurses No additional ed related to why the thave been given to admitted to the facility in mitting diagnosis was and the second of the second	F2	2 8			

Administration Record revealed the nurses failed

CENT	EKO FUK MEDICAKI	& MEDICAID SERVICES				W AFFRON
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING	(X3) DA	TE SURVEY MPLETED
		105884	B. WIN	IG	0.5	C /01/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF		/01/2015
EXCEL	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG	FIX (EACH CORRECTIVE ACTIO	N SHOULD BE E APPROPRIATE	COMPLETION DATE
vv 11 c c d d in in mm	to administer 7 dose at 9:00 p.m. the box man initial, 9:01 with a circle, initial, 9:01 with a circle, box MAR was withou p.m. no initialed sa gi 9:00 am. the box was Review of resident pf 9:00 am. the box was Review of resident pf she is to reverse at 9:00 p.m. indicated at 9:00 p.m. indicated wailable to give. A search at 9:00 a.m. at 9:00 a.m. was notified. 1. An additional med onducted on Residen atted on the daily and in the pht time. Resident #; on the court one time daily a fine time. A Resident at 9:00 a.m. and the dosage from realed orders dated in morning and 5 units shan 110. sident #2 runsing not posed to be on daily be posed to be on daily was ne posed to be on daily end	s of On on the MAR was without an on the MAR was without at 9:00 a.m. the box was 40:00 p.m. the tan initial, at 9:00 ven, and on at initialed with a circle, visiclan orders dated ceive 40 mg 12 hours for preventative nursing notes for that the was not cond nursing note for indicated the pharmacy ical record review was t#2 's admission orders the did not receive his seident #2 did not receive his morning dosage d the night to start 40 in 15 units in at night time, hold if BS is see were reviewed for there was a med error patient was	F2	281		

OF THE POST OF MEDIC	AKE & MEDICAID SERVICES			PUKIM A	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	URVEY
	105884	B. WING		C	
NAME OF PROVIDER OR SUPP	LIER		STREET ADDRESS, CITY, STATE, ZIP CODE	05/01	2015
EXCEL REHABILITATION	AND HEALTH CENTER		2811 CAMPUS HILL DR		
			TAMPA, FL 33612		
PREFIX (EACH DEFICIT	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	NORE IN	(X5) DMPLETION DATE
on at was conducted v physician. The ai that he was notiff his ordered admitted and he is a days after being attending physicial diagnosis of being attending physicial diagnosis of being diagnosis of being diagnosis of being the diagnosis of being attending phy his sugars r into yet into they need to fix it, or the corporation it doesn't happen 12. The facility adwith diagnoses inclifip and Review of the Physic revealed th Urinalysis with Cultiordered days for a Review of the Labor #8 did not have a Uthe and Administration Recody dealy in initiating Further review of the dose was given on and 10 p.m. doses w.	intes for at 1:54 a.m. INR ordered for the AM of dosage error. 11:45 a.m. a telephone interview third Resident #2 's attending tending physician also confirmed et that resident did not receive for ten days after being did not receive his for ten days after being did not receive his for ten days after being did not receive his for ten days after being sold here to the facility. The an was asked if a resident had a grant he needs monitoring, sician stated "yes, he needs monitored he could have went or and worse." The physician stated "I don't know if it's the DON they have to fix these things so again." In the physician stated ephysician ordered a ure and Sensitivity and also 500 mg every 8 hours for 7 ratory Data revealed Resident #8 's started until (a three) the physician's corder). MAR revealed the 6 a.m.	F 2.			

Facility ID: 62932

						FUR	M APPRUVE
STATEME	ERS FOR MEDICARE NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	OMB N (x3) D	O. 0938-039 ATE SURVEY OMPLETED
		105884	B. WING		· · · · · · · · · · · · · · · · · · ·		C
NAME O	PROVIDER OR SUPPLIER	103004	1	_	STREET ADDRESS, CITY, STATE, ZIP CODE] 0	5/01/2015
THE INITE OF	THO TIDEN ON OUT FEEL			1	2811 CAMPUS HILL DR		
EXCEL	REHABILITATION AND	HEALTH CENTER			TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETION DATE
iii A	Nurse Consultant st not been collected, why the nurses woul sample. He also state on the state of the state o	ated that the Urinalysis had he stated that he was unsure d not have gotten the ted that the 6 a.m. dose of was taken from the . He confirmed the 2 p.m were not given. The Nurse immed there was no dt owhy the urinalysis was e medication not initiated for sident missed two doses of	F2	881			
	I con adminates with	h = 2 (C = 0)		1			ı

morning meeting to assure all orders will be

CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES				O. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY IMPLETED
		105884	B. WING		0.5	C 5/01/2015
	PROVIDER OR SUPPLIER	HEALTH CENTER	- 1	STREET ADDRESS, CITY, STATE, ZIP COD 2811 CAMPUS HILL DR TAMPA, FL 33612		3011 <u>2</u> 013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
F F V V V F F F F F F F F F F F F F F F	transcribed onto the weekend supervisor admissions on the w process). All residents that are be reviewed in a wee orders, tabs, and MA affirest expensions of the weekend supervisor orders that are be reviewed in a wee orders, tabs, and MA anti-co orders clinical meeting and were added to the we to assure that the me to assure that the me hand, transcribed ont method to the weakend of the method of the met	POS and MAR/TAR. The is responsible for new eekends (not a new receiving will all key care meeting with all Rs reviewed. New were added under the daily medications betty care meeting. Looking dication is transcribed, the if needed, medication on o MAR and that the dministered. Sheet will be implemented ring et hold Orders: The order tyellowed out. A new order a restart date. The new to the nurses. The hold ed on the 24 hour report. be investigated and Risk Management auses Analysis. Evidence of pt. Based on the analysis, and systems, changes will R review with each nurse. The nurses, together, will TAR for holes and for is sure that she pations, then she can then it would be on error. would be responsible for e to nurse MAR review. Will also initial for ill be reviewed daily by the	F 281			
-7(0:	2-99) Previous Versions Obsol	ete Event ID: KCY611	Facility	ID: 62932 If continuation	on sheet Page	32 of 167

Resident #6 reported pain to the nursing staff and

reported that the pain was consistent with a Deep

ordered by their physicians.

Facility ID: 62932

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE					APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	TIPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
	105884	B. WING_			<u>i</u>
NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612		
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
and ordere facility failed to impl days, further delayin until Resis. to dissolve administered a doul 9, 12, 13, 14 and 9, 12, 13, 14 and 14, 14, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	The physician was notified on the necessary tests. The ement those orders for three go treatment to the resident tent #6 required injections of the clot. Resident #2 was lot does of the clot. Resident #2 was lot does of the clot. Resident #2 was lot does of the clot. Resident #4 was resident #14 was resident #14 was and administered her prescribed Resident #14 was resident was not administered her and on Resident to be discontinued when the izing Ratio (INR) was greater the laboratory results R was 2.5 and the uradditional doese. It administered five doese of 1,13,15. Resident tered four doese of 1,13,15. Resident est of Pradaxa from #20 was not administered from en News of Pradaxa from et Nurse's falled to not in accordance with and plan of care. The failure 's plan of care and resulted in errors that subsequently to develop an avoidable ew and interview, the facility	F 28	3. Nursing staff has been re-educated 5- and 22, 2015 on assuring that the resic comprehensive care plans are being for New interim care plans have been imp New admissions will be review daily clinical meeting and care plans w	dent's illowed. Illowed at the ill be and intored on it the will MARs, I be d the data and then continued by the	

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ___ B. WING 105884 05/01/2015 NAME OF BROVIDED OR STIPPLIED STREET ADDRESS ONLY STATE 710 CODE

	OVIDER OR SUPPLIER HABILITATION AND HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	TAMPA, FL 33612 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE		
war or or we war Triple me to me reserving Adda.n. red Finn 1. reveappy year including Resiste the Revi Antichad date symp. Admir Care admir admir or or war admir care admir and or war admir care admir admir care admir symp.	ontinued From page 34	F 28	2			

Facility ID: 62932

CEN	ITERS FOR MEDICARE	AND HUMAN SERVICES				D: M APPROVI D. 0938-031
STATE! AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G	(X3) DA	ATE SURVEY OMPLETED
		105884	B. WING _		l	С
	OF PROVIDER OR SUPPLIER L REHABILITATION AND	HEALTH CENTER	.	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) I PREF TAG	IX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRÉCEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
1	the 3-11 p.m. shiff, plan of care and adn ordered by the atten. Review of the Medic (MAR), dated dated tablet by mouth once the typed order was a The Medicat (MAR) revealed the n word "HOLD." On to resume Xarleto. Ti should have been writ the dose was not adm of the MAR from reviewed with no indicibad been given and n medication was not gif Further review of the p. found direc x3 days prior resume one day post telephone order was da a Doppler STA dated for the same day MG SQ (ordered for 5 days. During an interview on Resident #6 stated she not just a it was arresident stated that "thmy knee to my foot and han one "The nurse had spoken to he reviewed the stated she not pust a my fore the purse had spoken to he my see the stated she mot just a it was arresident stated that "thmy knee to my foot and han one "The nurse had spoken to he wiewer will be the stated she to the stated she had spoken to he will be stated that "thmy knee to my foot and han one "The nurse had spoken to he will be stated that the stated that stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that the stated that "the nurse had spoken to he will be stated that the stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that "the nurse had spoken to he will be stated that the nurse	ailed to follow Resident #6 's initister the Xarleto as ding physician. Administration Record 2015, revealed a typed order 15 MG tablet one a day. Directly underneath a hand written entry, resume fon Administration Record unrese documented for the MAR indicated he boxes, where an initial ten, were empty (indicating inistered). The remainder through a thr	F 282			
] [not giving me my medical pissed. They (the nurse	ation he was really				

OF LIVE TO LOUGH TO	C MEDIONID OF MICEO
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

NAME OF PROVIDED OR SURDI ICE

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED C 05/01/2015

105884

B. WING

NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, 2811 CAMPUS HILL DR	ZIP CODE	
EXCEL REHABILITATION AT	ND HEALTH CENTER	1	TAMPA, FL 33612		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
needles." Reside came to the facility and "that is why! The resident state medications every checking them age to ask if all my me During an interview Employee (RN) E, resident on 12 of that she had been worked in long term was famillar with R she was aware the medication was not that she did not thir She stated that it with she did not the she did not have the and was aware that for She stated that it with the she was aware that for medication to other recall who the staff the doctor came in a medication should hourse stated that with the nurse should will medicate that with the nurse should will be the medication should confirmed the MAR. No indication the me stated that she did not attend the stated that she did not the redication when the stated that she did not the redication when the medication when the medication when the medication when the medication whether the medication whether the medication whether the medication whether the medication should confirmed the MAR.	s a day for five days and I hate ant #6 said that when she first y, she had a in her left arm take the wery day." d that she used to check her day and now has to start all. "It's not my job to have lideations are there or not is !!?" on at 4:10 p.m. a nurse that cared for the le 26 evening shifts, stated a nurse for a long time and no are. She stated that she esident #6. She stated that resident needed it the order was on poing, as on hold. She stated that e time to research the order. Resident #6 was at high risk of that she questioned the staff, however, she did not member was. She stated that the staff, however, she did not member was. She stated that	F 282			

PRINTED: 05/13/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES. OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	105884	B. WING	C

NAME OF PROVIDER OR SUPPLIES STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA FI 33612 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 10 PROVIDER'S BLANCE CORRECTION. (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 282 | Continued From page 37 F 282 confirmed that she did not document any omissions in the chart. She stated that she did not look at the chart to find the original order An interview was conducted on at 4:30 p.m. with Employee (LPN) D. She stated that she worked at the facility asked about her training, she stated she had trained for two to three days and was on her own by the fourth day. She said she had felt that it on her orientation process as far as knowing the processes and was able to always go back and ask questions. Employee (LPN) D. stated that she recalled caring for Resident #6. She confirmed that she was on ____ and stated that she cared for her several times. The staff member reviewed the MAR and confirmed that she worked on and The nurse next confirmed the order for and then confirmed the order said to resume . The nurse stated that she would not have given a medication without signing the MAR. These dates were blank, with no initials. During a telephone interview on 11:42 a.m., Resident #6 's Attending Physician stated; "the nurses did not give her medication the medication was only on hold for a few

asked why the medication Xarleto was not restarted after her dental surgery. The physician stated he did not understand why the nurses did not restart the medication. "I gave the nurses the order, they should have restarted the after the dental procedure was completed. The is to prevent her from getting a If she would have received the

days for her dental surgery. The physician was

medication, she would not have gotten a During an interview on at 12:20 p.m., the Attending Physician confirmed he assessed the

:7(02-99) Previous Versions Obsolete

05/01/2015

CENT		& MEDICAID SERVICES					M APPROVE
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) D/	O. 0938-039 ATE SURVEY OMPLETED
		105884	B, WING	à		0.	C 5/01/2015
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	3/01/2013
	REHABILITATION AND				811 CAMPUS HILL DR AMPA, FL 33612		
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F P P D D C S S P P R R P P P P P P P P P P P P P P	resident on "s leg was red and "Doppler stud he was informed by Leg and the la He verbally A. The Attending Ph Doppler of was not and also medication was starte unsure of why there wo botaining treatment, in the medication. A review of the Physica vevaled on the sassesed Resident #6 acute focumented: "Redne L>" Is for 3 we urther review of the A rogress note revealed oppler was ordered," or responding physician assessed the eview of the Nurses." Or commented: "the review of the Nurses of the same of the words of the same of the was no documented in the same of the was no documented in the same of the was no documented in the same of t	and documented the resident — He also ordered a y. The physician stated that imployee (LPN) A of the tack of the on gave the order to Employee sician confirmed the tompleted until confirmed that no dutil — He was rould have been a delay in ecessary tests or initiating elan in the sician confirmed that no dutil — He was rould have been a delay in ecessary tests or initiating elan is Physician and diagnosed her with an ieft leg, 4+ eft leg. "The physician her resident had been "Off teks by nurse 's error." tending Physician 's he documented "There was no n's order for the Doppler three days after the resident. Notes on lion of a red, tation of the omission of bician visit or the new ployee (LPN) A plant of plant pon assessment the leg was Paliful, 2+ aged and made aware 1 Saturday. New orders	F2	82			

FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DESIGNATIONS (Y1) DECIVIDED/GLIDDLIED/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED. 105884 B WING 05/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 282 | Continued From page 39 F 282 " 12:45 a.m. patient states she thinks she has a to her LLE. Area of slight redness noted to inner calf to LLE, to LE. Skin temp within normal limits refill is brisk Unable to assess pulse related to Patient rates pain level #1 at this time on a scale of 1-10 with 10 being the worst. Patient states she has had multiple T's in the past and knows what it feels like. Notified resident physicians of above and new orders were received for a STAT Doppler of the LLE to At 0200 (2:00 a.m.) 100ma was administered for c/o pain to LLE with a pain level of 9 out of 10. was effective. At 0330 (3:30 a.m.), the mobile service arrived to perform Doppler. Patient remained on bed rest. Patient remained alert and responding appropriately to verbal and stimuli. No s/s of distress noted. Vitals Patient received new order on to restart was not discontinued) " A review of the Ultra Sound Report, date of service: revealed: Examination: Doppler extremity/limb, left, Clinical Indications: of Limb, Findings: Real time color imaging shows no collateral and augmentation of post _____ popliteal deen and common of left lea. There are no excessive collateral veins. Left lower Extremity duplex

Impression: Extensive

An interview was conducted with the facility 's Director of Nursing (DON), on at 3::

p.m. A list of medication errors for the month of ... 2015 was provided by the DON. The DON stated that she was aware of the medication error for Resident #6. She stated that a nurse found the error after performing a "medication review"

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			C		O. 0938-039
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		LE CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
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NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
EVACE I	TOURDU ITATION AND	HEALTH CENTER		2	811 CAMPUS HILL DR		
EXCEL	REHABILITATION AND	HEALIH CENTER		T	AMPA, FL 33612		
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iii e E E E E E E E E E E E E E E E E E	The DON stated tha error occurred. She intervention was the physician and the reteror. The DON con education were provimedication error. The DON con education were provimedication error. The there was no evident DON stated that her medication for Residan and starpletion and levale of the starpletion of the starpletion and elevale of Reside and provided a facility medication error had provided a facility medication error had provided a facility after the Doppler It was unclear, rivestigation of how a morning and interview or the DON stated, "sine mes a week by flippin She confirmed there had to this process DON and by flipping an interview on ssistant Director of N indomly checked the curracy and compuring an interview on sistant Director of N indomly checked the curracy and complete lecked new admission bers." She stated this sponsible for checkin chart on a daily bas	t she was unsure of why the stated that the facility 's and the sident were notified of the firmed that no audits or ided to the staff following the the DON also confirmed that see of an investigation. The conclusion of the omitted and the staff following the term of the term of the staff following the term of the staff following the staff following the confirmed that they not the staff following the st	F2	282			

CENTERS FOR MEDICA	RE & MEDICAID SERVICES				NO. 0938-039
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NAME OF PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP	CODE	
EXCEL REHABILITATION A	ND HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
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Manager (started stated that she of accuracy of order for accuracy. She anything with the I informed her she the MARs. She st orders and the 24 then gives them to the morning go to the morning go to the morning any plan to begin the education or training Manager. The AD needed to be done them out not doing The regular Unit M Term Care unit was and was unable to During an interview ist 10:43 a. process of checking process that was in the ADON and Unit process. There was procedure. The DO the role of DON for checking the MARs since her arrival and process since then. at 10:43 a. ADON and Unit Mar MARs daily. During an interview of Medical Director stat Medical Director of the Medical Director of the Medical Director of the Medical Director of the many start of the medical Director of the many start of the medical Director of the many start of the medical Director stat Medical Director of the medical Director of the many start of the medical Director of	conducted on at 9:30 te (LPN) A, Interim Unit on Monday She scked all new admissions for and double checked the MAR stated that she did not do MARs on a daily basis. No one was supposed to be checking ated that she gets the new notur report in the morning and the ADON or DON to take g meeting. She did not usually meetings and was not aware of 90. She stated that no g was provided to be a Unit Not old her the things that and she was "just helping the whole position." and she was "just helping the whole position." anager (LPN) B on the Long currently on medical leave be contacted. On at 10:13 a.m. and nn., The DON stated that the the MARs was an informal plemented inconsistently and Manager assist with the inot a written policy or stated that she had been in one year and the process of had been an expectation she had continued that The DON sits ostated, on , that she had such was unaware the agers were not checking	F2	82		

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING 105884 B WING 05/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID. (X5) (FACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX DDEELY (EACH CORRECTIVE ACTION SHOULD BE TAG DECITI ATORY OR LEC IDENTIFYING INFORMATIONS TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 282 Continued From page 42 F 282 meetings and the facility followed a set agenda. He stated that he was made aware of incidents for his patients and that the attending physician for the other residents would be notified of incidents. He stated that he would expect to be notified of incidents, including medication errors and, specifically, for system failures that could affect all residents. He stated that he was here at the facility every Wednesday and Friday. However, someone from his physician group was present daily and should be notified. He expected that the nurses notify the physician of any incident. He confirmed, again, that he was not made aware of any medication errors for Resident #6. He was not aware of any issues in QA related to medication administration. He stated that he was aware that the facility used a lot of agency staff and had a lot of turnover. The Medical Director stated that there was no action plan identified or implemented related to staffing or staff procedures. He also stated that he was aware of a concern with nurses not implementing physician orders timely. He stated that the nurse would pass off the order to the oncoming shifts and the medication would not be started. He stated that he provided education to the staff." within the year " related to medication implementation. The education was to have a second nurse initial the order to assure implementation. He confirmed that there was nothing in Quality Assurance (QA) related to the medication administration and order implementation process. The Medical Director stated that if the facility had a good system in

place, then any staff member should be able to come in and care for the resident with no breaks in the system. He stated that the "system was not perfect and should not have failed." The Medical Director was asked if it was expected

CENTERS FOR MEDICARE	& MEDICAID SERVICES	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUC
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING

105884

(X3) DATE SURVEY COMPLETED CTION С B. WING

05/01/2015

NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
	EXCEL F	REHABILITATION AND HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612				
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG		ÉTION			
	t t r r r t t t r r r r t t t r r r r r	Continued From page 43 that the facility notify him of negative outcomes; he stated, "I would love to." When referring to the incident for Resident #6, the Medical Director stated that it was a "negative outcome and that the was afraid for his patients." He stated that "there was not a plan in place." During an interview on	F 28	282				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION	CON	TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	Ε	
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EXCEL	REHABILITATION AND	HEALTH CENTER		TAMPA, FL 33612		
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t F24 h 99 s A C R fc4 4 W aaF in a	Pharmaceutical Mer revealed; " medicine used to tre of these conditions o lowers your chance o to prevent clots from your ma forming a clot in your materials of the second of the secon	ication Guide for is a prescription and and to help reduce the risk courring again. by helping forming, if you stop taking y have increased risk of comming. If you stop taking y have increased risk of you have pour doctor may medicine to remain the your doctor may medicine to rom forming. Do not stop that point is to your doctor stop for a short ry, medical or dental or will tell you when to start ain after your surgery or #2.'s Care plan Focus on reflected the resident boromal "The free from signs and interventions: as MD ordered," The swed, on Administration Record and orders to give day, Tuesday, and Saturday and to mg on Monday and ated that on, 4/8, 4/9, both noders were g administered resulting in the	F 21	82		

		(A1) PROVIDENSOPPLIENULIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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	Wednesday, Thursd administer Friday. This was the however, this time it indicating which day needed to be given. A medical record rev Resident #2 and rev facility for approxima diagnoses included: During an interview of the facility's Direction we have had another but had been been been been been been been bee	ay and Saturday and to 12 mg on Monday and 2 mg on Monday and 3 mg on Monday and 4 mg on Monday and 4 mg on Monday and 5 mg on Mg on Mg on Mg on 6 mg on Mg on 6 mg on Mg on 6 mg	F 28	52		
	NAME OF EXCEL I (X4) ID PREFIX TAG F 282	NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND (X4) ID PREFIX (EACH DEFICIENCY) TAG SUMMARY STA' REGULATORY OR LE F 282 Continued From pag Wednesday, Thursd administer Friday. This was the however, this time th indicating which day needed to be given. A medical record rev Resident #2 and rev facility for approxima diagnoses included: During an interview of the facility's Directo we have had another It happ DON said that when on the nurs	AND PLAN OF CORRECTION TOENTIFICATION NUMBER: 105884 NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPOSITION WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 282 Continued From page 45 Wednesday, Thursday and Saturday and to administer .2 mg on Monday and Friday. This was the same identical order, however, this time the initial boxes were outlined indicating which day of the week the medication needed to be given. A medical record review was conducted for Resident #2 and revealed he had resided in the facility for approximately three weeks. His diagnoses included: During an interview on	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 105884 B. WING RECEL REHABILITATION AND HEALTH CENTER (X4) ID PREFIX TAG COntinued From page 45 Wednesday, Thursday and Saturday and to administer . 2 mg on Monday and Friday. This was the same identical order, however, this time the initial boxes were outlined indicating which day of the week the medication needed to be given. A medical record review was conducted for Resident #2 and revealed he had resided in the facility for approximately three weeks. His diagnoses included: During an interview on at 3:45 p.m., the facility is Director of Nursing (DON) stated: "we have had another problem with an it happened to Resident #2." The DON said that when Resident #2 was admitted on the nurse had written up the	AND PLAN OF CORRECTION 105884 A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612 C(A) ID PREFIX (EACH DEPRICENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING IMPORMATION) F 282 Continued From page 45 Wednesday, Thursday and Saturday and to administer 2 mg on Monday and Friday. This was the same identical order, however, this time the initial boxes were outlined indicating which day of the week the medication needed to be given. A medical record review was conducted for Resident #2 and revealed he had resided in the facility for approximately three weeks. His diagnoses included: and During an interview on at 3:45 p.m., the facility's Director of Nursing (DON) stated: "we have had another problem with an it happened to Resident #2." The DON said that when Resident #2 was admitted on the nurse had written up the	NAME PLAN OF CORRECTION 105884 NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGE TAGE CALL TO BE CONTINUED TO BE CONT

not have a

was written on a regular sheet that did

copy that is used for the medication administration record. We (DON and ADON) did not find out about the medication not being given until " The DON was asked what the process was on checking admission orders for their accuracy. She said that, usually, the Unit Manager will check the orders the next morning and then, added, the Unit Manager was out on maternity leave. The DON was asked who would be responsible to verify the physician ordered medications were accurately transcribed into the Medication Administration Record (MAR) and she said the ADON or me. The DON said, "We checked the physician order sheet and they were written correctly, but, because the _____ order was not put on the physician order sheet that contained a copy it did not show up on the MAR. " The DON confirmed she did not review the MAR to make sure all the physician orders were transcribed.

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CENT	KS FUK MEDICAKE	& MEDICAID SERVICES				0. 0938-039
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o consistent on an arm of the in-	The DON was asked She stated; "I'm is happened and then I unfortunately already happened and then I unfortunately already the facility used a chadmitted residents si now it is computered with a foot." She sto of the verbal teaching in-service verifying the On at 11.4 was conducted with F physician. He confirm esident had been received the physician confirm statio was 3.2 and not only a confirm the physician confirm is orders and should rooper dosages of its ordered. The DON provided a case conducted on redication omission we tethod: Verbal Topic: ethod: Verbal Topic ethod: Verbal	If how that had happened. Ill trying to figure out how it do find it out it has a cocurred." When asked if eck off system for newly ne said, "we used to but d. The computer tells us atted she was there the day; but she did not sign the at she had attended. 5 a.m., a telephone interview Resident #2's attending ned he was notified that the beiving double doses of his med that his International critical grapeutic), ted the facility did not follow have administered the control of the	F2			

error on

however, no negative outcomes occurred. It was unclear, due to the

CENI	ERS FOR MEDICARE	& MEDICAID SERVICES					0. 0938-03
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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EXCEL	REHABILITATION AND	HEALTH CENTER		21	811 CAMPUS HILL DR		
		THE SERVER		T,	AMPA, FL 33612		
(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION	N.	(X5)
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F 282	Continued From pag	10.47					
	o omanaca i rom pag		F2	282			
	medication error was	ion, of how and why the	ĺ	- 1			
	On the D	ON stated "I check the		- 1			
	MARe two times a w	eek by flipping through all of					
	the MARs. " She co	ofirmed these was a -					
	documentation relate	d to this process. The DON		-		- 1	
	said that the ADON a	ind Unit Manager check					
	every MAR daily for a	accuracy and completeness.					
	The facility admitte	d Resident #10 on		- 1			
j	with diagnoses includ	ling					
- 1		Accident and				- 1	
	per the	physician order summary		- 1		- 1	
	list of diagnoses.			- 1		- 1	
	Review of the Care Pl	an, dated revealed				1	
- 1	a problem area was id			1		- 1	
į	potential for a approaches included	ibnormal "The		1			
	as MD ordered. " The	administer		-			
		as ordered.		1			
1	Review of the Admissi	on Physician Orders, dated				- 1	
- 1	revealed the	resident was prescribed		1		1	
- 1	40 unit	daily at 9 a.m.				- 1	- 1
F	Review of the 20	15. Medication					
A	dministration Record	revealed Resident #10 did		1		-	
	ot receive or	1 4/9 or There		ĺ		1	- 1
V	as no documentation	on the back side of the				1	j
Į.	IAR as to why the me	dication was omitted.		1		1	1
1	he findings were conf	irmed by the Nurse		1		- 1	
0	onsultant, Administrat	or and Director of Nurses		1		1	
		o additional information		1			1
Di	ot have been given to	why the medication would					
4.	The facility admitted I	Resident #14 on		1		- 1	
wi	th diagnoses including	Acute		ĺ			
		and					1
	•	per the demographic	1			- 1	
	ce sheet.	1	- 1				- 1
Re	view of the Care Plan	, dated revealed	-				- 1
aı	problem area was ider	ntified for "	.				- 1
17(0	2-99) Previous Versions Obsole	te Event ID: KCY611	Faci	lity ID:	62932 If continuelles als		

CENT	ERS FOR MEDICARE	& MEDICAID SERVICES					KM APPROVE 10. 0938-039	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		E CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED	
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	PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		21	TREET ADDRESS, CITY, STATE, ZIP CODE 811 CAMPUS HILL DR AMPA, FL 33612	PCODE		
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t co E N hu he e	potential fo approaches included as MD ordered." Ti administered Review of the Medic for receive of doses. She did not receive for a murses 'notes or the Administration Recor was not given. Further review of the physician' is telephor for 30 units The resident was plasub-therapeutic INR (Ratio) levels and she additional Iclots. Review of the Labora Resident #14 the the the she was the she was of the she	a brownal "The d "administer he resident was not as ordered. The resident was not as ordered atton Administration Record evealed Resident #14 did not 4 out of the 6 available receive any on the did not receive any on the did not receive any on the did not receive and the back of the Medication of as to why the medication medical record revealed a second, dated twice daily. Ded on the first was at risk for developing the force of the resident on the second force of the resident on the second force of the resident of the right leg. An id and the resident was not and the resident was at and the resident was a did not have to her right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An id and the resident was not as the right leg. An idea of	F2	22				

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EXCEL	REHABILITATION AND	HEALTH CENTER			2811 CAMPUS HILL DR TAMPA, FL 33612			
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F 282	Continued From pag		F 2	282				
	#14 was transferred of life care.	to a Hospice House for end						
		ed Resident #15 on						
	sheet.	and r the demographic face						
į	Review of the Care F a problem area was i	Plan, dated , revealed dentified for "						
	potential for approaches included	abnormal "The "administer						
	as MD ordered. " The administered	as ordered.						
	Review of the 20 revealed Resident #1	015 Physician Orders 5 was prescribed						
	40 units Review of the Medica	daily for two weeks. tion Administration Record						
- 1	for 2015 revealed	d Resident #15 did not						
	The findings were con	on and						- 1
	Consultant, Administra	ator and Director of Nurses		1				
	on at 11:00 a. information as provide	m. No additional						
- 1	medication would not l	have been given to						
	Resident #15.	Resident #16 on		1				
V	vith diagnoses includi	na resident #16 on						
	and	per the physician		1				
C	liagnoses listed on the Record.	Medication Administration		1				
	Review of the Care Pla	in, dated revealed a						
р	roblem area was iden	tified for "						
	potential for at " pproaches included	onormal "The		1				
a	s MD ordered. " The	resident was not						
a	dministered :	as ordered.						
R	eview of the Medicatio	on Administration Record						
10	on seveale	d Resident #16 was given						1

I EKS FUR MEDICAR	= & MEDICAID SERVICES			OMB NO, 0938-	
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the INR value of 2.5. Review of the Physic Review of the Physic Review of the Physic Review of the Labora Was collected on Further review of the INR was collected on Was a rapeutil Record review reveal Was noted. The findings were coronsultant, Administron at 11 am. provided related to when the mediscontinued. 7. The facility admitted with diagnoses including the potential for a approaches included as MD ordered. "The administered Review of the 1201 Administration Record Review of the 1201 Administration Record Rec	of after the ave been discontinued per ave been discontinued per control of the second	F 28	2		

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b b oot the among the beautiful to be the beau	mg PO daily at 5 pm The findings were consultant, Administ on at 11 am, provided related to whave been given to F 8. The facility admitte and was re diagnoses including Chest Pain and Review of the Care P a problem area was i potential for approaches included as MD ordered. "The administered his Review of the Care P administration Recorn of the Care veveled Resident #16 5.5 mg daily at 9 pm. During an interview wii at 3:20 p.m. eer en ed medications fr tat he now has to che edications, they told I at of the medication of ing him his ordered in to sed to have a med dedication that have a med dedication that have a med dedication to that the	infirmed by the Nurse rator and Director of Nurses. No additional information as the the second of t	F2	282		

CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES			(VI AFFILOVE D. 0938-039
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	so often now that it is The findings were oc Consultant, Administ on at 11 am. The findings were oc Consultant, Administ on at 11 am. Provided related to whave been given to F 9. Resident #19 was 2015 her adm Consultant on "Current active on the Current active on the Current active on the Consultant on additional appropriate on the Current active on	s obsolete. Infirmed by the Nurse Infirmed by the Nurse Infirmed by the Nurse Infirmed by the Nurse No additional Information as No additional Information as No additional Information as No additional Information as Infirmed In	F2	282			
for the	of right admission demogra	: with per phic information.					

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T W L	on Anticoagulation for abnormal The gos signs and symptoms interventions include as MD ordered." The followed. The MAR was review revealed seven sepa around initials indicat administered as orde p.m., the box on the fill 4/1 15 9:00 a.m., clrcle, initialed with a circle, box on the MAR was at 9:00 p.m., not initial and initials indicated with a circle, box on the MAR was at 9:00 p.m., not initial at 9:00 am, a circle.	#20 's Care plan with Focus identified a potential with date initiated of all stated, "will be free from of abnormal" d "Administer the Care Plan was not reed for 2015 and it rate missing initials or circles ing the medication was not reed. On at 9.00 AAR was without an initial, the box was initialed with a 00 a.m., the box was without an initial, led as given, and on, the box was sinitialed with nursing notes for that the was not pound in the power of the power of the was not power of the power of the was not power of the power of	F22	282				
for 1 w H a- R #4	reflected the 40 mg or preventative measu. 1. The facility admitter the diagnoses including and dimission demographic eview of the Laborate 8 did not have a Urina.	e resident was to receive every 12 hours ares. If essident #8 on up according to conformation. The part of the par						

Administration Records revealed Resident #8 's was not started until (a three

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OM	B NO. 0938	
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Hr. tu unn n 1 R R da da orotim mcc less Re	Further review of dose was give to the dose was give to the dose was give to the form of the dose were or revealed the Urinalysis with Cultur ordered and so for a During an interview of Consultant stated tha collected. He stated if a collected, the stated that the 6, was taken from the confirmed the 2 profigured to the confirmed the 2 profigured to the confirmed the 2 profigured the confirmed the confirm	Ithe physician 's order). MAR revealed the 6 am however, the 2 pm and mitted. Inowever, the 2 pm and mitted. Inowever, the 2 pm and mitted. Inowever, the 2 pm and mitted. In Telephone Orders, dated physician ordered a e and Sensitivity and also 00 mg every 8 hours for 7 nn at 2 pm, the Nurse the Urinalysis had not been that he was unsure why the e gotten the sample. He am dose of the sample of the man dose	F2	282			
Re	sident #2 's nursing r	vhich reflected that "					

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tt N tt V V S S rr re	patient was su not done. Physician call back. " The nur 1:54 a.m. " New ord AM for the On at 11:4 was conducted with liphysician. The attent that he was notified t receive his ordered admitted and he did days after being adm attending physician will diagnosis of being attending physician stated in the control of the con	and was never prosed to be on daily weight has been paged. Walting for sing notes for at er for INR ordered for the set of sing notes for at er for INR ordered for interview Resident #2' s attending ding physician also confirmed hat the resident did not for ten days after being not receive his for ten litted to the facility. The as asked, if a resident had a he needs monitoring. The lated, "yes, he needs his add. "yes, he needs his add. "yes, he needs his and worse, yet, he physician stated, "they know if it's the DON or the ve to fix these things so it n." If he nurse that had not and in resident #2 in-service that she had on stated, "The nurse was ign on the sign in sheet," as any other information gher nursing staff she no to bring it into our QA or on at 11:10 a.m., laten of action received ollowing:	F 28	2				
i7(0	02-99) Previous Versions Obso	lete Event ID: KCY611	Faci	ity ID: 62932	If conti	inuation she	ot Page	56 of 167

FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 105884 B. WING 05/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL. 33612 (X4) ID SHIMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 282 | Continued From page 56 F 282 An audit was completed of all residents. Physician orders labs notification of the physician if there was a change and the Log was accurate. No significant issues were found. NRs were undated A 100% house audit was completed of all resident medications and orders on Nursing education was completed between for nursing staff related to managing residents on flow sheets and medication documentation. Three nurses that worked as needed (PRN) had not been provided education and will not be allowed to work until educated Agency nurses will be provided a packet that includes Managing Residents on Anticoagulation The packet will include the Anticoagulation Policy and the facility 's new protocol on documenting medications that are on All new admissions will be reviewed in the morning meeting to assure all orders will be transcribed onto the POS and MAR/TAR. The weekend supervisor is responsible for new admissions on the weekends (not a new process). All residents that are receiving be reviewed in a weekly care meeting with all orders, labs, and MARs reviewed. New anti-co orders were added under the daily clinical meeting and medications were added to the weekly care meeting. Looking

process).

The Flow Sheet will be implemented for any resident receiving (not a new

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	REHABILITATION AND			2811 CAMPUS HILL DR TAMPA, FL 33612			
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c c c c c c c c c c c c c c c c c c c	For residents that he will be blocked off ar will be re-written with process will be residual be visibly medication will be a dedication Errors will documented following standards and Root (investigation will be a completed before). Expolicies, practices and cocur as need foreigned, he will be received with each nurse eview the entire MAR completeness for account as need to the standard and initial, if unsure the medication error, fursing Administration heaudits will be reviewed and initial, if unsure the tecks of the nurse to the class of the nurse to the class of the nurse to the class of the nurse to receiting. NEW PROC viewed in the mornin eached against the or onlorioring: the MAR continuing the market of the plan and had a meeting will be he all nurses of the plan and had a meeting will be he if and a sample of nure interviewed regard term related to	ive Hold Orders: The order dy yellowed out. A new order a restart date. The new is a restart date. The new is to the nurses. The hold died on the 24 hour report. I be investigated and grisk Management cause Analysis. Evidence of ept. New Process (not tassed on the analysis, the died systems, changes will a new shift to shift MAR e. The nurses together will VTAR for holes and uracy. If the nurse is sure the medications, then she en it would be classified as in is responsible for daily nurse MAR review. I will initial for accuracy, will initial for accuracy in geducated today, will initial meeting and ders and MAR. In access will be monitored by the same provided in th	F2	82			
17(02	99) Previous Versions Obsole	ete Event ID: KCY611	Fac	ility ID: 62932 If	continuation she	et Page 1	58 of 167

CENT	ERS FOR MEDICARE	& MEDICAID SERVICES				M APPROVE O. 0938-039
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	PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		STREET ADDRESS, CITY, STATE, 2811 CAMPUS HILL DR TAMPA, FL 33612		
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F 282	of the shift to shift M Report review. Shift change was ob 3:30 to 4:15 p.m. wit performing the MAR initialing the newly in A medication pass w	administration, e able to explain the process edication Administration served on between n all nurses appropriately reviews. The nurses were plemented form, as observed with all isstered appropriately per the ENTS FREE OF	F2	282		
F# aana	The facility must enst any significant medications are significant medications. This REQUIREMENT by: Based on resident re the facility staff, the At Medical Director, facility elated to medication alled to assure residents received to assure residents received the sidents of the sidents are sidents and the sidents are the sidents #2, #6, #10, and #20 were identify residents of the sidents are sidents are definitive residents of the sidents are sidents are sidents are sidents are sidents and the sidents are sidents are sidents and the sidents are sidents are sidents.	ire that residents are free of ation errors. is not met as evidenced cord review, interviews with tending Physician, the ty Administration and administration the facility nts were free of significant sed on a review of all ving the physician 's orders, the of receive their physician's orders, #14, #15, #16, #17, #18, tiffied as not receiving re necessary to prevent		1. Medication Error reports we resident's #2, #6, #8, #10, #1 #18, #19 and #20. Their pers; physicians were notified of the and any new orders regarding the errors were medications and the service of t	4, #15, #16, #17, pective attending ne medication errors githe errors have red notifications add to the pharmacy residents are sordered by the iss completed on 4-ent medication ribed on the cords. All residents as as ordered by	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
EXCEL	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
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# spanner Befaan	on , 2015. I the nursing staff and consistent with a physician was notified in the resident until injections of Resident #2 was administered her available doses of Administered her Resident #14 was not prescribed doses of Administered her Resident #14 was not solve the staff was not administered her Resident #14 was not Administered her Resident #15 was grea aboratory results ind and the was aboratory results ind and the was solves. Resident #17 loses of Resident #18 was no Administer medication errors that tesident #6 to develo assed on record revieiled to administer medication errors that tesident #6 to develo assed on record revieiled to administer would assed on record revieiled to administer medication errors that tesident #6 to develo assed on record revieiled to administer medication that the subject was the subject was the subject with the subject was the subject with the subject was the subject with the subject was the subject was the subject was the subject with the subject was the subject was the subject was the subject was the subject with the subject was the subject	Resident #6 reported pain to I reported that the pain was The et acility failed to implement e days, delaying treatment to Resident #6 required to dissolve the clot. Resident #6 required to dissolve the clot. Resident #6 required to dissolve the clot. Risistered a double dose of 12, 13, 14 and His peutic on at 3.2. of administered her on 4/9 and to administered four of six Resident #15 was on and on and on the first was to be en International Normalizing ter than 2. On the icated that her INR was 2.5 continued for four additional was not administered from 13, 15, the difference of 13 and 15/2015. Resident is sof Pradaxa from 420 was not administered from 40 Nursing staff failed to is in accordance with the failure of the nurses to resulted in significant subsequently caused p an avoidable clot wand interview, the nurses adications timely and #8) out of forty-eight (48) medication accuracy.	F3	3. Nursing staff has been re-educated on process of completing a medication er 5-11.15, 18, 19, 20, 21 and 22-2015 New medication error reports have been implemented with all of the re components on the report. The attend physician, pharmacy, Family/Responsit will be notified at the time of the error identification, Medication error reports forwarded to the Director of Nursing for investigation following risk management standards and root cause analysis, Ident trends will be brought to the QAPI Com for further review and resolution. As his MAR/TAR review has been implemente to assure that residents are receiving all medications. There will also be a daily N Administration review of the MAR/TAR compliance with this process. Nursing subsener e-educated by the Nurse Pharmacy Consultant on all aspects of medication management including, obtoorders, transcribing orders and implemented orders. These areas of care will be oversthe Director of Nursing/Designee, Unit North Consultant on the Consultant of the Consultant on the Consultant on the Consultant of the Consu	quired ing le Party will be r further it to shift d d dispersion of their ursing to assure aff has lining in the see four pass to a percent of the	

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		105884	B. WING	·		05	/01/2015	
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F F i i i i i i i i i i i i i i i i i i	There was a three di physician ordered two doses were omit two doses were doses and two doses were doses doses and the doses and the doses doses and the doses doses and the doses doses doses doses and the doses dos doses dos doses dos doses dos doses dos doses dos dos dos dos dos dos dos dos dos do	ician ordered and vere omitted for 10 days. ay delay in starting a for Resident #8 and ted. nonitor the administration of tine basis. The facility failed tify, investigate and report are failure of the facility so of immediate Jeopardy as of The facility formed on at 9:50 leopardy was removed on d the scope and severity	F3	33				

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING
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(X3) DATE SURVEY COMPLETED С

05/01/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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During a telephone interview on 11/42 a.m., Resident #6' s Attending Physician stated: "the nurses did not give her medication the medication was only on hold for a few days for her dental surgery. The physician was asked why the was not restarted after her dental surgery. The physician stated he did not understand why the nurses did not restart the medication, "I gave the nurses the order; they should have restarted the after the dental procedure was completed. The is to prevent her from getting a lif she would have received the medication she would not have gotten a During an interview on at 12:20 p.m., the Attending Physician confirmed he assessed the resident on and documented the resident is leg was red and He also ordered a Doppler study. The physician stated that he was informed by Employee (LPN) A of the leg and the lack of the on He verbally gave the order to Employee A. The Attending Physician confirmed the Doppler order was not completed until and also confirmed that no medication was started until and also confirmed that no medication was started until he was unsure of why there would have been a delay in obtaining treatment, necessary tests or initiating the medication. Further review of the physician orders dated on "Stop X a days prior to and resume one day post p.m." A telephone order dated revealed a Doppler was ordered STAT. Also on 80 MG SQ was ordered (two times) for 5 days. There were no orders for when the physician was first made	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
	F OSS ti	During a telephone interview on at 11:42 a.m., Resident #6" s Attending Physician stated; "the nurses did not give her medication the medication was only on hold for a few days for her dental surgery. The physician was asked why the was not restarted after her dental surgery. The physician stated he did not understand why the nurses did not restart the medication, "I gave the nurses the order; they should have restarted the after the dental procedure was completed. The is to prevent her from getting a if she would have received the medication she would not have gotten a During an interview on at 12:20 p.m., the Attending Physician confirmed he assessed the resident on and documented the resident 's leg was red and He also ordered a Doppler study. The physician stated that he was informed by Employee (LPN) A of the leg and the lack of the on. He verbally gave the order to Employee A. The Attending Physician confirmed the medication was started until and also confirmed that no medication was started until he was informed that on suscure of why there would have been a delay in whether would have been a delay in the confirmed that on and resume one day post in and resume one day post p.m." A telephone order dated revealed a Doppler was redead STAT. Also on 80 MG Q was ordered mess) for 5 days. There were no orders for		333		

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING 105884 05/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 333 | Continued From page 62 F 333 Review of the Medication Administration Record (MAR) dated 2015 revealed a typed order dated for 15 tablet one tablet by mouth once a day. Directly underneath the typed order a hand written entry; resume The Medication Administration Record (MAR) revealed the nurses documented for HOLD, " The MAR for when the was to be restarted, indicated the boxes. where an initial should have been written, were empty (indicating the dose was not administered).

the medication had been given and no indication as to why the medication was not given. A review of the Physician 's Progress Notes revealed on the Attending Physician assessed Resident #6 and diagnosed her with an The physician documented: "Redness and left leg. 4+ left leg. " The physician 11.> also documented that the resident had been " Off 15 for 3 weeks by nurse 's error " Further review of the Attending Physician 's progress note revealed he documented 1 Doppler was ordered. " There was no corresponding physician 's order for the Doppler Studies until three days after the physician assessed the resident Further review of Resident #6 's medical record revealed that she had resided in the facility for approximately fifteen months and was fifty three years old. Resident #6 's medical history included and a history of

was reviewed with no indication that

The remainder of the MAR from

Score of 15 indicating no Review of the Nurses ' Notes on

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revealed a

FORM APPROVED DEPARTMENT OF MEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING

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F 333	REGULATORY OR LSC IDENTIFYING INFORMATION)		+	CROSS-REFERENCED TO THE APPROPRIATE			
ir	reveled: Report, dated revealed: Examination: oppler extremity/limb, left. Clinical Indications: of Limb, Findings: Real time color maging shows no collateral and augmentation of ost popiliteal deep deep deep deep deep deep deep of left leg. There are no						

GERAR DVENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NI IMBER-COMPLETED A. BUILDING 105884 B WING 05/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (YS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 333 | Continued From page 64 F 333 excessive collateral veins. Left lower Extremity duplex : Impression: Extensive seen " An interview was conducted with the facility 's Director of Nursing (DON), on p.m. A list of medication errors for the month of 2015 was provided by the DON. The DON stated that she was aware of the medication error for Resident #6. She stated that a nurse found the error after performing a " medication review " The DON stated that she was unsure of why the error occurred. She stated that the facility 's intervention was the and the physician and the resident were notified of the error. The DON confirmed that no audits or education were provided to the staff following the medication error. The DON also confirmed that there was no evidence of an investigation. The DON stated that her conclusion of the omitted medication for Resident #6 was " we performed , and started giving her injections and elevated her left leg. " On at 9:50 a.m. the Nursing Home Administrator. DON and the facility 's corporate nurse confirmed that an in service was not conducted related to Resident #6's omissions of her scheduled medications. The DON and NHA on at 3:30 p.m.

confirmed that they were aware of Resident #6's medication errors and provided a facility document that indicated a medication error had occurred. The facility was aware of the medication errors for Resident #6 only after the Doppler confirmed the positive It was unclear due to the lack of the investigation of how and why the medication error was found. The DON was unable to present any information regarding her investigation, education or audits. No formal action plan had been put in place as of

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t t t t t t t t t t t t t t t t t t t	the time of the start During an interview the DON stated "sh times a week by flipp." She confirmed the related to this process ADON and Unit man for accuracy and con During an interview or Assistant Director of randomly checked the septiment of the couracy and complected of the couracy and complete of the couracy and interview or imployee (LPN) A, In the proving an interview or imployee (LPN) A, In the couracy and wadmissions for a couble checks with the tated that she did not a daily basis. No or upposed to be check at she gets the new uport in the morning a ceetings. She does no ceetings and was not go. She stated that so provided to be a U d her the things that ever the couracy in the provided to be a U d her the things that ever the couracy of the co	of the survey on at 3:30 p.m., ee checks the MARs two ing through all of the MARs revenue and occumentation is. The DON said that the ger check every MAR daily inpleteness. If the MARS on a daily basis for teness. She stated that she e MARs on a daily basis for teness. She stated that she in that the Unit Manager was ing at least five residents on asis. The ADON stated that the unit Manager was ing at least five residents on asis. The ADON stated that the system of checking the interest of the stated that she checked all couracy of orders and a MAR for accuracy. She do anything with the MARs ne informed her she was ing the MARs. She stated orders and the 24 hour and then gives them to the them to the morning tusually go to the morning aware of any lant to begin on education or training nit Manager. The ADON needed to be done and them out not doing the year (LPN) B on the Long rently on medical leave	F3	133			
an	d was unable to be or	ontacted.					
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) DENTIFICATION NUMBER: (DENTIFICATION NUMBER: A (DENTIFICATION	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					IO. 0938-0391
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During an interview on at 10:13 a.m. and at 10:43 a.m., the DON stated that the process of checking the MARs was an informal process that was implemented inconsistently and the ADON and Unit Manager assisted with the process. There was not a written policy or procedure. The DON stated that she had been in the role of DON for one year and the process of checking the MARs had been an expectation since her arrival and she had continued that process since then. The DON also stated on at 10:43 am that she was unaware the ADON and Unit Managers were not checking the MARs daily. During an interview on at 2:45 p.m., the Medical Director stated that he had been the Medical Director of the facility since 2012. He stated that he participated in the QA monthly meetings and the facility followed a set agenda. He stated that he was made aware of incidents for his patients and that the attending physician for the other residents would be notified of incidents. He stated that he would expect to be notified of incidents, including medication errors. Specifically, for system failures that could affect all residents. He stated that he would expect to be notified of incidents, including medication errors. Specifically, for system failures that could affect all residents. He stated that he was here at the facility every Wednesday and Friday. However, someone from his physician group was present daily and should be notified. He expected that the neuron of any incident. He confirmed again that he was not made aware of any issues in QA related to medication administration. He stated that the was aware that the facility used el tot of agency staff	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	IX (E	PROVIDER'S PLAN OF CORRECTED ACTION SHO	ULD BE	(X5) COMPLETION DATE
and had a lot of furnover. The Medical Director stated that there no action plan identified or implemented related to staffing or staff procedures. He also stated that he was aware of	I I I I I I I I I I I I I I I I I I I	During an interview. at 10:43 a.m process of checking process that was imp process that was imp process. There was the ADON and Unit process. There was procedure. The DON the role of DON for checking the MARs is since her arrival and process since then. at 10:43 am ADON and Unit Mans MARs daily. During an interview or Medical Director state Medical Director state Medical Director state Medical Director state dedical Director of the stated that he particip neetings and the facile stated that he was or his patients and the or the other residents, in pecifically, for syster in residents. He state collities very Wedness, and and pecifically, for syster in residents. He state of any and and any and and any and and and and and and and and	on at 10:13 a.m. and III., the DON stated that the the MARs was an informal olemented inconsistently and Manager assisted with the not a written policy or I stated that she had been in one year and the process of had been an expectation she had continued that The DON also stated on that she was unaware the agers were not checking the III. The Manager assisted with the the the that she was unaware the agers were not checking the III. The The The Manager were not checking the III. The The Manager were not checking the at that she was unaware the agers were not checking the at that he had been the effective for a state of the the world as the agenda. It would be notified of hat he would expect to be including medication errors. In failures that could affect did that he was here at the tay and Friday. However, sician group was present tiffied. He expected that hysician of any incident. at he was not made aware rs for Resident #8. He was sin QA related to ion. He stated that he was seed a lot of agency staffer. The Medical Director ion plan identified or staffing or staff	F	333			

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F 333	orders timely. He sta	es not implementing physician ated that the nurse would	F3	33				
	medication would no he provided education year " related to medicated	the oncoming shifts and the t be started. He stated that in to the staff " within the dication implementation. The re a second nurse initial the						
	order to assure imple that there was nothin related to the medica	ementation. He confirmed g in Quality Assurance (QA) tion administration and order						
	stated that if the facili place, then any staff i	ess. The Medical Director ty had a good system in nember should be able to the resident with no breaks						The state of the s
	in the system. He sta not perfect and should Medical Director was	ited that the "system was d not have failed." The asked if it was expected						
i i	ne stated, " I would lo he incident for Reside	nim of negative outcomes; eve to. " When referring to ent #6, the Medical Director						
t	nated triat it was a "in he was afraid for his p here was not a plan in During an interview on							
F	dministrator stated th tesident #6 's medica	at she was informed of						
e h	ducated the staff invo er that she was asser	lived. The DON informed inhibiting her investigation formation to the next QA						
in di	eeting on T itially scheduled on ue to a trial. The Nurs	he QA meeting was and it was delayed sing Home Administrator						
th	ird Tuesday of the mo	QA is scheduled every onth. The facility has done past but the DON wanted						
to	make sure everything d an Ad Hoc meeting	g was done before hand was not scheduled. The the physician had been						

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	facility was still work Administrator stated process was in place was not completed the 3-11 p.m. shift fat as ordered by the att During an interview c Employee (RN) E, a resident on 12 of the that she had been a worked in long term was familiar with Res she was waret he re medication was not a that she did not that She stated that it was she did not that she did not that she control that she did not that she was waret har for . She stated and was aware that for . She stated that it was she did not though the she was decided in the state of the she was decided in the state of the she was decided in the state of the she was a ware that for . She stated hat with the nurse should write medication is to be he he medication she did not a she was a she was a ware that for . The nurse state dat that she did not atte. The nurse state during the medicated may be decided on 't see the medicater, then I question 'thether the medicated.' She s	also, informed her that the ing the concern. The that she was aware the a. The four point process and had not been presented, hat six nurses assigned on liled to administer the ending physician. The system of the concern of the co	F3	33			

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s s s s s s s s s s s s s s s s s s s	confirmed that she domissions in the chan not look at the chart. An interview was cor p.m. with Employee (worked at the facility asked about her train trained for two to thre by the fourth day. She was " " on her as knowing the proce post and the facility asked about her train the confirmed that she recall she confirmed that she recall that the trained that she cared tataff member reviewe hat she worked on the nurse next confirmed the confirmed that she worked on the nurse next confirmed the confirmed that the nurse state where the confirmed the confirmed the confirmed that the nurse state where the process of the pharmacy seview of the Dispensist received 14 pilis or edication would have the process of the process o	id not document any rt. She stated that she did to find the original order, ducted on 44:30 LEN) D. She stated that she When ing she stated she had e days and was on her own e said she had feit that it orientation process as far sses and was on her own e said she had feit that it orientation process as far sses and was able to always stions. Employee (LPN) D d caring for Resident #6, be dearing for Resident #6, and for her several times. The d the MAR and confirmed and ned the order for a order said to resume ed that she would not have hout signing the MAR. Ik, with no initials, by Dispensing Record for from 1-A inent 14 pills at a time. Ing Log revealed the facility in All of the been administered by e was no available medication was not a tation in the Emergency hufacturer's tion Guide for is a prescription and d to help reduce the risk	F 33.	3		
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v and FF A A A O O o e e e e p P T T T m m 2.2. this st	to prevent clots from you may forming a clot in you may forming a clot in you may without prescribes it for you. increases your risk to stop taking prescribe another prevent a lot of taking	of having a by helping forming. If you stop taking y have increased risk of	F3	333	If continuation	n sheet Pace	pe 71 of 167

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		Resident #2 was admitted nurse had written up the		- 1			
	physician orders on	one of our order sheets. The					
		en on a regular sheet that did opy that was used for the					
	medication administ	ration record. We the (DON		-			
		ind out about the medication The DON		İ			1
	was asked what the	process was on checking					
		their accuracy she said that ager will check the orders the					1
		en added the Unit Manager					1
		leave. The DON was asked asible to verify the physician					
		were accurately transcribed					
		dministration Record (MAR)					
		n order sheet and they were					
		ecause the order					
		nysician order sheet that					
		nfirmed she did not review					
		e all the physician orders DON was asked how that		-			
h	ad happened she sta	ated; "I'm still trying to					
	gure out now it napp ut it has unfortunatel	ened and when I do find it v aiready occurred."					
. V	Vhen asked if the fac	ility uses a check off				ŀ	
		itted residents she said " is computerized. The					
C	omputer tells us wha	t to do. " She stated she		1			
di		ne verbal teaching but she vice verifying that she had					
		w was conducted for aled he had resided in the					
fa	cility for approximate						
	12-99) Previous Versions Obs				ID: 62932 If continuation		

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB N	O. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CO	DISTRUCTION		ATE SURVEY DMPLETED
		105884	B. WING			0.	C 5/01/2015
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	1	STREE	ET ADDRESS, CITY, STATE, ZIP COD		0.0.7,20.70
EXCEL	REHABILITATION AND	HEALTH CENTER			CAMPUS HILL DR A, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	κ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
f. f. atti " o iit T w m M Ct	Review of Resident revealed he was pre Sunday, Tuesday, W Saturday and Friday. Saturday and Friday. Review of the 2 Administration Recoit he 4 mg and 2 mg d 4/9, in a total of 6 mg of the order was discon 4 mg by m Wednesday, Thursde administer — Friday. (The same lid.) The same lid. The same li	and #2's admission orders scribed4 mg on fednesday, Thursday and12 mg on Monday and12 mg on Monday and	F3	333			

CENTE	KO FUK MEDIVAKE	& WEDICAID SERVICES			U	1	<u>J. U938-U39</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION		ATE SURVEY OMPLETED
		105884	B. WING	·		0.	C 5/01/2015
	PROVIDER OR SUPPLIER	LIEALTH CENTED		:	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR		
EXCEL	CENADICITATION AND	HEACH GENTER		1	TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
III F G G W W R P P P A A A A A A A A A A A A A A A A	on physician orders accurately in the res transcribed at all, sh The DON and NHA confirmed that they medication errors and document that indice occurred. The facilities medication error or negative outcomes of the lack of the invest medication error or negative outcomes of the lack of the invest medication error was DON stated "she of week by filipping through the properties of the properties of the lack of the invest ships process. The DO Unit manger check eard completeness. The DO Unit manger check eard completeness. The DO Unit manger check eard completeness. Review of the Admiss revealed the second revealed Resion 4/9 or the thing of the control of the potential for a potential for a potencial or approaches included s MD ordered. "he findings were come findings were come findings were come for the findings were comession."	provided to the licensed staff not being transcribed idents MAR or not being e did not respond. on at 3:30 p.m. were aware of Resident #2 's d provided a facility was aware of Resident #2 'n however, no curred. It is unclear due to igation of how and why the found. On the lecks the MARs two times a yalp all of the MARs, she no documentation related to N said that the ADON and very MAR daily for accuracy d Resident #10 on ling Accident and physician order summary ion Physician Orders dated resident was prescribed daily at 9 a.m. edication Administration dent #10 did not receive There was no back side of the MAR as to as omitted. and atled revealed a hitfield for "bnormal". The	FS	333			

CENTERS FOR MEDICA	RE & MEDICAID SERVICES				D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	LTIPLE CONSTRUCTION DING		TE SURVEY OMPLETED
	105884	B. WING		05	C 5/01/2015
NAME OF PROVIDER OR SUPPLI	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE		
		- 1	2811 CAMPUS HILL DR		
EXCEL REHABILITATION A	ND HEALIH CENTER	ì	TAMPA, FL 33612		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
was provided relinot have been girth and with diagnoses in face sheet. Review of the me #14 was transferr of life care. Further review of physician 's telep 30 units. The resident was sub-therapeutic life Ratio) levels and additional ic Review of the Lat Review of the Lat Review of the Merita for the Particular the resident remained physician was atter Review of the Merita for 2015 receive for 2015 receive for 2015 receive for 2015 receive for 2016 receive for 10 mm for 2015 receive for 10 mm for 2016 receive for 2016 recei	am. No additional information ited to why the medication would ren to Resident #10. nitted Resident #14 on cluding Acute and per the demographic dical record revealed Resident the medical record revealed a hone order dated for twice daily, placed on due to the medical record revealed a hone order dated for twice daily, placed on due to the medical record revealed on the mpting to adjust her mpting to adjust her more than the medical of the decident of the Gavailable or 4 out of the 6 available treceive any lent did not receive any on at 9 a.m. or at no documentation in the he back of the Medication ord as to why the medication dident was noted to have to her right leg. An ered and the resident was	F3	33		

CENTERS FOR MEDICARE	& MEDICAID SERVICES			OMB NO	0. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION		TE SURVEY MPLETED
	105884	B. WING		05	C /01/2015
NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND	HEALTH CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 CAMPUS HILL DR "AMPA, FL 33612		
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	COMPLETION DATE
Nurse Consultant co He stated have been available unable to determine have given the medi least one dose of the given on 5. The facility admitte with diagnoses includ sheet. Review of the Physic revealed Resident #1 40 unit Review of the Medica for 12015 reveale receive her (Review of the Care P problem area was ide potential for a approaches included as MD ordered. " The findings were co Consultant, Administr on at 11:00 a. information as provide medication would not i Resident #15. 6. The facility admittec with diagnoses includii and	abnormal "The d "administer" abnormal at 2:30 p.m., the infirmed the missed doses of that the medication should from pharmacy and was why the nurses would not action. He stated that the at a should have been ad Resident #15 on ding and the demographic face an Orders for 2015 5 was prescribed adily for two weeks, and of Resident #15 did not on and lan dated revealed a niffied for "administer firmed by the Nurse ator and Director of Nurses m. No additional d related to why the nave been given to 19 desident #16 on	F 333			
	n 's Orders revealed on	Facility	y ID: 62932 If continual	tion sheet Pag	ne. 76 of 167

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION .	(X3) DATE SURVEY COMPLETED C 05/01/2015		
		105884	B. WING	·				
NAME OF	PROVIDER OR SUPPLIER		-	S1	TREET ADDRESS, CITY, STATE, ZIP CODE			
	DELLA DILITATIONI AND	UEALTH OFFICE		28	811 CAMPUS HILL DR			
EXCEL	REHABILITATION AND	HEALIH CENTER	į	T/	AMPA, FL 33612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE	
CTTV EFRERA	INR (international nr. Review of the Labor was collected on Review of the Medic for 2015 reve. On received four doses medication should have been decided four doses medication should have been decided for many control of the INR was collected or was arapeut Record review revea was noted. Review of the Care Peroblem area was lide potential for approaches included so MD ordered. "The findings were cordinated to the control of the Care Peroblem area was lide potential for approaches included so MD ordered." The findings were cordinated to the consultant, Administration — and the per the demokeview of the Physicia versieled the resident to gPO daily at 5 p.m. gP	6 was prescribed " urs, D/C (discontinue) when urmalizing ratio) above 2." atory Data revealed an INR that was 2.5. ation Administration Record alder Resident #16 was given and He or after the are the and the resident and the search and th	F3	33				

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING_	E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		105884	B. WING		0.5	C /01/2015
NAME OF	PROVIDER OR SUPPLIER	103004	1	REET ADDRESS, CITY, STATE, ZIP		10112013
			28	11 CAMPUS HILL DR		
EXCEL F	REHABILITATION AND	HEALTH CENTER	TA	MPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 333	Continued From pa	ge 77	F 333			
	back of the MAR as	to why the medication was				
	omitted.					İ
	Review of the Care problem area was in	Plan dated revealed a				
ļ		r abnormal " The				}
i	approaches include		1			
ł	as MD ordered."	-				-
-		onfirmed by the Nurse				Ì
		trator and Director of Nurses				
	on at 11 am. No additional information as provided related to why the medication would not					1
	have been given to Resident #17.]			
	8. The facility admitt					
		readmitted on with	1			ļ
	diagnoses including					
	Chest Pain and		-			
		pian 's Orders dated				
		18 was prescribed				
	8.5 mg daily at 9 p.n Review of the 12	1 015 Medication				
		rd revealed Resident #18 did				
	not receive his					
		as no documentation on the				
- 1	back side of the MAF	R as to why the medication	1			
	was not given.					
		Plan dated revealed a	1			
l t	problem area was ide potential for				İ	
١.	potential for approaches included		1			
	as MD ordered. "	danimistor	. !			
1	During an interview v	vith Resident #18 on	1			
		n. he stated that there have				
		e he did not receive all of his			1	
		rom the nurse. He stated			-	
		neck all his medications for hat when he brought it to the			[
		en he did not receive his			į	
		him that they were either			ĺ	
		or they would go back and				
	(02-99) Previous Versions Of	solete Event ID: KCY611	Encility	ID: 62932 If co	ntinuation sheet Pa	ne 78 of 16

	14000					- 1711-1.1 5	J. 0000-00	ا ندر
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A: BUIL		IPLE CONSTRUCTION NG		TE SURVEY MPLETED	
		105884	B. WING	3_		0.5	C i/01/2015	
NAME OF	PROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	10 1/2015	
EXCEL	REHABILITATION AND	HEALTH CENTER			2811 CAMPUS HILL DR TAMPA, FL 33612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	8E	COMPLETIC DATE	ON
code at the code a	bring him his ordere he used to have a bedside table that he medications but that he medications but that changed from the mso often now that it is the findings were Consultant, Administ on at 11 am. The findings were Consultant, Administ on at 11 am. 9. Resident #19 was 2015 her administer on "Current active o hat was provided by The physician orders atted to a capsule one	d medication. He stated that redication book on his would utilize to check his the medications are anufactures or the pharmacy sobsolete. Infirmed by the Nurse rator and Director of Nurses. No additional information as his the medication would not reach a substitution of the state of the st	FS	333	3			

STATEMENT OF DEFICIENCIES AND PLAND F CORRECTION DESTRICTION DESTRUCTION DESTRUCTION A BUILDING			W MEDIONID GENVIOLG				OWR NO). 0938-039
NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL. 33612 PROVIDERS PLAN OF CORRECTION PREFIX GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FROM TAMPA CONTINUED FROM THE PROPROPRIATE F. 333 Continued From page 79 with a history of recent for of right with Review of resident physician orders dated she is to receive 40 mg every 12 hours for preventative measures. The MAR was reviewed for 2015 and it revealed seven separate missing initials or circles around initials indicated ton was not administered as ordered. On at 9:00 p.m. the box was initialed with a circle, at 9:00 a.m. the box was initialed with a circle, at 9:00 a.m. the box was initialed with a circle. The back of the MAR nursing note for at 9:00 a.m. indicated that the was not available to give. A second nursing note for at 9:00 a.m. indicated that the harmacy was notified. 11. The facility admitted Resident #8 on with diagnoses including Hip and Review of the Physician ordered a Urinalysis with Culture and Sensitivity and also ordered 500 mg every 8 hours for 7 days for a Review of the Laboratory Data revealed Resident #8 did not have a Urinalysis collected. Review of the and 2015 Medication Administration Records revealed Resident #8's was not started until (at three day delay in initiating the physician; ordered, for the control of the Mark revealed the 6 am dose was given on however, the 2 p.m.			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			N	(X3) DA	TE SURVEY
STREET ADDRESS, CITY, STATE ZIP CODE ZET CAMPUS HILL DR TAMPA, FL. 33612 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATION OR LSC DENTIFYING INFORMATION) FROM CHARGE CONTINUES OF THE PROPERTY OF THE CONTINUES OF THE PROPERTY OF THE CONTINUES OF THE PROPERTY OF THE CONTINUES OF THE CONTIN			105884	B. WING			0.5	-
FASH LEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 79 with a history of recent for of right with Review of resident physician orders dated revealed as seven separate missing initials or circles around initials indicating the medication was not administered as ordered. On at 9:00 p.m. the box on the MAR was without an initial, 9:00 a.m. the box was initialed with a circle, at 9:00 a.m. the box was initialed with a circle, at 9:00 a.m. the box was initialed with a circle, at 9:00 p.m. the box or was initialed with a circle, at 9:00 a.m. the box was not available to give. A second nursing note for a 9:00 p.m. indicated teat the pharmacy was notified. 11. The facility admitted Resident #8 on with diagnoses including Hip and Review of the Physician Telephone Orders dated revealed the physician ordered a Urinalysis with Culture and Sensitivity and also ordered 50 mg every 8 hours for 7 days for a Review of the Laboratory Data revealed Resident #8 is was not started until (a three day delay in initiating the physician's order). Further review of the MAR revealed the 6 am dose was given on however, the 2 p.m.			HEALTH CENTER		2811 CAMPUS HI	LL DR	1 03 E	70172015
with a history of recent for of right with Review of resident physician orders dated she is to receive 4.0 mg every 12 hours for preventative measures. The MAR was reviewed for 2015 and it revealed seven separate missing initials or circles around initials indicating the medication was not administered as ordered. On at 9:00 p.m. the box on the MAR was without an initial, 9:00 a.m. the box was initialed with a circle, at 9:00 a.m. the box was initialed with a circle, at 9:00 a.m. the box was initialed with a circle, at 9:00 p.m. the box MAR was without an initial, at 9:00 p.m. no initialed as given, and on at 9:00 am. the box was initialed with a circle. The back of the MAR nursing notes for at 9:00 p.m. indicated that the was not available to give. A second nursing note for at 9:00 p.m. indicated that the was not available to give. A second nursing note for at 9:00 am. indicated that the hybramacy was notified. 11. The facility admitted Resident #8 on with diagnoses including Hip and Review of the Physician ordered a Urinalysis with Culture and Sensitivity and also ordered 1:00 mg every 8 hours for 7 days for a Review of the Laboratory Data revealed Resident #8 did not have a Urinalysis collected. Review of the Laboratory Data revealed Resident #8's was not started until (it three day delay in initiating her physician's ordere). Further review of the MAR revealed the 6 am dose was given on however, the 2 p.m.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CO	DRRECTIVE ACTION SH FERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
MS-2567(02-99) Previous Versions Obsolete Event ID: KCY611 Facility ID: 62932 If continuation should previous Versions Obsolete	c c li li li li li li li li li li li li li	with a hist for	ory of recent t with the control of	F 33	3			

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TPLE CONSTRUCTION		B NO. 0938 (3) DATE SUR
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	VG		COMPLETE
		105884	B. WING_			C 05/01/20
NAME OF	PROVIDER OR SUPPLIEF	?		STREET ADDRESS, CI	TY, STATE, ZIP CODE	00/01/20
EXCEL	REHABILITATION AN	D HEALTH CENTER	1	2811 CAMPUS HILL	DR	
		- TEACHT OLATER		TAMPA, FL 33612		
(X4) ID PREFIX	SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID		R'S PLAN OF CORRECTION	ρ
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFER	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA	TE COMP
			<u> </u>		DEFICIENCY)	
F 333	Continued From pa	200 00				1
. 000	During an interview	•	F 33	3		
- 1		on at 2 p.m., the tated that the Urinalysis had				1
j		He stated that he was unsure				1
- 1		Indicate that he was unsure all not have gotten the				Į
- 1	sample. He also st	ated that the 6 am dose of				1
- [was taken from the				1
- 1		it. He confirmed the 2 p.m.				
1	and 10 p.m. doses	were not given. The Nurse		1		1
	Consultant also con	firmed there was no		į .		1
- 1	documentation relat	ed to why the urinalysis was				1
- 13	not collected, why th	ne medication not initiated for				1
- 1;	o days or why the re	sident missed two doses of				
		eview of Resident # ' 2's				-
		ealed his admissions orders		1		
		re for 40 mg by mouth				1
C	ne time daily and	15 units				1
- 1	in th	e morning and 5 units at				j
n	ight time. Resident	#2 did not receive his				İ
	om	Resident #2 did not receive				1
I I	is scheduled	morning dosage				i i
"	ight time dosage fro	and the				1
l N	IAR revealed orders	om The start to start				
1	40 ma one time	daily and 15				i
u	nits in the morning a	and 5 units at night time, hold	[
if	BS is less than 110.		}			l
R	esident #2 nursing r	notes were reviewed for				
1.	at 3:16 p.m	n. " there was a med error				
fo		error in patient	Į			1
_ ·	patient	and was never	1			1
gi	t dono. Divinion h	posed to be on daily weight				
Ca	il back " . The nursi	as been paged. Waiting for notes for				Ì
119	4 a.m. "New orde	r for INR ordered for the	- 1			
ΑN	for the	dosage error ",				
		onding nurses ' notes	-			1
		ns of Resident #2 's	İ			
or						
3-2567(02	2-99) Previous Versions Obs	solete Event ID: KCY611	Facili	tv ID: 62932	If continuation sheet	D 04 -64

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DA CO	J. U938-U3 TE SURVEY MPLETED
						С
		105884	B. WING _			/01/2015
NAME OF	PROVIDER OR SUPPLIER	₹	- 1	STREET ADDRESS, CITY, STATE, ZIP CO	DE	
EXCEL	REHABILITATION AN	D HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETI DATE
t t V til s s n 11 F f c A A ret til is A	On stat 11 was conducted will was conducted will Physician. The Atte that he was notified receive his ordered admitted and he di days after being ad Attending Physician diagnosis of being does that in The Attending Physician diagnosis of being does that in The Attending Phys his sugars me into yet into they need to fix it, I is or the corporation it they need to fix it, I is or the corporation it the DON was asket renarched the s MAR had attendee on The I here but she did not When asked if there hat she had on train tated "We were go neetting on Tuesday 3. During an intervic Plan of Action was re sidents. Physician in audit was complete sidents. Physician in ephysician if there Log was a sues were found.	.45 a.m. a telephone interview in Resident #2" s Attending ending Physician confirmed it that Resident #2 did not for ten days after being in the receive his for ten mitted to the facility. The was asked if a resident had a hean he needs monitoring, ician stated "yes, he needs onlitored he could have went or and worse "The physician stated" don't know if it s the DON hey have to fix these things so igain. "I the nurse that had not and in Resident #2" it he nurse that had not and in Resident #2" it he in-service that she had DON stated "The nurse was sign on the sligh-In sheet." was any other information ing her nursing staff she bing to bring it into our QA sew on at 11:10 am, a received related to The plan included the ted of all orders, labs, notification of was a change and the courset. No significant NRs were updated.	F 333			

STATEMENT NND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) D	O. 0938-039 ATE SURVEY OMPLETED
		105884	B. WING		0:	C 5/01/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2811 CAMPUS HILL DR	ZIP CODE	
EXCEL R	EHABILITATION AND	HEALTH CENTER		TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X8) COMPLETION DATE
f f l l l l l l l l l l l l l l l l l l	hree nurses that w to been provided e llowed to work until gency nurses will be cludes Managing F. The packe nticoagulation Polic otocol on documer Hold ". I new admissions v orning meeting to a sanscribed onto the leekend supervisor missions on the we ocess), residents that are reviewed in a wee ders, labs, and MAI tico: orders ical meeting and re added to the we assure that the meeting to a supervisor in the work of the weekend, transcribed onto dication is being as a president receiv residents that here with the meeting that	dication documentation. ork as needed (PRN) have ducation and will not be educated. e provided a packet that tessidents on Anticoagulation t will include the yard include the yard include the yard that the saure all orders will be POS and MARTAR. The s responsible for new bekends (not a new receiving will all service well and the saure all orders will be POS and MARTAR. The s responsible for new bekends (not a new receiving will dy care meeting with all so reviewed. New meeting Looking dication is transcribed, the f needed, medication on MAR and that the ministered. heet will be implemented ing 1 hold Orders: The order yellowed out. A new order restart date. The new of the nurses. The hold and not be investigated and	F 33	33		

UEN	ENO FUN MEDICARE	& MEDICAID SERVICES			OMB NO	. 0938-039
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		E SURVEY MPLETED
		105884	B. WING		i i	C 01/2015
	F PROVIDER OR SUPPLIER REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP (2811 CAMPUS HILL DR TAMPA, FL 33612		01/2015
(X4) ID PREFI) TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	occur as needed. A new shift to shift M was also implement review the entire MA accuracy. If the nurs administered the me initial, if she was uns classified as a medic Nursing Administratic accuracy. The audits DON. All lab results will be Meeting. All INRs will clinical meeting and cand MAR. The Medical Director approved the action proved the action p	IAR review with each nurse and. The nurses, together, will RTAR for holes and for se is sure that she dications, then she can ure then it would be se is sure that she dications, then she can ure then it would be responsible for more than the second shadown of the	acce cont prov stan		its are being nd washing	
	7(02-99) Previous Versions Obse	plete Event ID: KCY611	Facil	lity ID: 62932 If conti	nuation sheet Page	84 of 167

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO	. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DAT COM	E SURVEY APLETED
		105884	B, WING			1	C 01/2015
	PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		2811	ET ADDRESS, CITY, STATE, ZIP CODE CAMPUS HILL DR PA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
T b b i a C C a a c c c c c c c c c c c c c c c	prevent the spread of the resident. (2) The facility must; communicable from direct contact will trat direct contact will trat and safter each direct contact will trat and washing is indicorofessional practice. (2) Linens Personnel must hand ransport linens so as the safter each direct will trate and washing is indicorofessional practice. (3) Linens Personnel must hand ransport linens so as a safter each direct will be a safter each direct will be a safter each direct will be a safter each direct each each each each each each each each	ad of Control Program sident needs isolation to for the facility must or skin	tot get add a see bit a se	Random accepta idelines controlled in the contro	n observations have been made related to care and residents are receiving care actible standards of care and confit cleartified areas of concern have been Observations have been made related to they are concern sessed. We been re-educated on the provision of care and hand washing standards 5-7,1 5. This included assuring that dressings; action of wounds during care, washing har priate time when care is being delivered, and the state of the control of the con	1.13 are venting do at sident red by with do so make y rector of eekly be	
57(0	2-99) Previous Versions Obsc	lete Event ID:KCY611	Fa	cility ID: 6	2932 If continuation sh	eet Page	85 of 167

CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES			C		0. 0938-03	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED	
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NAME OF	PROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE			_
EXCEL I	REHABILITATION AND	HEALTH CENTER			2811 CAMPUS HILL DR TAMPA, FL 33612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	NC
c c a a c c c c c c c c c c c c c c c c	beginning at 1 Nursing Assistant) was soiled utility	ted Resident #21 on ses including , and face sheet. n of care on 0 am, Employee F (Certified shehd her hands in the ne then obtained 2 towels me then obtained 2 towels me the olean linen She and entered the The linen onto the barrier that care that had gauze, did a clean dressing. The obtain a basin. She her hands and uncovered the resident and s and She then o a side lying position. The not have a dressing on her CNA used a soapy wash	F4	144				
re	ean gloves. She plac sident and positioned	ed the brief under the						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DA	D. 0938-03 TE SURVEY MPLETED
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EXCEL REHABILITATION AND	HEALTH CENTER	- 1	2811 CAMPUS HILL DR		
			TAMPA, FL 33612		
PREFIX (EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOHI D RE	COMPLETIO DATE
agreed that the CNA when she cleaned ov fecal material present also confirmed that the removed or covered the before using the beds needed during Nurse Consultant also should not have open clean supplies with so Review of the facility's Care dated 20 was 'to provide cleanility's Care dated 20 was 'to provide cleanility resident, to prevent and to observe the resunder the Procedure's related to setting up an for the care pertained to cleaning a and 1tem 9 c. 'In turn to her side with her able. D. Ritnes cloth annagent. E. Wash afrom towards and Do not use the water to clean F. the same technique, G. Item 11. "Discard disport designated containers. I discard into disposable your hands thoroughly, to covers. Make residents."	e Consultant on at and the Nurse Consultant on at and the Nurse Consultant contaminated the left the exposed with the the exposed with the the exposed with the care supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies ide table for supplies idea idea idea idea idea idea idea idea	F 44			
covers. Make resident or light within easy reach of wash basin and return to area. 16. Clean the beds dry your hands thorough! 45-2567(02-99) Previous Versions Obsolet	the resident. 15. Clean designated storage ide stand. 17. Wash and y."		v ID: 62932 If continued		

		S WEST OF SERVICES				INB N	U. 0938-035
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
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f f c d d d (; (; c o o R R o o w w th the state of the s	Washing/Hand Hygie revealed: "5. Employ for 10 to 15 seconds water under the follow and after direct contact with on the follow and after direct contact with on non-ingloves" "6. In most gloves" and passed hand rub. If had be gloves" "6. In most gloves" at 11 baservation was contact with residents contact with resident and so observed to serve as observed to place be bedside table, assis in bed, pushed to place the trial or move a tray. She place the trial or move a tray. She gloves" got other tray. She was oo She was observed to store tray. She was oo yo on the bedside table.	is policy entitled Hand ne dated 2007 rees must wash their hands using soap and ving conditions: a. before ct with residentsc. after dy fluids, tact skin. D. after removing situations, the preferred ne is with and sare not visibly solled, hand rub containing proponal for all of the before and after directf. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body sitef. before moving from a to a clean body and the proving sitef. before moving the stating up meal tray. The was observed to go into a you not be bedside table to the resident and set the he was observed to exit tray cart and remove beserved to place the meal a, assist the resident in est, then move bedside set up the residents call light onto his	F4	4			

		& MEDICAID SERVICES					O. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		ONSTRUCTION	(X3) D.	ATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 490 4 A ellef propromiser www. Tribbyb Bass J anneres	observed to go to the tray and enter place the meal on the table in front of the re observed to exit the into the bed up. She their observed to exit the into the the bed up. She their observed to place bedside table, push the resident, assisted the and placed a napkin cawas then observed to place their observed to the tray cart and op comparison of the tray cart and op 12:02 p.m. the staff wany hand sanitizer or way the tray pass. She state antitizer one time when ut not in-between pass he used the hand san saidents is a says. 33.75 EFFECTIVE DMINISTRATION/RE facility must be admirtables if to use its resificiently to attain or macticable phasical, macticable phasical, macticable phasical, macticable phasical, macticable phasical, macticable position, review of procedure for medic ident record review, in	e tray cart, remove another	F 490				
мэ-2567(02	-99) Previous Versions Obsolet	Event ID: KCY611	Facil	ity ID: 6293	32 If continuat	ion sheet Page	89 of 167

		. u			ין סואיט	NO. 0936-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		105884	B. WING			C 05/01/2015
	PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 2811 CAMPUS HILL DR TAMPA, FL 33612		
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F HF HF an dR laad	Director and Administration failed administration failed failed to utilize resouwere free from signiture review of all current review of all current receive their orders. Resident's #17, #18, #17, #18, #19 and #, receiving provent clots on the administered mon 2015. Rither nursing staff and consistent with a chose orders for three her esident until nijections of Resident #10 was not resorbed on 2015. Rither nursing staff and consistent with a chose orders for three her resident until nijections of Resident #10 was not resorbed on and #18, 9. Rr was graph of the second with the second provided on the second will be second the second provided on the second provided on the second provided on the second provided on the second provided on the second provided on the second provided on the second provided pro	Physician, the Medical stration, the facility to administer effectively and rose to assure residents focant errors. Based on a residents receiving of thirty residents did not per the physician 's #2, #6, #10, #14, #15, #16, 20 were identified as not that were necessary to r. Resident #6 was for twenty six days. The do n hold for three days for The facility staff failed to and resume the medication esident #6 reported pain to reported that the pain was The facility failed to implement days, delaying treatment to Resident #6 required to dissolve the dot, inistered a double dose of 12, 13, 14 and His veutic on at 9a and on 149 and administered her n 4/9 and administered four of six Resident #15 was on and on 16's was to be International Normalizing		1. Resident #6 is receiving their by the physician since 3-31-15. R been discharged from the facility medication error report was com resident and the physician was 1/10 is currently receiving a day. Resident's #14 was dischand was a closed record. A medic report was completed with physinotification. Resident #15 was dischand the physician was notified. R not currently receiving	esident e2 has / / A / A / A / A / A / A / A / A / A /	

NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CEI (24) ID SUMMARY STATEMENT OF DEF PREFEY GACH DEFICIENCY MUST BE PREC.	ICIENCIES EDED BY FULL		OING	PLE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR	CON	E SURVEY MPLETED C 01/2015
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(X4) ID SUMMARY STATEMENT OF DEF PREFIX (EACH DEFICIENCY MUST BE PREC	ICIENCIES EDED BY FULL	iD		COAL CARCUIC UNI L DD		
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Resident #18 was not administer	Resident a form. Resident a form. Resident a familistered a familister of the famili	F 4	3.	The following policies and procedures were reviewed, Anticosguistion - Chiical Protoco	on S- ss e e e or on nn S- sional his nities	

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ì			105884	B. WING		05/	01/2015	
	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			_
1	EXCEL	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR			
1	LXOLL	NEIADIENATION AND	HEALIN CENTER	- 1	TAMPA, FL 33612			
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	E L L L L L L L L L L L L L L L L L L L	residents at all times Responsibilities inclumantain written policy professional standar operation of the facili directors in the devel implementation of deprocedures and profe practice. To ensure the established policies a Functions; Assist the Assessment Committi miplementing approprocurect identify qualify problems to the Medic During an interview or Administrator stated it thereport of a concern winformed of a medicate DON informed her than whe set of the properson was initially scheduled leayed due to a trial. Administrator (NHA) as calcility had one Administrator (NHA) as a scheduled every hird Tocal the physician had the physician had the physician had the properson was referred to the properson of the properson	." The Job Duties and de to "Develop and lies and procedures and so fine practice that govern the ty. Assist department opment, use, and partmental policies and resistional standards of pat all employees follow the net procedures. Committee Quality Assurance and ee in developing and riate plans of action to deficiencies." Report all director. "In the standard of the staff involved. The Unit of the staff involved. The tishe was assembling her did not in the more than the most and the staff involved. The tishe was assembling her did not in the more than the	F 45				
	Du Me	esented. uring an interview on edical Director stated edical Director of the f	at 2:45 pm, the that he had been the acility since 2012. He					

A. BUILDING

IUENTIFICATION NUMBER:

MIND FEMILOL CONNECTION

COMPLETED

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		ING	(20)00	MPLETED
		105884	B. WING		0.0	C 5/01/2015
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rr rr s s s s s s s s s s s s s s s s s	stated that he partic meetings and the He stated that he wa for his patients and the taken the stated that he was for his patients and incidents. He stated notified of incidents, he stated notified of incidents, he stated stated that the same that he same that he same that he same that he same that he same that he same that he same that he same that he same that the facility was that the facility was that the same that	pated in the QA monthly cillity followed a set agenda. Is made aware of incidents hat the attending physician ts would be notified of that he would expect to be including medication errors, mediaries that could affect ted that he was here at the day and Friday. However, sysician group was present otified. He expected that physician of any incident, hat he was not made aware ore for Resident #6. He was es in QA related to the stated that he was used a lot of agency staff ver. The Medical Director no action plan identified or no action plan identified or	F 4	90		

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	, cc	MPLETED
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		105884	B. WING_		0.5	5/01/2015
	PROVIDER OR SUPPLIER	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612		
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	that the facility notifies stated, "I would the incident for Res stated that it was a he was afraid for his there was not a plar Review of the facilities and the stated that it was a considerable of the stated that the number of there) (no de expected that the number of there) (no de expected that the number of there) (no de expected that the number of the stated that the was not birector of Nursing (2015 was prostated that she was for Resident #6. She the error after perfor The DON stated that error occurred. She intervention was the physician and the reserror. The DON conducation was provice medication error. The here was no evidence of the stated that here are shown in the stated that here in the stated that here are shown in the stated that	whim of negative outcomes; love to." When referring to ident #6, the Medical Director "negative outcome and that; patients." He stated that "in place." / policy entitled, "Medication rall Guidelines for the didications "policy 6.2 (page to was reviewed and it was rose administer medications orders. Administer medications orders. Administer medications orders. Administer medication was rose administer medications orders. Administer medication orders. Administer medication error for the month of vided by the DON. The DON waver of the medication error is stated that a nurse found ming a "medication error is stated that the facility's she was unsure of why the stated that the facility's he was unsure of why the stated that the facility is priced to the staff following the eDON also confirmed that or both is stated that the facility's or ed to the staff following the eDON also confirmed that or of the ornited on the was "we performed arted giving her the Nursing Home in service was not created the staff is so missions of fittins." Now was a supported the staff of the staff of the staff of the staff of the fitting." It was performed arted giving her the Nursing Home in service was not created as in service was not fittins.	F 490			

ANU PLAN (JF GURRECTION	IDENTIFICA	TION NUMBER:	A, BUILD	ING			COP	MPLETED	
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		10	05884	B. WING			The same of the sa	1	01/2015	
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MANUE OF I	THOUSEN ON CONTENEN			1	2811 CAN	APUS HILL DR				
EXCEL F	REHABILITATION AND	HEALTH CEN	ITER	1		FL 33612				
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F 490	Continued From page	04		F 4	20				1	
F 490		•		F 4	30					
	document that indica			1						
- 1	occurred. The facilit									
	medication errors for			1						
	Doppler confirmed the									
	unclear due to the la			1	1					
	and why the medical				.			1		
	During an interview of		at 3:30 p.m.,	1				- 1		
	the DON stated "sh							1		
- 1	times a week by flipp							1		
1.	" She confirmed the related to this proces							ì		
	ADON and Unit man							1		- [
	for accuracy and con		ery wark dany							ı
	During an interview o		8:50 a.m., The							- 1
	Assistant Director of				ì			- 1		- 1
	andomly checked the							İ		
	andonly checked the				1			- 1		- 1
	hecked new admiss									- 1
	others. " She stated				1			- 1		- 1
	esponsible for check							1		- 1
	each cart on a daily b				1					1
	here was not a defini									
	ARs.		oncolong the		Į					-
A	n interview was con-	ducted on	at 9:30					- 1		1
a	.m. with Employee (L	PN) A Interin	Unit					- 1		
	lanager (started on I		She		1					1
s	tated that she checke	ed all new adı	missions for					1		
a	ccuracy of orders an	d double ched	cks with the					1		
M	IAR for accuracy. Sh	e stated that :	she did not do					1		
ai	nything with the MAR	s on a daily b	asis. No one		1					
	formed her she was							-		1
	e MARs. She stated							1		
	ders and the 24 hou							1		1
	en gives them to the									
	em to the morning m				[-		1
	to the morning mee							- 1		
	y plan to begin to go							1		
	lucation or training w									
Ma	anager. The ADON I	told her the th	ings that							
17(0	2-99) Previous Versions Obs	olete	Event ID: KCY611	Fa	Hity ID: 62932		If continuation sh	eet Page	95 of 167	•

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	DING	COMPLETED		
		105884	B. WING		C		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612	CODE		
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	them out not doing the regular Unit Ma Term Care unit was and was unable to bouring an interview. at 10:43 a.m process of checking process that was immediately the role of DON for checking the MARs is ince her arrival and process since the many and the the role of DON for checking the MARs is ince her arrival and process since them. at 10:43 a.m ADON and Unit Man MARs daily. During an interview vanable to present an exert was a more start of the surver of the	and she was " just helping he whole position." anger (LPN) B on the Long currently on medical leave e contacted. In the Long currently on medical leave e contacted. In the Long currently on the Long currently on medical leave e contacted. In the Long currently on the Long currently on the MARS was an informal olemented inconsistently and danager assisted with the not a written policy or I stated that she had been in nee year and the process of nad been an expectation she had continued that The DON also stated, on ,, that she was unaware the agers were not checking with the DON, she was y information regarding her on or audits. No formal put in place so of the time of	F 4	90			

	I OF DEFICIENCIES OF CORRECTION	(A1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION	, cor	MPLETED C 6/01/2015
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NAME OF	PROVIDER OR SUPPLIER					
EXCEL !	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
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	day. " The resident check her medicate start checking them have to ask if all my is it?" During a telephone i 11:42 a.m., Residen 11:42 a.m., Residen stated, " the nurses thated, " the nurses thated, as we have to the stated days for her dental sasked why the medicated asys for her dental sasked why the medicated the stated he did not unto trestart the medicate order and they stated he did not unto trestart the medicate order and they stated her did not unto the stated her	stated that she used to ins every day and now has to again. " It's not my job to medications are there or not	F 494			

the medication.

he was informed by Employee (LPN) A of the ... leg and the lack of the ... on ... He verbally gave the order to Employee A. The attending physician confirmed the Doppler order was not completed until ... and also confirmed that no medication was started until ... He was unsure of why there would have been a delay in obtaining treatment, necessary tests or initiating

Further review of the physician orders, dated on reflected "Stop ... : x 3 days prior to and resume one day post A written telephone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI			MPLETED C /01/2015
	105884	B. WINC	STREET ADDRESS, CITY, STATE, ZIP C		70172010
NAME OF PROVIDER OR SUPPLI			2811 CAMPUS HILL DR		
EXCEL REHABILITATION A	ND HEALTH CENTER		TAMPA, FL 33612		(X5)
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same day SQ (Review of the M dated 20' for. by mouth once a typed order a ha The Me (MAR) revealed HOLD. " The The be have been writte dose was not ad the MAR from reviewed with no had been given i medication was A review of the F revealed on assessed Reside acute documented: "F LL> also documented: "F Further review of progress note re Doppler was ord corresponding pl Studies until physician assess	referenced at the darker of the directed 80 MG dication Administration Record, 5, revealed a typed order dated 15 MG tablet one tablet day. Directly underneath the direct of th	F	490		

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILI			coi	MPLETED
		105884	B. WING	3		05	C /01/2015
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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	DING			MPLETED
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t to v r c c c r n n d d T T ## rec R R laa m fo	order, then I questic whether the media discontinued." Shi the pharmacy. She card was not in the card was not in the confirmed that she comissions in the charnot look at the chart. An interview was coopen, must hap as Emplishe worked at the fasaid that she was a land it was her first jc Facility. When asked stated she had traine was on her own by thad felt that it was "process as far as km was able to always gemployee (LPN) D stor Resident #5. She medication with a worked on lext confirmed the orders a worked on lext confirmed the orders are were blank, with her Pharmacy Disper 6's from wiewed. The pharmacy to edication would have to edication would have to edication would have the received the plane was traceived 14 pills o edication would have. Therefore, the	mwith another nurse as to toon is on hold or should be stated that she would call stated that she would call stated that she would call stated that she would call stated that the medication and. The nurse also lid not document any rt. She stated that she did to find the original order. Inducted on at 4:30 yeee (LPN) D She stated that cility. She new LPN, graduated 2014, b in a Skilled Nursing about her training she did for two to three days and her fourth day. She said she on the she was on the fourth day. She said she on the she was on the	F 4		ID: 82932 If continuation she	at Page	101 of 167

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routinely stocked m Drug Kit. Review of the Drug Pharmaceutical Med	edication in the Emergency Manufacturer 's dication Guide for	F	190			
medicine used to tre of these conditions of lowers your chance to prevent clots from you ma forming a clot in you medicine without prescribes it for you, increases your risk or to stop taking prescribe another prevent a clot taking clot taking clot wifest. Your doctor may imne before any surg- procedure. Your doct aking all aking clot aking clot aking	and and and and and and and and and and					
Review of Resident # Anticoagulation and a "potential for a late Initiated was ligns and symptoms ligns and symptoms retreventions." Admir dered. " The Care During an intervie During an intervie m. the facility's Dir lated: "we have had if happ he DON said that Re and the nurs	reflected the resident abnormal The and updated included will be free from of abnormal as MD Plan was not followed. when the same as MD Plan was not followed. when the same as MD Plan was not followed. I another problem with an eneed to Resident #2. " sident #2 was admitted on e had written up the		The state of the s			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Continued From pa routinely stocked m Drug Kit. Review of the Drug Pharmaceutical Mer revealed;" medicine used to tre of these conditions to lowers your chance to prevent clots from you me forming a clot in you without prescribes it for you, increases your risk of to stop taking prescribe another prevent alot takingwa increases your risk of to stop takingwa increases your risk of to stop takingwa increases your risk of to stop takingwa increases your risk of to stop takingwa increases your risk of to stop taking your prescribe another prevent alot takingwa increases your risk of to stop taking white increases your risk of to stop taking your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot takingwa increases your prescribe another prevent alot taking white the your prescribe another prevent alot taking white the your prescribe another your prescribe another your prescribe another your prescribe another your prescribe another your prescribe to your minute in the your prescribe the your minute in the your prescribe the your minute in the your prescribe the your minute your	DENTIFICATION NUMBER: 105884 PROVIDER OR SUPPLIER REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MEST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 101 routinely stocked medication in the Emergency Drug Kit. Review of the Drug Manufacturer's Pharmaceutical Medication Guide for revealed, " is a prescription medicine used to treat and to help reduce the risk of these conditions occurring again	PROVIDER OR SUPPLIER REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCIES) TO PREFERENCIES (EACH DEFICIENCIES) TO PREFERENCIES (EACH DEFICIENCI MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 101 Continued From page 101 Continued From page 101 Continued From page 101 Review of the Drug Manufacturer 's Pharmaceutical Medication Guide for revealed; " is a prescription medicine used to treat and and to help reduce the risk of these conditions occurring again by helping to prevent clots from forming. If you stop taking your chance of having a by helping to prevent clots from forming. If you stop taking without taking to the doctor who prescribes it for you. Stopping Increases your risk of having a fryou have to stop taking your doctor may prescribe another medicine to prevent a lot of from forming. Do not stop taking without talking to your doctor may prescribe another medicine to prevent a lot of from forming. Do not stop taking without talking to your doctor first. Your doctor may stop for a short ime before any surgery, medical or dental procedure. "Nour doctor will tell you when to start aking again after your surgery or reveive or Resident #6's Care plan Focus on Anticoagulation reflected the resident taking and symptoms of abnormal The tate Initiated was and updated The goal included will be free from Igns and symptoms of abnormal terventions: "Administer as MD redered." The Care Plan was not followed. During an interview on at 3.45 m. the facility's Director of Nursing (DON) ated: "we have had another problem with an It happened to Resident #2." he DON said that Resident #2 was admitted on	PROVIDER OR SUPPLIER 105884 B. WING REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAYS BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 101 routinely stocked medication in the Emergency Drug Kit. Review of the Drug Manufacturer 's Pharmaceutical Medication Guide for revealed," is a prescription medicine used to treat , and to help reduce the risk of these conditions occurring again. lowers your chance of having a by helping to prevent clots from forming. If you stop taking , you may have increased risk of forming a clot in your Do not stop taking , you may have increased risk of forming a clot in your Do not stop taking moreases your risk of having a If you have to stop taking without talking to your doctor lime before any surgery, medical or dental rorocedure. Your doctor will tell you when to start aking again after your surgery or procedure. Your doctor will tell you when to start aking again after your surgery or procedure. Your doctor will tell you when to start aking again after your surgery or procedure. Your doctor will tell you when to start aking again after your surgery or procedure. Your doctor will consult to the resident add a "potential for abnormal The poal included will be free from (gns and symptoms of abnormal terventions: "Administer as MD redered." The Care Plan was not followed.) During an interview on at 3:45 .m. the facility 's Director of Nursing (DON) atted: "we have had another problem with an the phenother without has the problem with an the phenother without has a demitted on and the nurse had written up the	PROVIDER OR SUPPLIER 105884 REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MYST BE PRECOEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 101 routinely stocked medication in the Emergency Drug Kit. Review of the Drug Manufacturer 's Pharmaceutical Medication Guide for revealed, " is a prescription medicine used to treat of these conditions occurring again. lowers your chance of having a by helping to prevent clots from forming. If you stop taking you may have increased risk of forming a clot in your Do not stop taking without taking to the doctor who prescribes it for you. Stopping merceases your risk of having a	PROVIDER OR SUPPLIER REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEPCIENCIES GEAN DEPCIENCY MAY BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 101 routinely stocked medication in the Emergency Drug Kit. Review of the Drug Manufacturer 's Pharmaceutical Medication Guide for revealed,' "is a prescription medicine used to treat of these conditions occurring again. Lowers your chance of having a by helping to prevent clots from forming. If you stop taking you may have increases your risk of having a If you have to stop taking without taking to the doctor who prescribes it for you. Stopping micreases your risk of having a If you have to stop taking without taking to your doctor may prescribe another medicine to prevent a Lot from forming. Do not stop taking without taking to your doctor may prescribe another medicine to prevent a Lot of from forming. Do not stop taking without taking to your doctor may prescribe another medical medicine to prevent a Lot from forming. Do not stop taking without taking to your doctor may prescribe another medical medicine to prevent a Lot from forming. Do not stop taking without taking to your doctor may prescribe another medical medicine to prevent a Lot from forming. Do not stop taking without falking to your doctor may prescribe another medical medica

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F F f f d	was writt not have a medication administ ADON) did not find a being given until asked what the procadmission orders that, usually, the unit orders the next morn manager was out or was asked who wou physician ordered metanscribed into the I Record (MAR). She DON said "We che sheet and they were because the physician order shee copy it did not show confirmed she did no sure all the physician The DON was asked stated; "I'm still tryin the confirmed she did no sure all the physician facility uses a che admitted residents she tis computerized. Ti do." She stated she rerifying that she had a medical record revise the stated she rerifying that she had a medical record revise.	en on a regular sheet that did opy that is used for the ration record. We (DON and out about the medication not "The DON was bess was on checking r their accuracy. She said than mager would check the ning and then added the unit maternity leave. The DON id be responsible to verify the edications were accurately Medication Administration said the ADON or me. The cked the physician order written correctly, but, order was not put on the tit that contained a up on the MAR. "The DON or treview the MAR to make orders were transcribed. How that had happened she ing to figure out how it do find it out thad occurred." When asked if excluding the waste the day of the waste the the day of the waste the the day of the edid not sign the in-service attended. Was conducted for alled he had resided in the ely three weeks. His	F4	90			

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	mg by mouth on Su Thursday and Satur 2 mg on MAR indicated that and on initialed/signed as be a total of 6 mg of order was discontinum order was discontinum order was discontinum order was discontinum order was discontinum order was discontinum order was discontinum order was conducted with physician. He confir resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident had been resident was a conducted with the resident had been resident was a conducted with the resident had been resident was a conducted with the resident had been resident was a conducted with the resident had been resident was a conducted with the resident had been resident was a conducted with the resident had been resident was a conducted with the resident had been resident had been resident had been resident was a conducted with the resident had been res	nday, Tuesday, Wednesday, day and to administer Monday and Friday. The port 4/8, 4/9, the order were aing administered resulting in On the led and rewritten to give now the monday. Tuesday, ay and Saturday and to 12 mg on Monday and Saturday and to 15 a.m. a telephone interview Resident #2 's attending med he was notified that the ceiving double doses of his med that his International at critical arapeutic). In each the facility did not follow It have administered the copy of an in-service that (three days after the	F4	90			

Tuesday

Verbal Topic:

documentation included "Teaching Method:

Protocol. Make sure INR is done, Call MD with results before giving medication, check orders daily and make sure Iog is accurate. The DON was asked about any in-servicing that was provided to the licensed staff on physician orders not being transcribed accurately in the residents MAR or not being transcribed at all. She did not respond. When asked if there was any other information that she had on training her nursing staff she stated "We were going to bring it into our QA meeting on

- درباب		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	LTIP	LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
TATEMENT	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	DING		(5
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NAME OF	PROVIDER OR SUPPLIER				2811 CAMPUS HILL DR		
EXCEL F	REHABILITATION AND	HEALTH CENTER		٦	TAMPA, FL 33612		
		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N I	(X5) COMPLETION
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F 490	The DON and NH-confirmed that they medication errors a document that indicocurred. The facis medication error negative outcomes to the lack of the in the medication error negative outcomes to the lack of the in the medication error the L MARs two times a the MARs." She documentation relasaid that the ADON MAR daily for accu 4) The facility admith diagnoses include with diagnoses in the Adom that the ADON the Admith the ADON the Admith the ADON the Admith the ADON the Admith the ADON the Admith the ADON the Admith the ADON the ADON the ADON The ADON THE ADDRON THE ADDRON T	A on at 3:30 p.m. were aware of Resident #2's and provided a facility tated a medication error had ity was aware of Resident #2's on however, no occurred. It was unclear, due vestigation, of how and why r was found. ON stated, She "checks the week by flipping through all of bonfirmed there was no ted to this process. The DON and Unit Manger check every racy and completeness. Ittled Resident #10 on unding Accident and he physician order summary sesion Physician Orders dated the resident was prescribed daily at 9 a.m. Medication Administration had be accepted the Mark as to was omitted. Plan, dated revealed identified for " re abnormal d" administer confirmed by the Nurse strator and Director of Nurses No Additional information information.	F	490			
	not have been give	d to why the medication would to Resident #10.					
İ	The facility adm	tted Resident #14 on				-Siret Das	n 105 of 167

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	#14 was transferred of life care. Further review of the physician 's telepho — 30 units The resident was pix butherapeutic INR Ratio) levels and shadditional — 10th Review of the Labor Resident remained by physician was attem Review of the Medic for control of the Medic for process with the receive of the Medic for a 10 the receive for doses. She did not the receive for doses. She did not the free was not given. On — the resident remained was not given. On — the resident reduces and — I was order endess and — I was order diagnosed with a Dec Review of the Care Parevollen area was in a popotential for approaches included as MD ordered. "	and per the demographic and record revealed Resident to a Hospice House for end an eorder dated twice daily. See the demographic are record revealed a ne order dated twice daily. See the demographic and twice daily. See the demographic and the point of a discontinued. The ub-therapeutic and the piting to adjust her ation Administration Record vealed Resident #14 did not 4 out of the 6 available eceive any on tidin or tidin or receive on at 9 a.m., or at odcumentation in the back of the Medication das to why the medication and was noted to have to her right leg. An ed and the resident was applicated of the defendent of a story of the second of the right leg. An ed and the resident was application of the defendent of the second of the second of the second of the Medication of the Medication of the second of the Medication and was noted to have to her right leg. An ed and the resident was application of the second o	F 49	0		
M CMC.2567	(02-00) Previous Varsions Of	replate Event ID: KCY611	Fa	cility ID: 62932 If or	ontinuation sheet Pa	ge 106 of 167

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F 490	Nurse Consultant or He stated have been available unable to determine have given the medileast one dose of the given on 6) The facility admitt with diagnoses inclu	nfirmed the missed doses of that the medication should from pharmacy and was why the nurses would not cation. He stated that at a should have been ed Resident #15 on	F4	90			
CF	Review of the 12 revealed Resident # 40 unit Review of the Medic for 2015 reveals receive her. Review of the Care Fa problem area was in potential for approaches included as MD ordered. The findings were consultant, Administration and 11:00 a nformation as provid medication would not Resident #15. If a facility admitted with diagnoses including and liagnoses listed on the Record. Review of the Physicia Review	daily for two weeks. atton Administration Record de Resident #15 did not on and land arevealed dentified for " abnormal "The "administer infirmed by the Nurse ator and Director of Nurses in. No additional de related to why the have been given to de Resident #16 on		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I			

60 units every 12 hours, D/C (discontinue) when INR (international normalizing ratio) above 2. "Review of the Laboratory Data revealed an INR

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2811 CAMPUS HILL DR TAMPA, FL. 33612		/01/2015
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OS TECHNOLOGICA CAGBOR	was collected on Review of the Medic for 2015 reve on received four doses medication should he INR value of 2.5 Further review of the INR was collected owas rapeu Record review revea was noted. Review of the Care I problem area was id approaches includer as MD ordered. The findings were occusultant, Administ on at 11 am when the m discontinued.) The facility admitted with diagnoses include well and the provided related to well as the provided related to the provided related to the provided related to the provided related to the provided related to the per the demice of the provided related the resident of the provided related the provided related the provided related the provided related the provided related to the provided related the provided related the provided related the provided related the provided related the provided related the provided related the provided related the provided related to the p	that was 2.5. action Administration Record Administration Record Administration Record alaed Resident #16 was given after the ave been discontinued per a Laboratory Data revealed an an and the resident to at 3.9. aled no indication of abnormal Plan, dated revealed a revealed a revealed a revealed a revealed a revealed a revealed a resident and Director of Nurses No additional information as hy the resident received the decication should have been ed Resident #17 on ding cident and ographic face sheet. an's Orders for was prescribed	F 490			

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	potential fa approaches include as MD ordered." The findings were consultant, Admin on at 11 ar provided related to have been given to have been given to have been given to a diagnoses including Chest Pain and Review of the Phys revealed Resident 8.5 mg daily at 9 previated Resident 8.5 mg daily at 9 previated Resident 18.5 mg daily at 9 protection of receive his or There v back side of the Mawas not given. Review of the Care a problem area was potential for approaches include as MD ordered. "During an interview of the Care a problem area was potential for approaches include as MD ordered. "During an interview can at 320 p. been occasions who redered mediations, that he now has to a cocuracy. He stated curse 's attention w needications, they to ut of the medication sing him his ordered.	or abnormal "The dad "administer confirmed by the Nurse strator and Director of Nurses n. No additional information as why the medication would not Resident #18 on readmitted on with 1 tick of the Nurse of the Nur	F4	90			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	COL	TE SURVEY MPLETED
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F F F F F F F F F F F F F F F F F F F	medications but the changed from the in so often now that it The findings were Consultant, Adminis on at 11 am provided related to have been given to 10) Resident #19 v . 2015. Her at 201	It the medications are nanufacturers or the pharmacy is obsolete. onfirmed by the Nurse strator and Director of Nurses. No additional information as why the medication would not Resident #18. was admitted to the facility in mitting diagnoses included and imitting diagnoses included and experience of the facility. The facility is were reviewed with an to administer Pradaxa e capsule by mouth two process of a stratogram of the facility. The facility is well and the stratogram of the facility is stratogram of the facility. The facility is a stratogram of the facility is a stratogram of the facility is stratogram of the facility. The facility is care plan identified and in has a stratogram of the facility is care plan identified attention has a stratogram of the facility of the facility of recent in the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility of the facility on the facility of recent.	F 490	ID: 62932 If continuation		

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NAME OF PROVIDER OR SUPPLIER

EXCEL REHABILITATION AND HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR

EXCEL	REHABILITATION AND HEALTH CENTER		TAMPA, FL 33			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH (VIDER'S PLAN OF CORRECTIVE ACTION SHI EFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F do	Continued From page 110 for of right with according to demographic information. Review of resident physician orders, dated revealed she was to receive every 12 hours for preventative measures. The MAR was reviewed for 2015 and it revealed seven separate missing initials or circles around initials indicating the medication was not administered as ordered. On at 9:00 p.m., the box on the MAR was without an initial, solved as mitial of the service of the	F4				

UL111 L	JOH OR WILLIAMSE	A WILDIONID SERVICES				OND IN	J. 0938-035
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DA	ATE SURVEY IMPLETED
		105884	B. WING	;		05	C 5/01/2015
	PROVIDER OR SUPPLIER	HEALTH CENTER		281	REET ADDRESS, CITY, STATE, ZIP CODE 1 CAMPUS HILL DR MPA, FL 33612		
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the Unit Name of Street	was a med error for mever given patient weight not done. Ph Waiting for call back at 1:54 a. ordered for the AM dosage error." On at 11:4 was conducted with physician. The attend that he was notified the high standard physician with the days after being admitted and he did days after being admitted and he did days after being admitted and he did days after being admitted and he did of the standard physician with the standard physician with the standard physician with the standard physician with the standard physician with days are the corporation the doesn't happen ag 3) The facility admit with diagnoses including and the standard physician with the standard physici	m. which reflected, "There patient in patient patient in patient patient in patient and in was supposed to be on daily sician has been paged." The nursing notes for in the patient was supposed to be on daily sician has been paged. The nursing notes for in the patient was a telephone interview. Resident #2's attending diing physician also confirmed hat resident did not receive ten days after being out receive his for the resident had a an he needs monitoring, an stated "yes, he needs itored he could have went and worse." The physician stated "or't know if it's the DON yhave to fix these things so ain."	F	190			
1701	22-99) Provious Versions Obs	Service Francisco		-			

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STATEMENT OF DEF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION		TE SURVEY MPLETED
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		105884	B. WING		05	/01/2015
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EXCEL KEHADI	LITATION AND	HEALIH CENTER	- 1	TAMPA, FL 33612		
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day de Furthe dose v 10 pm During Nurse not bee why the sample to pm Consul docum not coll 3 days her 14) Du a Credi related includer An audi resident the phys issues w A 100% medicati Nursing resident flow sher Three nu. not been allowed t Agency r	nr feview of this vas given on doses were of an interview Consultant is an collected, an enurse would be not consultant is an collected, and enurse would be not collected. In the collected with the collected with the collected with the collected with the collected with the cetted with the or why the rest ring an intervit obe Allegation to the the following the was completed with the following the collection of the collecti	g the physician 's order). If the physician 's order). MAR revealed the 6 am however, the 2 pm and mitted. If the stated that he use unsure d not have gotten the stated that he use unsure d not have gotten the ted that the 6 am dose of was taken from the He confirmed the 2 pm and ot given. The Nurse immed there was not given. The Nurse immed there was not given the uninalysis was enedication not initiated for ident missed two doses of ew on at 11.10 a.m., of Compliance was received The plan : et al. The plan : et al. The plan : et al. The plan is even the plan of was a change and the curate. No significant NRs were updated. NRs were updated. s completed between on staff related to managing ation documentation. k as needed (PRN) have cation and will not be	F 41	90		

Anticoagulation Policy and the facility 's new

	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETION DATE
in the second se	protocol on docume "Hold." "All new admissions morning meeting to transcribed onto the weekend supervisor admissions on the w process). All residents that are be reviewed in a wee orders, labs, and Ma- anti-co order clinical meeting and were added to the w dere added to the w dere added to the w dere added to the w for any resident recei For residents that for awill be re-written with awill be blocked off an will be re-written with awill be blocked off an will be re-written with awill be visible medication will be ak dedication Errors will documented following standards and Root C westigation will be k he policies, practices cour as needed. A new shift to shift NA was also implemente eview the entire MAR couracy. If the nurse deministered the med ittal, if she was unsu assiffed as a medica	ntling medications that are on will be reviewed in the assure all orders will be POS and MARTAR. The is responsible for new reekends (not a new receiving skly care meeting with all Rs reviewed. New severe added under the daily medication is transcribed, the tif needed, medication on to MAR and that the diministered. Sheet will be implemented ving very hold orders: The order dy ellowed out. A new order a restart date. The new to the nurses. The hold ded on the 24 hour report, be investigated and restard and systems, changes will R review with each nurse i. The nurses, together, will /TAR for holes and for is sure that she care ten the medication is treed to the sure search will be sure that the control of the sure will be sure that she cations, then she can rethen it would be	F 490			

NAME OF PROVIDER OR SUPPLIER 105884 NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEPRICENCES TAMP IN PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEPRICENCES TAMP IN PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEPRICENCES TAMP IN PROVIDERS PLAN OF CORRECTION PROVIDED PROVIDERS PLAN OF CORRECTION PROVIDED PROVIDERS PLAN OF CORRECTION PROVIDED PROV	CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES			0		APPROVED . 0938-0391
NAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER 2311 CAMPUS HILL DR TAMPA, FL 33612 10 PREFEX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISO IDENTIFYING INFORMATION) F 490 Continued From page 114 dilly checks of the nurse to nurse MAR review. Nursing Administration will also initial for accuracy. The audits will be reviewed daily by the DON. All lab results will be reviewed all by the DON. All lab results will be reviewed in the daily Clinical Meeting, All INRs will be reviewed in the morning clinical meeting and checked against the orders and MAR. The Medical Director had been informed and had approved the action plan as of EDIRECTOR The facility must designate a physician to serve as medical director. The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility. This REQUIREMENT is not met as evidenced by: Based on a review of the facility's Medical Director Service Agreement, interviews with the facility staff, the Attending Physician, facility Administration, and the facility's policy and procedures on medication administration, and the facility is policy and procedures on medication administration, and the facility is policy and procedures on medication administration, assed on a review of all current residents receiving the medical process on The Medical Director failed to assure resident care policies were implemented related to medication administration in each plan to the decidence of the portion of the policy and procedures and saints in the update and revision of those policies. The Medical Director reviewed all related policy and procedures and saints of the update and revision of those policies. The Medical Director will review all medication administration the dopping the policy and procedures and sign that they have been reviewed, He/she will provide deedback to the committee of any identification administration the dopping process. The Medical Director reviewed all related policy							COV	MPLETED
EXCEL REHABILITATION AND HEALTH CENTER 2311 CAMPUS HILL DR TAMPA, FL 33612 TAMPA, FL 33612 FREQUIRES PROPORTION SOURCES PRECEDED BY PULL PREEX REGULATORY OR USCIDENTIFYING INFORMATION) F 490 Continued From page 114 daily checks of the nurse to nurse MAR review. Nursing Administration will also initial for accuracy. The audits will be reviewed daily by the DON. All lab results will be reviewed daily by the DON. All lab results will be reviewed in the morning clinical meeting and checked against the orders and MAR. The Medical Director had been informed and had approved the action plan as of The facility must designate a physician to serve as medical director. The medical director. The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility. This REQUIREMENT is not met as evidenced by: Based on a review of the facility's Medical Director Service Agreement, interviews with the facility staff, the Attending Physician, facility Administration, and the facility's policy and procedures on medication administration, and the facility's policy and procedures on review of medical condination administration. Based on a review of all current residents receiving the Medical Director failed to assure resident care policies were implemented related to medication administration. Based on a review of all current residents receiving the polysical 's orders. Residents' #2, #6, #10, #14, #15, #16, #17, #18, #19 and #20 were identified as not receiving that were necessary to prevent clots or Resident #8 was not administered for the properties of the polysical control of the deback for the care and services provided to this resident population.			105884	B. WING	3			
FREER TAG GEACH CORRECTIVE ACTION SHOULD BE COMPLETION TO BE COMPLETION T			HEALTH CENTER		28	811 CAMPUS HILL DR		
daily checks of the nurse to nurse MAR review. Nursing Administration will also initial for accuracy. The audits will be reviewed daily by the DON. All lab results will be reviewed in the daily Clinical Meeting. All INRs will be reviewed in the morning clinical meeting and checked against the orders and MAR. The Medical Director had been informed and had approved the action plan as of The facility must designate a physician to serve as medical director. The facility must designate a physician to serve as medical director. The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility. This REQUIREMENT is not met as evidenced by: Based on a review of the facility's Medical Director Service Agreement, interviews with the facility staff, the Attending Physician, facility Administration, and the facility's policy and procedures on medication administration, the Medical Director failed to assure resident care policies were implemented related to medication administration, and the facility's policy and procedures on medication administration, the Medical Director failed to assure resident care policies were implemented related to medication administration, and the facility's policy and procedures on medication administration, the Medical Director failed to assure resident care policies were implemented related to medication administration, and revision of those policies. The Medical Director will continue to be an active participant in the over site of the care and services provided to this residents of the care and services provided to this resident face and trace of the care and services provided to the committee of an identication of those policies. The Medical Director will continue to be an active participant in the over site of the care and services provided to the residency of the facility by one policies. The Medical Director will continue to be an active participant in the OAPI Program and feedback form the QAPI Committee on a mon	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETION DATE
Resident #6 was not administered forfor	F 501 SS=K	daily checks of the n Nursing Administration accuracy. The audit DON. All lab results will be Meeting. All Indress will be Meeting. All Indress will be Meeting. All Indress will be Meeting. All Indress will be Meeting. All Indress will be Meeting. All Indress will be Meeting. All Indress will be Meeting. All Indress will be Meeting. The Medical Director approved the action papers will be a medical director. The medical director. The medical director implementation of restocoordination of medical based on a review of Director Service Agree actility staff, the Attendiministration, and the ministration, and the ministration. Based asidents receiving esidents did not receive physician's orders 14, #15, #16, #17, #1. Intriffied as not received.	urse to nurse MAR review. on will also initial for swill be reviewed daily by the reviewed in the daily Clinical ill be reviewed in the morning checked against the orders had been informed and had olan as of BILITIES OF MEDICAL gnate a physician to serve is responsible for ident care policies; and the all care in the facility. is not met as evidenced the facility's Medical ament, interviews with the ding Physician, facility he facility's policy and atton administration, the to assure resident care inted related to medication on a review of all current ten of thirty ve their s. Residents '#2, #6, #10, 8, #19 and #20 were ing that			medication errors that occurred informed that Medication Fror report being completed on Resident* #2, #6. #14, #15, #16, #17, #18, #19 and #20 a their perspective physicisms were bein of the errors. 2. A full facility review was completed on to assure that all medication orders we and transcribed on the medication administration records. No medication administration records. No medication administration records. No medication to the medication of the participant of the participant of the participant of the participant of the Medication of the participant of the Medication of the participant of the Medication of the participant of the Medication of the participant of the Medication of the participant of the Medication of the participant of the Medication of	He was a were a way a were errors ducational diciation in meetings back to olive and and Director to the the did diciation in the did did did did did did did did did di	i
37(02-99) Previous Versions Obsolete Event ID: KCY611 Facility ID: 62932 If continuation sheet Page 115 of 167							a	

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TATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION 49	(X3) DA	TE SURVEY MPLETED	
		105884	B. WING		· · · · · · · · · · · · · · · · · · ·	05	/01/2015	
NAME OF	PROVIDER OR SUPPLIER	I			STREET ADDRESS, CITY, STATE, ZIP CODE			
EXCEL	REHABILITATION AND	HEALTH CENTER		1	2811 CAMPUS HILL DR			
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F 501	Continued From page	20 115	F.5	:01	1			
1 301		e medication was placed on	1.0	,,,,				
		or a dental procedure. The						
		implement the order and						
	resume the medicat						1	
		d pain to the nursing staff and					1	
		in was consistent with a						
		he physician was notified on						
		the necessary tests. The ement those orders for three						
		nent to the resident until						
		6 required injections of						
		the clot. Resident #2 was						1
	administered a doub							į
- 1	9, 12, 13, 14 and							
1	erapeutic on #10 was not adminis	at 3.2. Resident				1		-
- 1		Resident #14 was			1			1
		r of six available doses of						
		15 was not administered her				1		1
		and on Resident				Ì		1
	#16 ' s was	to be discontinued when the			ļ			1
1	International Normali:	zing Ratio (INR) was greater						1
		, the laboratory results						Į
	indicated that her INF was continued for fou	R was 2.5 and the						1
		t administered five doses of			-	- 1		
- 1		13, 15, Resident		1				l
1	#18 was not administ			İ				1
- 1	on 4/2, 11,	13 and Resident		1		1		ļ
7	†19 missed four dose			1		1		1
		#20 was not administered		-		-		
		from		1		ļ		
	ne facility 's License Idminister medication	d Nursing staff failed to				- 1		
		The failure of the nurses to		1		j		1
	dminister	resulted in significant				- 1		ĺ
		subsequently caused						
		p an avoidable clot		1				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION			TE SURVEY MPLETED
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V V FF 11 E a a in in in p c c c c c c c c c c c c c c c c c c	Based on record revision Medical Director for single Medical Director for procedures related to were followed in Weter f	where and interview, the facility 'alled to assure policies and oo medication administration o (#2, #8) out of forty-eight ved for medication accuracy, iclan ordered and notited for 10 days. There was starting a physician ordered at #8 and two doses were all Director failed to assure ration policies and olemented to assure policies and olemented to systematically and report medication errors, dical Director facility resulted necliate Jeopardy existing in The facility formed on 15 and 15	F 5	101			

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	- annual of them pay	for meeting the total needs	F	10			
		Ensure that Facility's		- 1			
		adequate services appropriate		- [
	to their needs. "	adequate services appropriate		- 1			ĺ
		policy entitled " Medication					
		eral Guidelines for the					
		edications " policy 6.2 (page					
		ited) was reviewed and it was					
		rses administer medications					
ĺ	per the physician 's			- 1			
	During an interview of	on at 2:45 p.m., the ed that he had been the					
		ne facility since 2012. He					
		pated in the QA monthly				j	
		ility followed a set agenda.		- 1			
	He stated that he wa	s made aware of incidents					
	for his patients and the	nat the attending physician				- 1	
	for the other resident				•	- 1	
	incidents. He stated	that he would expect to be		1		- 1	
		ncluding medication errors,					
		n failures that could affect					
	ali residents. He stat	ed that he was here at the				- 1	
1.	acility every vvednes	day and Friday. However, ysician group was present				1	
- 12	faily and should be n	otified. He expected that		1		1	j
1	he nurses notify the r	physician of any incident.				1	- 1
1	le confirmed again th	nat he was not made aware				- 1	i
	of any medication erro	ors for Resident #6. He was		1		- 1	- 1
r	ot aware of any issue	es in QA related to		1		- 1	1
r	nedication administra	tion. He stated that he was					
a	ware that the facility	used a lot of agency staff				j	1
		rer. The Medical Director				1	- 1
	iated that there was r oplemented related to	no action plan identified or					
l"	rocedures He also s	tated that he was aware of		İ		- 1	
a	concern with nurses	not implementing physician		1			
0	ders timely. He state	ed that the nurse would				1	
D	ass off the order to th	e oncoming shifts and the					
m	edication would not b	e started. He stated that					1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		105884	B. WING		_	0:	C 5/01/2015
	PROVIDER OR SUPPLIER	HEALTH CENTER		STREET ADDRESS, CITY, ST. 2811 CAMPUS HILL DR TAMPA, FL 33612	ATE, ZIP CODE		
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t control of the cont	year "related to me education was to ha order to assure implification was to har order to assure implification with the education was nothing related to the medical implementation procured to the medical place, then any staff come in and care for in the system. He strong perfect and should medical Director was that the facility notify he stated, "I would it the incident for Resid stated that it was a "ne was afraid for his phere was not a plan in a compared to the staff invited he Administrator staff was a "ne was afraid for his phere was not a plan in the process of the staff invited he Administrator staff was done was informed that she was as do would bring the investigation on the compared was the was informed that was a "ne was afraid on a staff invited the staff invited he was informed that she was as and would bring the investigation of the process of the was informed that the QAIs usesday of the month, or meetings in the prake sure everything and Hoo meeting was also was a staff or well as the process of	on to the staff "within the dication implementation. The we a second nurse initial the ementation. He confirmed ig in Quality Assurance (QA) atton administration and order ess. The Medical Director lity had a good system in member should be able to the resident with no breaks ated that the "system was did not have failed." The asked if it was expected him of negative outcomes; ove to. "When referring to ent #6, the Medical Director negative outcome and that paliens." He stated that " in place."	F5	01			
1777	12,99) Pravious Varsions Obo	oleta Event ID-VCVett		allia de de de de de de de de de de de de de			

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F 501	Continued From page	ge 119	F 5	01		
	place. The four poil and had not been pi	nt process was not completed resented.				
i con	Director of Nursing p.m. A list of medically p.m. A list of medically p.m. A list of medically p.m. A list of medically p.m. A list of medically p.m. A list of Resident (6. She the error after performance) and the result of the p.m. A list of the p.m. A list of the error occurred. She intervention was the physician and the result of the error. The DON control of the physician and the result of the properties of the properties of the properties of the properties of the properties of the properties of the p.m. A list of th	ation errors for the month of wided by the DON. The DON aware of the medication error is stated that a nurse found ming a "medication review." Is he was unsure of why the stated that the facility's stated that the facility is stated that the facility or feet to the staff following the eDON also confirmed that no audits or feet to the staff following the eDON also confirmed that the eDON als				

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NAME OF	PROVIDER OR SUPPLIER	1.07.,774		1	STREET ADDRESS, CITY, STATE, ZIP CODE	,		
EVCEI	REHABILITATION AND	HEALTH CENTER		2	2811 CAMPUS HILL DR			
EXCEL	REHABILITATION AND	HEALIH CENTER		1	TAMPA, FL 33612			
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t tit Saae	Doppler confirmed it unclear, due to the it how and why the me During an interview the DON stated "shi times a week by flipp "She confirmed the related to this proces ADON and Unit man for accuracy and con During an interview or Assistant Director of randomly checked the accuracy and complet checked new admiss others." She stated responsible for check aach cart on a daily be there was not a definition of the checked new and the she was not a definition of the checked couracy of orders and ARR for accuracy. She mything with the MAR for accuracy of orders and ARR for accuracy of orders and the 24 hou ben gives them to the nem to the morning mee to the morning mee to the morning mee of ucasing the ADON.	ne positive It was ack of the Investigation, of dication error was found. on dication error was found. on at 3:30 p.m., he checks the MARs two bing through all of the MARs row as the course that the general state of the course	F5	601				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING
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B. WING

(X3) DATE SURVEY COMPLETED C 05/01/2015

105884

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2811 CAMPUS HILL DR

PREFIX TAG F 501 Continued From page 121 5. The regular Unit Manager (LPN) B, on the Long Term Care unit was currently on medical		T.	REHABILITATION AND HEALTH CENTER	LAUELI
The regular Unit Manager (LPN) B, on the Long Term Care unit was currently on medical	CORRECTIVE ACTION SHOULD BE COMPLETIC DATE	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX
6. During an interview on at 10:13 a.m. and at 10:43 a.m., The DON stated that the process of checking the MARs was an informal process that is implemented inconsistently and the ADON and Unit Manager assist with the process. There was not a written policy or procedure. The DON stated that she had been in the role of DON for one year and the process of checking the MARs had been an expectation since her arrival and she had continued that process since then. The DON also stated on at 10:43 am that she was unaware the ADON and Unit Managers were not checking MARs daily. 7. During an interview on at 10:30 a.m. Resident #6 stated she was diagnosed with a She said it was not just a it was an extensive The resident stated that " the doctor said it was from my knee to my foot and I think there was more than one " The resident was asked if the nurse had spoken to her about her She said, " No, the doctor bld me the nurses were not giving me my medication, he was really pissed. " They (the nurses) had to give me two times a day for five days and I hat needles. " Resident #6 said that when she first had come to the facility she had a in her left arm and, " that is why I take the every day." The resident stated that she used to check her medications every day and now has to start checking them again. " It's not my job to have to ask if all my medications are there or not is it?"	DEFINIENCY)	F 501	5. The regular Unit Manager (LPN) B, on the Long Term Care unit was currently on medical leave and was unable to be contacted. 6. During an interview on at 10:13 a.m. and at 10:43 a.m., The DON stated that the process of checking the MARs was an informal process that is implemented inconsistently and the ADON and Unit Manager assist with the process. There was not a written policy or procedure. The DON stated that she had been in the role of DON for one year and the process of checking the MARs had been an expectation since her arrival and she had continued that process since then. The DON also stated on at 10:43 am that she was unaware the ADON and Unit Managers were not checking MARs daily. 7. During an interview on at 10:30 a.m. Resident #6 stated she was diagnosed with a She said it was not just a it was an extensive The esident stated that "the doctor said it was from yknee to my foot and I think there was more han one The resident was asked if the nurse had spoken to her about her She add, "No, the doctor told me the nurses were of giving me my medication, he was really isseed." They (the nurses) had to give me the doctor told me the nurse were of giving me my medication, he was really isseed. "They (the nurses) had to give me the first and that is why I take the every ay." The resident stated that she used to next the first and "that is why I take the every ay." The resident stated that she used to heat checking them again. "It's not my job to aver to ask if all my medications are there or not	F 501

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	stated; "the nurses The medica few days for her den was asked why the r restarted after her di stated he did not un not restart the medic the order they shoul after the dental proco is to prevent if she w medication she would During an interview o attending Physician c resident on a 's leg was red and Doppler study he was informed by E leg and the la He verbally. A. The attending phy Doppler order was no medication was starte unsure of why there w obtaining treatment, n the medication. Further review of the p p.m." Th unsing signature. Th written; Clarification 15- (this order w written releptone order witten releptone or offen	did not give her medication ation was only on hold for a tal surgery." The physician nedication Xarleto was not an advantable of the consultation	F 51	D1			

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0 0 0 0 0 mm + + + + + + + + + + + + + +	dated	ation Administration Record evealed a typed order dated 15 MG tablet one tablet by Directly underneath the typed entry stated resume inistration Record (MAR) documented for md "HOLD." when the was to teved. The boxes, where an en written, were empty was not administered). The R from through ved with no indication that een given and no indication tion was not given. I Resident #6 's chart note/Monthly Evaluation "ed under current complaints left leg." extremities) was 4+ Lew finding). The Resident 15 MG for 3 weeks by ther review of the attending note indicated that 15 MG for 3 weeks by the review of the attending sesident #6 and diagnosed the finding of the file of the	F 50	71		

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PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 501 Continued From page 124 There was no corresponding physician 's order for the Doppler Studies until three days after the physician assessed the resident. Further review of Resident #6' 's medical record revealed that she had resided in the facility for approximately fifteen months and was fifty three years old. Resident #6' 's medical history included and a history of an revealed no documentation of a red, I leg. There was no documentation of the omission of the medication, the physician visit or the new orders. On employee (LPN) A documented: the resident complained of pain and redness to her leg, upon assessment the leg was warm to touch and was period and aware and stated he saw her on Saturday. New orders for were obtained. On at 3:25 a.m. the nurse documented at "12:45 a.m. patient states she thinks she has a to her LLE. Area of slight redness noted to inner caff to LLE, to LLE. Skin temp within normal limits. Frill is brisk. Unable to assess pulse related to Patient rates pain level #1 at this time on a scale of 1-10 with 10 being the worst. Patient states she has had multiple in the past and knows what it feels like. Notified resident physicians of above and new orders were received for a STAT Doppler of the LLE to rule out At 0200 (2:00 a.m.) 100mg was administered for c/o pain to LLE with a pain level of 9 out of 10. Was effective. At 0330 (3:30 a.m.), the mobile service arrived to perform Doppler. Patient remained on bed rest.	EXCEL	·			2811 CAMPUS HILL DR	E, ZIF GODE		
There was no corresponding physician 's order for the Doppler Studies until three days after the physician assessed the resident. Further review of Resident #6's medical record revealed that she had resided in the facility for approximately fifteen months and was fifty three years old. Resident #6's medical history included and history of On "revealed a Score of 15 indicating no Review of the Nurses" Notes on revealed no documentation of a red, I leg. There was no documentation of the omission of the medication, the physician visit or the new orders. On employee (LPN) A documented: the resident complained of pain and redness to her leg, upon assessment the leg was warm to touch and was Painfful, 2+ pitting. The doctor was paged and made aware and stated he saw her on Saturday. New orders for I were obtained. On at 3:25 a.m., the nurse documented at "12:45 a.m. patient states she thinks she has a to her LLE. Area of slight redness noted to inner calf to LLE, List of LLE, Skin temp within normal limits. refill is brisk Unable to assess pulse related to Patient rates pain level #1 at this time on a scale of 1-10 with 10 being the worst. Patient states she has had multiple in the past and knows what it feels like. Notified resident physicians of above and new orders were received for a STAT Doppler of the LLE to rule out At 0200 (2:00 a.m.) 100mg was administered for c/o pain to LLE with a pain level of 9 out of 10. Was effective. At 0330 (3:30 a.m.), the mobile of service arrived to perform Doppler. Patient remained on bed rest.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE / CROSS-REFERENCED T	ACTION SHOULD TO THE APPROPE	BE	COMPLET DATE
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t v v v v v v v v v v v v v v v v v v v	of distress noted. VI Patient received new A review of the Ultra service: A review of the Ultra Service: A review of the Ultra Service: Doppler ext Indications: color imaging shows augmentation of pos deep are There are no excess lower Extremity Impression: Extensives seen. The MAR indicated the 3-11 p.m. shift, fa as ordered by the attouring an interview or Employee (RN) E, a resident on 12 of the hat she had been a roverked in long term cowas familiar with Resishe was aware the renedication was not and she did not have the time was ware that Roman she did not have the time dwas aware that Roman she did not have the time disastication was not and was experienced to the staff me down and the staff me down and the color came in and edication should have are stated that when e doctor came in and edication should write enurse enurse should write enurse e	ert and responding pal and stimuli, No s/s tatals vorder on the restart vas not discontinued. "Sound Report, date of evealed Examination: emityllimb, left. Clinical of Limb, Findings: Real time no collateral and the populities of Limb, Findings: Real time no collateral and the common of left leg. I populities of Limb, etc. and the collateral veins. Left and uplex enter the enter of the collateral veins. Left and the collateral veins. Left and the collateral veins. Left and the collateral veins the enter of left leg. The collateral veins and the collateral veins and the collateral veins. Left and the collateral veins and the collateral	F 50			

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th the same that	confirmed the MAR. The intresumed that she did not have so and the characteristic state of the characteristic stat	Id be resumed. The nurse and confirmed that there was all confirmed that there was all confirmed that there was all confirmed the confirmed that my philosophy is if cation and don't see a stop in with another nurse as to on is on hold or should be stated that the medication art. The nurse also on it is not all the medication art. The nurse also do not document any t. She stated that she would call tated that the medication art. The nurse also do not document any t. She stated that she did of find the original order. Judced on at 4:30 ree (LPN) D. She stated is facility in training she stated she is a she shall be shall be seen and was able to always tions. Employee (LPN) D. do aring for Resident #6. It is a shall be confirmed and visually confirmed the order. The nurse next confirmed the order. The nurse stated that she medication without it do the Pharmacy.	F.5.	01				

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		105884	B. WING		05/01/2015
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s titl oo on s s sid do oo ot st. e. ver	The DON said that vadmitted on up the physician ord sheets, the sheets that did not ha for the medication at (DON and ADON) di medication not being the physician orders the next morn manager was out on the physician ordered me manager was out on was asked who would physician ordered me transcribed into the MR ecord (MAR), she si DON said, "We chee the physician ordered me order whe physician ordered me the physician ordered me the physician ordered me the physician ordered me the physician ordered me the physician ordered me the physician orders were sked how that the off the did not review the hysician orders were sked how that had he had in the physician orders were sked how that had he physician orders were sked how that had he physician orders were sked how that had he physician orders were sked how that had he stall thing the physician orders were sked how that had he stall the physician orders were sked how that had he stall the physician orders were sked how that had he stall the physician orders were sked how that had he stall the physician orders were sked how that had he stall the physician orders were sked how that had he stall the physician orders were sked how that had he stall the physician orders were sked how that had he did not stall the physician orders were sked how that had he did not stall the physician orders were sked how that had he did not stall the physician ordered stall the physi	opened to Resident #2." when Resident #2 was and the nurse had written ers on one of our order rives written on a regular ve a loopy that is used liministration record. We of not find out about the given until what the process was on orders for their accuracy she infit manager will check the ing and then added the unit maternity leave. The DON to be responsible to verify the dications were accurately edication Administration aid the ADON or me. The ked the physician order written correctly but because as not put on the physician ined a loopy it did AR. "The DON confirmed MAR to make sure all the transcribed. The DON was ppened and stated; "I'm how it happened and then I ortunately already cell if the facility used a swiy admitted residents but now it is mputer tells us what to do there the day of the verbal t sign the in-service ttended. v was conducted for ed he had resided in the y three weeks. His	F 501		

FURM APPRUVE OMB NO. 0938-039 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DESICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED. IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING 105884 B. WING 05/01/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTER TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID /EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 501 Continued From page 129 F 501 Review of resident #2's admission orders were to give 4 mg by mouth on Sunday, Tuesday, Wednesday, Thursday and Saturday and to administer 2 mg on Monday and Friday. The MAR indicated that on: 4/8, 4/9, and on orders were initialed/signed as being administered resulting in a total of 6 mg of the order was On discontinued and rewritten to give mg by mouth on Sunday, Tuesday, Wednesday, Thursday and Saturday and to administer

2 mg on Monday and Friday, (The same identical order, this time the initial boxes were outlined indicating which day of the week the medication needed to be given). A Medical record review of admission orders indicated that Resident #2 's admission orders for _____ indicated he was to receive ____ 40 mg by mouth one time daily. The MAR did not reflect this order until ... (ten days after he was admitted). The facility failed to administer 15 units in the morning and 5 units at night time until ten days after being admitted to the facility. This order was also missed on admission. The facility also failed to ensure Resident #2, with a diagnosis of had ducose levels monitored as ordered and he was not administered sliding scale of again, ten days after he had been admitted to the facility. On _____ at 11:45 a.m. a telephone interview

was conducted with Resident #2 's attending physician. He confirmed he was notified that the resident had been receiving double doses of his and confirmed that his International

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	N OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	CON	TE SURVEY MPLETED
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NAME OF	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 501	Ratio was 3.2 and n The physician confir his orders and shoul proper dosages of	not critical srapeutic). rmed the facility did not follow ald have administered the on the proper days	F 50	1		
	confirmed that he want receive his order after being admitted of the for eleven day facility. The attending resident had a diagnineeds monitoring?	does that mean he The attending physician				
i c c c c n	need to fix it, I don't corporation they have doesn't happen agai The DON provided a	have went into and worse yet The physician stated "they know if it's the DON or the to fix these things so it in." copy of an in-service that				
i	was conducted on medication omission of Method: Verbal Topic: Protocol, Method: With results becheck orders daily and accurate. The DON	(three days after the was found) Teaching	-			

on physician orders not being transcribed accurately in the residents MAR or not being transcribed at all, she did not respond. The DON was asked if the nurse that had not transcribed the ... and ... in Resident #2 's MAR had attended the in-service that she had on

The DON stated, "The nurse was there but she did not sign on the sign in sheet." When asked if there was any other information that she had on training her nursing staff she

AND DIAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		À BUILD	DING	COMPLETED		
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	stated, "We were meeting on Tuesda On the I they were aware of errors and provided indicated a medicat facility was aware o error on no occurred. It was un investigation of how was found. On checks the MARs to through all of the M. was no documentat The DON said that I check every MAR d. completeness. 9. The facility admit with diagnoses includents of the M. was no documentated to meet a completeness. The facility admit with diagnoses. Review of the Admis M. We will be a considered the month of the Mercord revealed the month of the Care is a problem area was potential for approaches included as MD ordered." The findings were occurrent administration on the modulation.	oing to bring it into our QA ON and NHA confirmed that Resident #2's medication a facility document that on error had occurred. The fresident #2's medication a facility document that on error had occurred. The fresident #2's medication wever, no negative outcomes clear due to the lack of the and why the medication error the DON stated she to times a week by flipping ARS. "She confirmed there on related to this process. he ADON and Unit manger ally for accuracy and ted Resident #10 on ding Accident and a physician order summary sion Physician order summary sion Physician order summary sion Physician orders, dated he resident was prescribed daily at 9 a.m. Medication Administration sident #10 did not receive There was no e back side of the MAR as to was omitted. Plan, dated identified for " athorimal "The "administer" infirmed by the Nurse rator and Director of Nurses No additional information to why the medication would	FS		n sheet Page 132	2 of 167	

IDENTIFICATION NUMBER:

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
EXCEL	REHABILITATION AND	HEALTH CENTER		_	811 CAMPUS HILL DR AMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
	not have been giver 10. The facility adm with diagnoses included with diagnoses included face sheet. Review of the medic #14 was transferred of life care. Further review of the physician 's telepho for 30 units The resident was pla sub-therapeutic INR Ratio) levels and she additional J clot Review of the Labor. Resident #8 the resident remained suphysician was attem. 11. Review of the MRecord for did not receive available doses. She on at 9 a.m. for all plans and the process of the state of	to Resident #10. Itted Resident #14 on	F6	01			
	why the medication wo	as not given. Int was noted to have					

diagnosed with a Review of the Care Plan, dated

redness and to her right leg. An was ordered and the resident was

a problem area was identified for "
potential for abnormal

approaches included " administer

revealed

STATEMEN AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		IG	co	MPLETED C
		105884	B. WING _		05	5/01/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612		
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, of F	as MD ordered." During an interview Nurse Consultant. He state have been availabl unable to determin have given the me least one dose of t given on	vion at 2:30 pm, the confirmed the missed doses of driven the medication should for from pharmacy and was e why the nurses would not dication. He stated that at the should have been mitted Resident #15 on uding and error the demographic face 2015 Physician Orders #15 was prescribed daily for two weeks. Cation Administration Record lied Resident #16 did not on and Plan, dated revealed identified for "a abnormal "The do "administer on on firmed by the Nurse itrator and Director of Nurses a.m. No additional ded related to why the thave been given to littled Resident #16 on littl	F 50			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURI COMPLETE	
		105884	B. WING		1	01/2015
NAME OF	PROVIDER OR SUPPLIER		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE		
EXCEL	REHABILITATION AND	HEALTH CENTER	1	2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	(X5) COMPLETION DATE
	INR (international ne Review of the Labor was collected on Review of the Medid for 2015 reve on received four doses medication should he the INR value of 2.5. Further review of the INR was collected or was stapeut Record review revea was noted. Review of the Care F problem area was identified as MD ordered. The findings were co Consultant, Administron at 11 am. was provided related	ormalizing ratio) above 2." atory Data revealed an INR that was 2.5. ation Administration Record aled Resident #16 was given and He of after the ave been discontinued per Laboratory Data revealed an and the resident ic at 3.9. ied no indication of abnormal clan, dated revealed a antified for " administer hoffmed by the Nurse ator and Director of Nurses No additional information to why the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and the resident received and resident resident received and resident resident received and resident resident received and resident	F 501			

omitted.

with diagnoses including

mg PO daily at 5 pm. Review of the

ith diagnoses including ,
...... Accident and per the demographic face sheet. Review of the Physician's Orders for | 2015 revealed the resident was prescribed | 3

2015 Medication Administration Record revealed Resident #17 did not receive the prescribed for 5 doses; 4/7, and There was no documentation in the nurses 'notes or on the back of the MAR as to why the medication was

	AN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING	1000	MPLETED
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	OF PROVIDER OR SUPPLIER	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 2811 CAMPUS HILL DR TAMPA, FL 33612	E	
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F 5	Review of the Care a problem area was so potential fo approaches include as MD ordered." The findings were consultant, Adminis on at 11 am provided related to have been given to 15. The facility administration feed to the consultant of the consultant, Administration Review of the 12 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the 2 Administration Review of the Care Fa problem area was included as MD ordered. "During an interview was active to the consultation of the consul	Plan, dated revealed identified for " rabnormal " The d "administer onfirmed by the Nurse Itator and Director of Nurses. No additional information as why the medication would not Resident #18 on seident was readmitted on onces including still a was prescribed 1.015 Medication of the Resident was readmitted on onces including still a was prescribed 1.015 Medication of the Resident #18 did 1.015 Medication of the Resident #18 did 1.015 Medication of Resident #18 did 1.015 Medication of Resident #18 did 1.015 Medication on the Resident #18 did 1.015 Medication #18 did 1.015 Medication #18 did 1.015 Medication #18 did 1.015 Medication #18 did 1.015 Medication #18 did 1.015 Medication #18	F5	01		

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EXCEL	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
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t i	bedside table that he medications but that changed from the m so often now that it it The findings were oc Consultant, Administ on at 11 a.m as provided related to not have been given in 16. Resident #19 was 11 a.m. Resident #19 was 11 a.m. Resident #19 was 11 a.m. Resident #19 was 11 a.m. Resident #19 was 12015 with administration on "Current active on that was provided by The physician orders order, dated #150 mg capsule one times daily for a diagnification of the MAR was review dentified that Resider tosses of Pradaya on	edication book on his a would utilize to check his the medications are anufacturers or the pharmacy sobsolete. Infirmed by the Nurse rator and Director of Nurses. No additional information on why the medication would to Resident #18. Is admitted to the facility in litting diagnoses of and #19 was identified and listed riders for the facility.	F 50°			

abnormal

was not followed.

The nursing notes revealed that for the days the medication had been omitted, there was neither documentation nor notification to the physician on why a prescribed medication was not administered as ordered.

Review of Resident #19 's Care plan Focus on Anticoagulation has a potential for

17. Resident #20 was admitted to the facility on

Date Initiated; Goal " will be free from signs and symptoms of

" Interventions: Administer as MD ordered. The Care Plan

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		TE SURVEY MPLETED
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1 v	with a his of rigit Review of resident p. determin receive .40 hours for preventative. The MAR was review revealed seven sepa around initials indical administered as orde p.m., the box on the long of the control of t	tory of recent it with the with the with the wear to mg every 12 e measures. Year of it rate missing initials or circles ting the medication was not read. On at 9:00 MAR was without an initial, the box was initialed with a 00 a.m., the box was considered with a 100 a.m., the box was initialed with a 100 a.m., the work with a 100 a.m., the work was in the work was in the was not condurising note for that the was not condurising note for indicated that the indicated	F 501			

and

ordered

days for a

demographic information in the record. Review of the Physician Telephone Orders, dated revealed the physician ordered a Urinalysis with Culture and Sensitivity and also

, per the

however, the 2 p.m.

...... 500 mg every 8 hours for 7

Review of the Laboratory Data revealed Resident #8 did not have a Urinalysis collected. Review of

2015 Medication Administration Records revealed Resident #8's was not started until (a three day delay in initiating the physician 's order). Further review of the MAR revealed the 6 a.m.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		TE SURVEY MPLETED
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EXCEL	REHABILITATION AN	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
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is A R N	and 10 p.m. doses During an interving Nurse Consultant's not been collected, why the nurses wou sample. He also st end to be a collected, and 10 p.m. doses v consultant also con documentation relation to collected, why th 3 days or why the re her 19. During an interv the facility provided a related to The plan included that A Performance Impro nitiated on re an audit was complete sesidents. Physician he physician if there Log was a ssues were found. 100% house audit v endications and now ended to the collections and or we ended to the collection and the collections and or we ended to the collection and the collections and or we ended to the collection and the collectio	were omitted. on at 2 p.m., the atade that the Urinalysis had He stated that the was unsure ld not have gotten the ated that the 6 am dose of was taken from the ated that the 6 am dose of was taken from the . He confirmed the 2 p.m. were not given. The Nurse immed there was no ad to why the urinalysis was e medication not initiated for sident missed two doses of ew on at 11:10 a.m., I plan of action received a following: wement Plan that was lated to ed of all orders, labs, notification of was a change and the courate. No significant . NRs were updated.	F 50			

Three nurses that work as needed (PRN) have not been provided education and will not be allowed to work until educated.

Agency nurses will be provided a packet that includes Managing Residents on Anticoagulation.

The packet will include the Anticoagulation Policy and the facility's new

an and a committee control from a con-						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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h n n T T fc p p F F w w w w w w w w w w w w w w w w	"Hold." All new admissions v morning meeting to a transcribed onto the weekend supervisor admissions on the weekend supervisor admissions on the weprocess). All residents that are be reviewed in a wee orders, labs, and MAI anti-co. orders affect the weekend supervisor and the weekend supervisor and the weekend supervisor and the weekend supervisor and the weekend supervisor and the weekend supervisor and the weekend supervisor superviso	nting medications that are on will be reviewed in the issure all orders will be POS and MARTAR. The sresponsible for new exceeds (not a new receiving will dy care meeting with all services. New medications ekly care meeting. Looking dication is transcribed, the freeded, medication on MAR and that the iministered. He will be implemented ing (not a new et all of the control of the	F 50			

	And a series of the second control of the se	CONTRACTOR OF THE PROPERTY OF	and the second second second	marana w	······································	minore management	redressa resonance
	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	LTIP	LE CONSTRUCTION		TE SURVE
AND P	AN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	JING	3	CC	MPLETED
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F 500 SS=E	a medication error. Nursing Administrationecks of the nurse Nursing Administrationecks of the nurse Nursing Administrationecks of the nurse Nursing Administrationecks of the nurse All INRs will be Meeting. All INRs will be Meeting. All INRs will be Meeting. All INRs will be Monitoring: the MAR the DON daily for 30 The Medical Director aware of the plan and A OA meeting will be On All nurses shift and a sample of were interviewed regs system related to were able to documentation of The nurses also were of the shift to shift Mer Report review. Shift change was obse 3:30 to 4:15 p.m. with performing the MAR re initialing the newly imp A medication pass was	on is responsible for dally to nurse MAR review. on will initial for accuracy, viewed daily by the DON, being educated today, reviewed daily by the DON, being educated today, reviewed in the daily Clinical II be reviewed in the daily Clinical II be reviewed in the orders checked against the orders checked against the orders checked against the orders checked against the orders checked will be monitored by days has been informed and is it has approved it, held on so on the first and second nurses from the night shift arding the facility's policy on administration. able to explain the process dication Administration erved on between all nurses appropriately wivers. The nurses were lemented form.	F 520				

A facility must maintain a quality assessment and

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER	103004			05	/01/2015
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o e c c c c c c c c c c c c c c c c c c	assurance committe nursing services; a parallelist, and at least of facility, and at least of facility and at least of facility and at least of facility and a least of facility and assurance activities develops and implementation to correct identifications for succept insofar as succept insofar as succept insofar as succept insofar as such concept insofar as such	e consisting of the director of hysician designated by the other members of the ent and assurance east quarterly to identify which qualify assessment ies are necessary; and ents appropriate plans of iffied qualify deficiencies. ary may not require rds of such committee of such committee of the member of such committee of milder of the member of such committee of the member of such committee of the member of such committee of the member of such committee of the member of such committee of the member of such committee of the member of such committee of the member of such committee of the	F 520	Medication Error reports were completed resident's #2, 46, 48, 69, 69, 414, #15, #16, #12 #19 and #20. Their perspective attending physicians were notified of the medication and nay new orders regarding the errors heen implemented. All required notification regarding the errors were made to the phan and medical director. These residents are receiving their medications as ordered by thy physicians at this time. A complete facility review was completed on 30-15 to assure that all resident medication orders were transcribed on the medication administration records. All residents are receiving their medications as ordered by the physicians. No other errors were identified in this review.	7, #18, errors ave ns rmacy heir	
As re At Ac an ad imposes Ba.	c: assed on the review of ssessment and Assur cord review, interview tending Physician, th ministration and revi d procedures related ministration the facility plement and monitor stemic practice of sed on a review of all selving	f the facilities Quality ance Committee, resident so with the facility staff, the e Medical Director, facility ew of the facility's policy to medication y failed identify, a known deficient administration				
phy	not receive their sician 's orders. Re 4, #15, #16, #17, #18	per the sidents ' #2, #6, #10, #19 and #20 were				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DAT	(X3) DATE SURVEY COMPLETED	
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a a g g ##. thu thu thu thu income was Re #18.	and accurately for to (48) residents review Resident #6 was not wenty six days. The hold for three days facility staff failed to resume the medical Resident #6 reported ported that the pair and ordered acility failed to imple lays, delaying treatm Resident #6 to dissolve to dis	eiving that revent clots or ese failed to administer of medications timely well for medication accuracy. I administered for medication was placed on or a dental procedure. The implement the order and on on 2015, I pain to the nursing staff and n was consistent with a Deep is physician was notified on the necessary tests. The ment those orders for three ent to the resident until required injections of he clot. Resident #2 was a dose of	F 52	3. The following reviewed, A Medication Medication Medication Committee and update provided to process by tuillizing CM materials. The materials of the materials of the materials of the materials of the materials of the materials. The materials of the materials of the materials of the materials of the materials of the materials of the materials. The materials of the materials o	ad as needed. Education he he QAPI Committee on: the QAPI Committee will to GAPI Committee will for CAPI Committee will for CAPI Committee will for continued identificial planning for identified o ment in the facility. The hop open committee will be brought to the individual comment of the GAPI Committee wand implement will be brought to the infor review and implement coses. QAPI Meetings are a weekly basis times eight weeks as a monitored by the Nurse for three months and the m will also be over seen b to and the Medical Direct or and the Medical Direct or and the Medical Direct or the CAPI Committee on the condition of the committee of the co	rotocol, e, n of API n revised as been the QAPI tional utilize this ation, pportuniti Medical cational es for QAPI t tatation of currently t weeks an nd the Consultan n quarteri y the	es d	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 105884		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			1 03/01/2013	
EXCEL REHABILITATION AND HEALTH CENTER				2811 CAMPUS HILL DR				
	-			1	TAMPA, FL 33612			
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F 520	seven doses of Resident #8 there w	#20 was not administered from as a three day delay in ordered and then	F	520				
f f c c c c c c c c c c c c c c c c c c	Findings include: 1) A review of the facilities policy 12004) " Quality Assurance and Performance Improvement Committee (QAPI). Goals of the committee: (2) promote the consistent use of facility systems and process during provision of care and services. (3) Help Identify actual and potential negative outcomes relative to resident care and resolve the appropriately. (5) Help departments, consultants and ancillary services mplement systems to correct potential and actual sesses in quality of care. " "Committee Meetings: (2) Special meeting may be called by he coordinator as needed to address issues that annot be held until the next regular scheduled neeting." 1) Review of the facility policy entitled " ledication Administration General Guidelines for ledication Administration of Medications " policy 6.2 lage one of three) (no dated) was reviewed and was expected that the nurses administr edications per the physician 's orders. The DON and NHA ON at 3:30 p.m. infirmed that they were aware of Resident #6' 's edication errors and provided a facility curred. The facility was aware of the courred. The facility was aware of the							

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUIL		LE CUINSTRUCTION	(X3) DATE SURVEY COMPLETED		
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t t c c t t t c c t t t c c t t t t c c t t t t c c t t t t c c t t t t c c t t c c t t c c t t c c t t c c t c c t c	how and why the me During an interview of Administrator stated report of the concern informed of the media Manager had educate DON informed her thin westigation and worth the next QA meeting was initially scheduled every third acility has done Ad He her DON wanted to more the process. The Administrator (NHA) sucheduled every third acility has done Ad He her DON wanted to more performed her that the frocess. The Administrator was the process was rocess was not compresented. The NHA confirmed she edication errors in the plement or monitor of at risk. Resident #60 artified on Jalify Assurance and Jalify Assurance	ack of the investigation, of dideation error was found. on	F	520				
pre	sent any information estigation, education	regarding her						

	ND PLAN OF CORRECTION (A1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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ill see of the see of	the start of the surve An interview was cor Director of Nursing (I) p.m. A list of medica	a put in place as of the time of yon	F5	20				

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	T OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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FFF FFF FFF FFF FFF FFF FFF FFF FFF FF		om failures the ted that he visual states and the control of the c	was here at the day. However, ip was present expected that any incident. Not made aware dent #6. He was ated to ated that he was ated to ated that he was if agency staff adical Director an identified or staff en was aware of enting physician nurse would g shifts and the He stated that "within the mentation. The uruse initial the de confirmed ssurance (QA) ration and order dical Director is system in id be able to within or the expected or eventually and the sexpected or eve		220					
	t just a it was ar 2-99) Previous Versions Obso	n extensive	The Event ID: KCY611	P.	iller ID: econ					
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
E C I I I I I I I I I I I I I I I I I I	resident stated that my knee to my foot a than one "nurse had spoken to than one "said, "No, the docto not giving me my me pissed." They (the docto not giving me my me pissed. "They the docto not giving me my me pissed." They the docto not giving me my me pissed. "They that se what all may mand, "that is what all may." The resident start checking them a awe to ask if all my m is it? " "urring a telephone into the medication of the medicati	"the doctor said it was from and I think there was more the resident was asked if the her about her . She told me to the was really unuses) had to give me day for five days and I hate #6 said that when she first by she had ain her left /I take theevery tated that she used to severy day and now has to gain. It's not my job to edications are there or not expressed to the severy tated that she used to severy day and now has to gain. It's not my job to edications are there or not expressed the me to the severy day and now has to gain and the severy day and now has to gain at the severy day and now has to gain at the severy day and now has to gain at the severy day and now has to gain at the severy day and now has to gain at the severy day and now has to gain at the severy day and now has to gain at the severy day and now has to gain at a surgery. The physician stand why the nurses did nor. "I gave the nurses also under the severy day and have received the ot have gotten a	F 524		
17(02-	99) Previous Versions Obsolet	e Event ID: KCY611	Facility	ID: 62932 If continuation sheet	Page 148 of 167

	errenn ar on erne en en en en en en en en en en en en e	Children Co. and the deleganistic children .		ı		
STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DA	J. 0938-0 ATE SURVEY IMPLETED
NAME OF	PROVIDER OR SUPPLIER	105884	B. WING		05	C 5/01/2015
	REHABILITATION AND	HEALTH CENTER	:	STREET ADDRESS, CITY, STATE, ZIP COD 2811 CAMPUS HILL DR TAMPA, FL 33612	E	
(X4) ID PREFIX TAG	1 (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULDEE	COMPLETIC DATE
the Radia on Me review of the beeing the contract of the contr	He verbally A. The attending ph Doppler order was n and also medication was start unsure of why there o obtained the medication, the medication, further review of the "Stop and n p.m." Th ursing signature. Th vritten; Clarification IS— (this order w Doppler STAT ie same day eview of the Medicati thed 2015, rew outh once a day. Dir ofer a hand written en adication Administrati realed the nurses do and MAR for restarted was review al should have been incating the dose was sainder of the MAR for was reviewed	gave the order to Employee ysician confirmed the of completed until confirmed that no ed until He was would have been a delay in necessary tests or initiating physician orders dated on x 3 days prior to assume one day post e order did not contain a e next order that was 15 mg orally every as not dated). A hand r, dated on and a third order dated for 80 MG SQ (two times) for 5 days. On Administration Record, alled a typed order dated MG tablet one tablet by cotty underneath the typed try, resume The on Record (MAR) sumented for "HOLD." when the was to ed. The boxes, where an written, were empty not administered). The orm through with no indication that given and the professor and the prometical professor and the prometical professor.	F 520			

Facility ID: 62932

CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING

a wing

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

105884

c /2015

NAME OF PROVIDER OR SUPPLIER

TATEMENT OF DEFICIENCIES

STREET ADDRESS, CITY, STATE, ZIP CODE

EXCEL REHABILITATION AND HEALTH CENTER

2811 CAMPUS HILL DR TAMPA, FL 33612

(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) COMPLETION DATE
- 1	Continued From page 149 contained a Progress note/Monthly Evaluation "dated: Listed under current complaints: "Redness and left leg." Documented (under extremities): 4+ L = "left leg (new finding). Resident had been "Off 15 MG for 3 weeks by nurse" s error. "Further review of the attending physician 's progress note indicated that Resident #6 had a Recurrent to her left leg that is new and has worsened. Hand written next to the word worsened "and written next to the word worsened" "Doppler was ordered." A review of the Physician's Progress Notes revealed on 3/28/16, the Attending Physician assessed Resident #6 and diagnosed her with an acute The physician sessessed Resident #6 and diagnosed her with an acute "Redness and left leg. "The physician documented: "Redness and left leg. "The physician also documented that the resident had been "Off 15 MG for 3 weeks by nurse's error." Further review of the Attending Physician's progress note revealed he documented "Doppler was ordered." There was no corresponding physician's roder for the Doppler Studies until have seldent.	F 520		
	Further review of Resident #5 's medical record revealed that she had resided in the facility for approximately fifteen months and was fifty three personal Resident #6's medical history noduced and a history of On 12/22/2014 a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed a revealed no documentation of a red, revealed no documentation of a red, red revealed no documentation of the omission of the medication, the physician visit or the new	-		

		and the second of the second control to the			CIVID IN	J. U938-U	
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE S COMPL		
		105884	B. WING		05	C i/01/2015	
	REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612			
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETIO DATE	
i v	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 52				

Indications:

was not discontinued). "

A review of the Ultra Sound Report, date of service: revealed: Examination:
Doppler extremity/limb, left. Clinical

color imaging shows no collateral and augmentation of post poplitieal deep and common of left leg. There are no excessive collateral veins. Left

of Limb, Findings: Real time

							J. U938-U3
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUI A. BUILD	TIPLE CONSTRUCTION		(X3) DA	TE SURVEY MPLETED
		105884	B. WING	B, WING			
	PROVIDER OR SUPPLIER	HEALTH CENTER		STREET ADDRESS, CO 2811 CAMPUS HILL I TAMPA, FL 33612	05	05/01/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER (EACH CORR	"S PLAN OF CORRECTION SHOUL ENCED TO THE APPROPRIESED TO THE APPRO	DRF	COMPLETIO DATE
F 520	Continued From pag Impression: Extensionseen,		F 52	0			
	times a week by flipp " She confirmed the related to this proces	e checks the MARs two ing through all of the MARs, re is no documentation s. The DON said that the					
r a c o re	andomly checked the accuracy and complet thecked new admission thers. "She stated the asponsible for checking ach cart on a daily be	n , at 8:50 a.m., The Nurses stated that she MARs on a daily basis for eness. She stated that she ons and "maybe two that the Unit Manager was ing at least five residents on isis. The ADON stated that a system of checking the					
a.i. (si ch orc acc with her shirt arms or to be train ADC	tertied on Monday eccked all new admissiblers and double chec ourracy. She stated the highest stated the highest stated the highest stated the highest stated that she gets frour report in the more to the ADON or DC ming meetings. She canning meetings and we egin to go. She stated has been shall she was provided to a Not told her the things.	A. Interim Unit Manager She stated that she slons for accuracy of sks with the MAR for at she did not do anything y basis. No one informed to be checking the MARs.					

Facility ID: 62932

	ato, conscending	IUENTIFICATION NUMBER:	A. BUILDIN	VG	co	MPLETED
		105884	B. WING		0.5	C /01/2015
	F PROVIDER OR SUPPLIER REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612	1 00	10 112013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RF	(X5) COMPLETION DATE
t t t t t t t t t t t t t t t t t t t	whole position. " The regular unit man Term Care unit was a rand was unable to be and was unable to be the 3-11 p.m. shift, fa physician. During an interview or Employee (RN) E, an resident on 12 of the 2 that she had been an worked in long term construction was a familiar with Resis she was aware the resmedication was not add that she did not have the tire and was aware that the for She stated that it was she did not have the tire and was aware that Refor She stated the doctor came in and nedication to other stated the doctor came in and nedication should have ne nurse should write he doctor came in and nedication should have ne nurse should write he redication is to be held not indication the medica ated that when the doctor came in and nedication is to be held not indication the medica ated that she did not real. The nurse stated that she did not real.	ager (LPN) B, on the Long surrently on medical leave o contacted. It is not seen as a signed on led to administer the leave by the attending on at 4:10 p.m. urse that cared for the 6 evening shifts, stated urse for a long time and re. She stated that she leave the stated that she leave the stated that dident needed ministered. She stated that leave the stated that he corder was on going, on hold. She stated that he to research the order sident #6 was at high risk at she questioned the ft, however, she did not nober was. She stated that then realized the been resumed. The a medication was held, old on the days that the and then indicate when a resumed. The nurse confirmed that there was tion had been given. She scall the resume hat "my philosophy is if on and don't see a stop handthen reas the partners are so the another resume as the partners are so the number of the son that the presume hat "my philosophy is if on and the nurse cast to the son the so	F 520			

AND PLAN	OF CORRECTION .	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		105884	B. WING		05/01/2015
EXCEL	PROVIDER OR SUPPLIER REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP COI 2811 CAMPUS HILL DR TAMPA, FL 33612	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETIC
	the pharmacy. She card was not in the confirmed that she domissions in the chance look at the chart	e stated that she would call stated that the medication sart. The nurse also id not document any rt. She stated that she did to find the original order.	F 52	20	
the sage of the sa	she worked at the fax said she was a new L was her first job in a said she was a new L was her first job in a said she was a said she was " on her sknowing the proces to back and ask ques tated that she recalle he confirmed that she that cared in the cared in a said to the said she cared in the said that she mad a first member was ask to make the said that she recalle he confirmed that she cared in the said that she cared in the said that she said that she was ask to make the said that she was conducted to the said that	yee (LPN) D. she stated that slitly She PN, graduated 2014, and it skilled Nursing Facility. For training she stated she 3 days and was on her own e said she had felt that it orientation process as far sees and was able to always tions. Employee (LPN) D, d caring for Resident #6. e was on and or her several times. The ded and visually confirmed d that she worked on The nurse next confirmed did then confirmed the order The nurse stated that she medication without it dates were blank, with d of the Pharmacy Resident #6's to the Dispensing Log received 14 bills on the processive 15. The pharmacy sent worked to preceive d 14 bills on the processive 15. The pharmacy sent worked to proceive d 14 bills on the processive			
	ninistered by available for adm				
3-2567(02-	99) Previous Versions Obsole	te Event ID: KCY611	Facility	ID: 62932 If continuation	sheet Page 154 of 167

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION		TE SURVEY MPLETED
		105884	B. WING		0.5	C /01/2015
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		70 112010
EXCEL	REHABILITATION AND			2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETIO DATE
F C A A A A A A A A A A A A A A A A A A	medicine used to trea of these conditions o lowers your chance o to prevent clots from you may forming a clot in your without to prescribes it for you. S increases your risk of to stop taking prescribe another prevent a	a routinely stocked eregency Drug Kit. Manufacturer 's lication Guide for is a prescription at and to help reduce the risk courring again. I having a	F 52	0		
- 1	All thirt	residents were sampled.				

The following residents were identified with

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MI A. BUIL		(X3) DATE SURVEY COMPLETED			
		105884	B. WING	·		0.0	5/01/2015	5
	PROVIDER OR SUPPLIER			28	TREET ADDRESS, CITY, STATE, ZIP CODE 811 CAMPUS HILL DR AMPA, FL 33612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLET DATE	NOI
is continued the continued to the contin	7) During an intervie p.m. the facility's Distated: "we have he it happy stated: "we have he it happy stated: "we have he it happy sold and the physician orders on and the physician orders on the was writte not have a more distant and make the physician orders for a sked what the proceadmission orders for it susually the unit manay next morning and the was out on maternity who would be responsordered medications we have to the Medication Adhe said the ADON or hecked the physician written correctly but be was not put on the physician written correctly but be was not put on the physician written correctly but be was not put on the physician with the physician written correctly but be was not put on the physician with the process of the work of the work of the physician with the physician with the physician with the physician with the work of the physician with the physician with the physician with the work of the physician with the	ew on at 3:45 rector of Nursing (DON) at another problem with an bened to Resident #2. " The Resident #2 was admitted nurse had written up the ne of our order sheets, the no a regular sheet that did py that is used for the atton record. We (DON and at about the medication not "The DON was saw as on checking heir accuracy she said that per will check the orders the added the unit manager eave. The DON was asked ible to verify the physician vere accurately transcribed ministration Record (MAR), me. The DON said, "We order sheet and they were cause the sician order sheet and they were cause the individual states of the that by it did not show up on the firmed she did not review all the physician orders "DON was asked how that ed." I'm still trying to ned and then I do find it already occurred." by used a check off et residents she said."	F	220				

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY MPLETED
		105884	B. WING		0.5	C /01/2015
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	10112015
EXCEL F	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETIO DATE
rrss ss ss ss ss ss ss ss ss ss ss ss ss	Tuesday, Wednesda and to administer and Friday. The MAR and were initialed/signed describing in a total of fee over the order wew. The order wew. The the order wew. The the order western and to admin donday and Friday. (In the order week e given). The DON provided a cas conducted on edication omission we ethod: Verbal Topic: — Protocol. Ma. all MD with results be etck orders daily and accurate. The DON servicing that was prophysician orders not curately in the reside.	inistration Record for vere to give by mouth on Sunday, y, Thursday and Saturday 2 mg on Monday 2 mg on Monday 3 mg of 0 mg of	F 52			

A further medical record review was conducted for Resident #2 and revealed he had resided in the facility for approximately three weeks. His diagnoses included:

		PEM I WICHTION NOWREK:		DING	, coi	MPLETED C
		105884	B. WING	·	05	/01/2015
	PROVIDER OR SUPPLIER REHABILITATION AND	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP C 2811 CAMPUS HILL DR TAMPA, FL 33612	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
ss FF FF FF FF FF FF FF FF FF FF FF FF F	Resident # '2s Medi admissions orders d mg by mouth one tim units of mg by mouth one tim units at night time. Reside from receive his scheduled dosage from night time doss The MAR revealed on start 40 mg one 15 units in the time. hold if BS is less Resident #2 nursing r at 3:16 p.m or patient in patient and was supposed to be on da hysician has been part he nursing notes to lew order for NR for the here was no correspondated to the omission and 1:45 as conducted with Resident had been received and confirm attowas 3.2 and not ce physician he confirme sident had been received and confirm attowas 3.2 and not ce physician confirme attowas 3.2 and not corders and should hoper dosages of ordered. The Attendorders.	cal Record also revealed ated for 40 ted ated for 40 ted alivand 15 in the morning and 5 units in the morning and 5 units in the growth of the second of the	F5	520		

did not receive his ordered for ten days after being admitted and he did not receive his for ten days after being admitted to the

						MR M). 0938-	039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		PLE CONSTRUCTION	(X3) DA	TE SURVE MPLETED	Y
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NAME OF	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE			<u> </u>
EXCEL	REHABILITATION AND	HEALTH CENTER			2811 CAMPUS HILL DR TAMPA, FL 33612			
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if if if if if if if if if if if if if i	facility. The Attending resident had a diagree needs monitoring. The Attending resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had a diagree of the third resident had resident had a diagree of the third resident had reside	ng Physician was asked if a osis of being	F5	20				

Facility ID: 62932

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3	CON	E SURVEY MPLETED C 01/2015
	PROVIDER OR SUPPLIER	HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 520	on 4/9 or documentation on the why the medication Review of the Care a problem area was potential for approaches included as MD ordered. "The findings were or Consultant, Adminis on at 11 am.	There was no ne back side of the MAR as to was omitted. Plan, dated revealed identified for " The	F 520			-

with diagnoses including Acute , per the demographic

face sheet

Review of the medical record revealed Resident #14 was transferred to a Hospice House for end of life care. Further review of the medical record revealed a

not have been given to Resident #10. 9) The facility admitted Resident #14 on

physician 's telephone order, dated twice daily. 30 units The resident was placed on due to sub-therapeutic INR (International Normalizing Ratio) levels and she was at risk for developing

additional ... | clots. Review of the Laboratory results revealed, on Resident #14 's INR was 1.1 On the was discontinued. The resident remained sub-therapeutic and the

physician was attempting to adjust her

10) Review of the Medication Administration Record for 2015 revealed Resident #14 did not receive for 4 out of the 6 available doses. She did not receive any

ANU PLAN	UF CORRECTION	IDENTIFICATION NUMBER:		ING	COMPLETED	
		105884	B. WING		1	C /01/2015
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		
EXCEL	REHABILITATION AND	HEALTH CENTER		2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE .	(X5) COMPLETION DATE
S 1 W SIR	on on on on on on on on on on on on on o	The resident did not receive at 9 a.m. at 9 a.m. at 9 a.m. at 9 a.m. There was not the back ministration Record as to vas not given. Int was noted to have to her rightly a solution of the rightly and the resident was lan, dated revealed lentified for "abnormal "The "administer" administer at 2:30 p.m., the firmed the missed doses of lat the medication should om pharmacy and was hy the nurses would not tion. He stated that at should have been and Resident #15 on and the demographic face 5 Physician Orders	F 52	20		

Review of the Care Plan, dated

a problem area was identified for "
potential for abnormal

approaches included "administer

receive her

Review of the Medication Administration Record for | 2015 revealed Resident #15 did not

on and

, revealed

						. 0000-00
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	0172013
EXCEL	REHABILITATION AND			2811 CAMPUS HILL DR TAMPA, FL 33612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
6 I F V F fo	as MD ordered. " The findings were Consultant, Adminis on at 11:00 and 11:00 more medication would no Resident #15. 12) The facility admiwith diagnoses including and diagnoses listed on the Review of the Physical Review of the Physical Review of the Physical Review of the Physical Review of the Physical Review of the Physical Review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Medical review of the Green Review of the Medical review of the Medical review of the Green Review of the Medical review of the Medical review of the Green Review of the Medical review	onfirmed by the Nurse trator and Director of Nurses a.m. No additional fed related to why the thave been given to titled Resident #16 on ling per the physician per Medication Administration and 's Orders revealed on was prescribed "rs, DIC (discontinue) when mailzing ratio) above 2." ory Data revealed an INR that was 2.5, ion Administration Record ed Resident #16 was given and He	F 520			

INR was collected on

was noted Review of the Care Plan, dated

problem area was identified for " potential for abnormal

approaches included "administer as MD ordered. "

The findings were confirmed by the Nurse Consultant, Administrator and Director of Nurses at 11 am. No additional information

was

Further review of the Laboratory Data revealed an

erapeutic at 3.9. Record review revealed no indication of abnormal

and the resident

, revealed a

The

l orazen en		W WILDIONID SERVICES				MB NO	D. 0938-0	039
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	DING		(X3) DA	TE SURVE	
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EXCEL	REHABILITATION AND	HEALTH CENTER	1	2811 CAMPUS HILL DR TAMPA, FL 33612				
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Figure 14 configur	Deen discontinued. 13) The facility admit with diagnoses includer revealed the resident may PO daily at 5 p.m. Review of the Physici revealed the resident may PO daily at 5 p.m. Review of the 20 administration Record for receive the present of receive the present of the MAR as to mitted. Review of the Care Pte problem area was ideproblem area was ideproblem area was ideproblem area for all problem area was ideproblem area was ideproblem area was ideproblem area. The findings were confined the findings were confined that is a subject to the second of the resident with the second of the Ptysician alled Resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose and the resident resident Resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose and resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose chest Ptyriew of the Physician alled Resident #18 with diagnose chest Ptyriew of the Ptysician alled Resident #18 with diagnose chest Ptyriew of the Ptysician alled Resident #18 with diagnose chest Ptyriew of the Ptysician alled Resident #18 with diagnose chest Ptyriew of the Ptyri	teted Resident #17 on fing cident and ographic face sheet. an's Orders for April 2015 was prescribed 15 Medication for 5 doses; and the face of the fa	F 52					
Adm not i	iew of the 2015 inistration Record re	Medication vealed Resident #18 did on 4/2,						

STATEMENT OF DEFICIENCIES AND FLAM OF CONNECTION (X1) PROVIDED SUPPLIER (X2) PROVIDED SUPPLIER (CLA) (X3) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X4) DENTIFICATION NUMBER: (X4) DENTIFICATION NUMB			WILDIONID SEKVICES			(OMB NO	0038-036
INAME OF PROVIDER OR SUPPLIER EXCEL REHABILITATION AND HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	SURVEY
EXCEL REHABILITATION AND HEALTH CENTER 2211 CAMPUS HILL DR TAMPA, FI. 33812 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL PREGULATORY OR LSC IDENTIFYING INFORMATION) F 520 Continued From page 163 or There was no documentation on the back side of the MAR as to why the medication was not given. Review of the Care Plan, dated a problem area was identified for "Douring an interview with Resident #18 on at 3:20 p.m. he stated that there had been occasions where he did not receive his medications but that the medication or the would go back and bring him his ordered medication. He stated that he now had to check all his medications but that the medications are changed from the manufacturers or the pharmacy so often now that it is obsolete. The findings were confirmed by the Nurse Consultant, Administrator and Director of Nurses on 111 no. 2015 with admitting diagnoses of	NAME OF	DDO (DDD on or or or	105884	B. WING			1 -	
FREGULATORY OR LISC IDENTIFYING INFORMATION) FREGULATORY OR LISC IDENTIFYING INFORMATION) FREGULATORY OR LISC IDENTIFYING INFORMATION) FOR There was no documentation on the back side of the MAR as to why the medication was not given. Review of the Care Plan, dated a problem area was identified for " potential for abnormal area was identified for " potential for abnormal as MD ordered." During an interview with Resident #18 on at 3:20 p.m. he stated that there had been occasions where he did not receive all of his ordered mediations from the nurse. He stated that he now had to check all his medications for accuracy. He stated that they were either out of the medication or they would go back and bring him his ordered medication. He stated that he used to have a medication book on his bedside table that he would utilize to check his medications but that the medications are changed from the manufacturers or the pharmacy so often now that it is obsolete. The findings were confirmed by the Nurse Consultant, Administrator and Director of Nurses on at 11 a.m. No additional information as provided related to why the medication would not have been given to Resident #18. 15) Resident #19 was admitted to the facility in and Resident #19 was identified and listed on "Current active orders for that was provided by the facility. The physician orders were reviewed with an order, dated to administer and Pradaxa 150 mg capsule one capsule by mouth two times daily for a diagnosis			HEALTH CENTER		2811 CAMPUS HILL DE		-	
or There was no documentation on the back side of the MAR as to why the medication was not given. Review of the Care Plan, dated revealed a problem area was identified for "potential for abnormal approaches included "administer as MD ordered." During an interview with Resident #18 on at 3:20 p.m. he stated that there had been occasions where he did not receive all of his ordered mediations from the nurse. He stated that he now had to check all his medications for accuracy. He stated that when he brought it to the nurse's attention when he did not receive his medications, they told him that they were either out of the medication or they would go back and bring him his ordered medication. He stated that he used to have a medication book on his bedside table that he would utilize to check his medications but that the medications are changed from the manufacturers or the pharmacy so often now that it is obsolete. The findings were confirmed by the Nurse Consultant, Administrator and Director of Nurses on at 11 a.m. No additional information as provided related to why the medication would not have been given to Resident #19 was admitted to the facility in and Resident #19 was admitted to the facility in and Resident #19 was identified and listed on "Current active orders for that was provided by the facility." The physician orders were reviewed with an order, dated to administer and Pradaxa 150 mg capsule one capsule by mouth two times daily for a diagnosis	PREFIX	I (EACH DEFICIENCY	MUST BE PRECEDED BY CUIT	PREFI)	(EACH CORRECT CROSS-REFEREN	CTIVE ACTION SHOULD NCED TO THE APPROPE	RF	COMPLETION
MS-2567(U2-99) Previous Versions Obsolete Event ID: KCY611 Facility ID: 82922	i c c c c c c c c c c c c c c c c c c c	or There w back side of the MAI was not given. Review of the Care F a problem area was potential for a problem area was potential for approaches included as MD ordered. During an interview w at 3:20 p.m been occasions where code and the control of the maintain of the ma	as no documentation on the R as to why the medication of R as to why the medication of R as to why the medication of R as to why the medication of the R as to why the medication of the R as to which the R as th	F 52	20			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

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NAME OF PROVIDER OR SUPPLIER

EXCEL REHABILITATION AND HEALTH CENTER

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STREET ADDRESS, CITY, STATE, ZIP CODE
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TAMPA, FL 33612

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da FF R A A da FF A A Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	at 9:00 p.m. indicates available to give. As the same of the same	If that the was not second nursing note for 1. Indicated that the d. Ited Resident #8 on 3/16/15 ing an Telephone Orders dated physician ordered a and Sensitivity and also on one every 8 hours for 7 ory Data revealed Resident elegant with the sensitivity and also on the elegant	F 520			

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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	the ADON and Unit I process. There was procedure. The DON the role of DON for o checking the MARs i since her arrival and process since then. The since here is at 10:43 am the ADON and Unit Mans.	Manager assist with the not a written policy or is tated that she had been in ne year and the process of ned year and the process of had been an expectation she had continued that the DON also stated on hat she was unaware the gers were not checking to A meeting is to be held	F 520			
		Event ID: KCY611	Facility ID	t 52932 If continuat	ion sheet Page 16	7 of 167

AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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N 042 SS=D	CCR# 2015003927. A Complaint investig was conducted off head of the conducted off head of the conducted off head of the conducted off head of the conducted off head of the conducted of the con	EFACILITY STIGATION CCR# 2015003708, and ation and Extended Survey ours at 6:30a.m. Monday urvey was conducted TION and HEALTH noies identified at the time of vas identified at N 201 at Grievances and the free transparence is transparence of the received of the conduction of th	N 042	Preparation and submission of This plan of correction does no Constitute and admission or agreement by the provider of the truth of the facts alleged or correctness of the conclusions of forth on the statement of deficiencies, the plan of correct is prepared and submitted solely because of the requireme under State and Federal law. This plan of correction will serve as the Facility's allegatic of substantial compliance.	et ion nts	
v	vithout help. 2) Each nursing browne	prepare a written grievance a facility shall maintain		War No.		
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE						
ATE FORM	HH	081	» KC	Administrator HO	5/21/15 ontinuation sheet 1 of 37	

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1	records of all grieval agency inspection, cyrievances handled, underlying the grieve disposition of the grieve disposition of the grieve disposition of the grieve disposition of the grieve disposition of the grieve within a reasonable to (4) The agency may any time. This Statute or Rule Based on interviews. This Statute or Rule Based on interviews. With the grieve disposition of	nces and a report, subject to fithe total number of a categorization of the cases inces, and the final evances. It respond to the grievance ime after its submission, investigate any grievance at is not met as evidenced by: and record review, the n, resolve, and log resident esident #6 and Resident sampled residents. w with Resident #6 on m. stated that she has	N 042	1.Resident #6concern recorded in nurses note regarding timing of her medication, order was written by MD on to change to times requested by res. 66. Concern resolved at that time. Res. #6 concern resolved at that time. Res. #6 concern recorded in nurse's note regarding res. choice of lift resident was provided choice of 2 lift pads, resident chose which one she wanted to use, this was resolved on Social Service met with resident #23 on social service met with resident #23 and adviced resident that call light audit was being implemented to address any negative trends with call light response time. resident expressed no further concerns at that time. Social Service met with Resident #6 on to review Facility grievance process. Resident stated she had no concerns or grievances at this time. Social Service met with Resident \$23 on to review facility grievance process. Resident stated		

will come into his turn off the call light and

Review of the following nursing notes revealed that the staff was made aware by Resident #6

revealed no grievances

that she had concerns related to care and services on and and Review of the Grievance log from

(2) During an interview with Resident #23 on at 3:10 p.m. he stated that when he pressed his call light for assistance that the staff

logged for Resident #6.

he had no grievances/concerns

at this time. Resident #23 discharged home on

-	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED
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2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTE TAMPA. FL. 33612 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) (D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAC TAG DEFICIENCY) 2. Grievance p&p reviewed by Social N 042 | Continued From page 2 N 042 Sandene at stay that they are going to get his Certified resident council meeting, and Nursing Assistant (CNA). He stated that this then quarterly with resident council. happens consistently and that he has to do this a Call light audit to be completed few times before his CNA actually comes into the by Social Service/designees on all 3 help him. He stated that there has been through chifte etarting with results reported at times when he has asked the assigned CNA had QAPI meeting. Call light audit will anyone told them that he needed assistance and they tell him no. He stated that the CNA staff has continue on all three shifts told him that they are working short or are for three months by Social Service/designees with results reported by Social Service working on another hall so they cannot see when at monthly QAPI meeting. Negative trends his call light goes off. He stated that many times. identified in call light response time staff not assigned to his liust walk past will be addressed by inservice he has his call light on for to staff involved and documented as assistance. He stated that he has talked with the a resident grievance if indicated. unit manager and the nurses related to staff Tracking and trending of all resident grievance coming into his turning off the call light and reports will continue monthly, leaving without providing him assistance but it with results presented at has done no good because they continue to do it. monthly OAPI meeting. Negative trends identified with grievance type will During an interview with the Nursing Home be investigated by Risk Manager/Administrator Administrator (NHA) on at 4:34 p.m. she stated that Resident #23 was angry about a number of things when he first arrived at the for quality improvement plan and resolution via facility on including some things related root cause analysis. changed his the concerns he had were 3.Resident Grievance p&p is posted never placed on the grievance form or grievance at each nurses station and in the log. She was asked if all residents ' grievances Main lobby, Grievance p&p reviewed at are not logged, then how the concerns are resident council meeting, and then reviewed by the Quality Assurance Committee to Quarterly with resident council identify patterns or trends per the facility policy. Resident's receive a conv She stated that "if grievances are not logged of the Grievance p&p at the time of then it is impossible to track and trend them " . admission . All staff to be She confirmed that there was no grievance inserviced by Social Service/staff development logged related to Resident #23 having concerns. on grievance p&p by Grievance forms placed on clipboards

concerns related to staff not answering the call ICA Form 3020-0001

A review of the nursing notes for Resident #23

administration aware that the resident had

several staff made

revealed that on

access.

at each nurses station for ease of

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l otat	EMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MI II 3	TIPLE CONSTRUCTION	T(X3) DATE	SURVEY
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	light in a timely man the food. It was note Administrator, DON, Manager met with the Review of the Grieva 1/1/2015- logged for Resident: Review of the Grieva revealed the followin Any resident or resprote grievances grespect to treatment well as those not furrexpressed at any tim writing. Grievances w Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Quality Assurance C Q Quality Assurance C Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	ner, taking too long to serve ad that the Nursing Home . Social Worker, and Unit le resident at bedside. ance log from revealed no grievances #23. ance Policy (no date) g: onsible party has the right to prievances include those with and services furnished, as ished, and may be , both verbally and in ill be monitored by the mmittee. In order to be and responsible parties		A.Resident grievance tracking and trending will continue monthly with Social Service reporting results at monthly appl. Call light audits will be completed by Social Service/designee for all 3 shifts 3 months. Social Service will present results of call light audits x3 months are monthly appl committee to identify any negative trends and ensure they are analysed and addressed through root cause analysis.		
N 06. SS=E	Nursing Staff 59A-4.108(4) The nursing home fac nursing staff, on a 24- nursing and related se to maintain the highes mental, and psychoso- resident, as determine	rvices to residents in order to practicable physical, cial well-being of each dby resident assessments care. The facility will staff, age of 1.7 hours of ant and .6 hours of time for each resident	N 063	Facility reviewed C.N.A staffing schedule to ensure minimum staffing requirements for C.N.A'S was met and would continue to be met each day. Staffing coordinator will meet daily with HR,DON or Administrator To review daily staffing levels and staffing for week at hand to ensure minimum staffing requirements for C.N.A's are met.		

ICA Form 3020-0001 ATE FORM

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	400.23(3)(a)1. The a providing minimum nursing home facilitis include, for each fac a. A minimum weekl assistant and license of 3.6 hours of direct As used in this subsection of 2.5 hours of direct As used in this subsection of 2.5 hours of direct facility may not staff assistant per 20 resista	agency shall adopt rules staffing requirements for es. These requirements must illity: y average of certified nursing ad nursing staffing combined care per resident per day, subparagraph, a week is rrough Saturday, and nursing assistant staffing care per resident per day. A facility nellow one certified nursing sents. du nursing staffing of 1.0 or resident per day. A facility nue licensed nurse per 40 nel licensed nurse per 40 nel licensed nursing assistants if their bude only ted duties. I facility must document ng standards as required and post daily the names of enefit of facility residents cognize the use of licensed	N 063	Daily staffing sheet was revised for ease of use and will continue to be posted by shift at each nurse station, all licensed nurses will be inserviced by by staff development regarding daily staffing sheet and mandatory requirement for Licensed nurses to call staffing coording as well as Director of Nursing to advise of any call offs or issues with staffing to ensure adequate coverage. DON/Administrator will monitor Staffing levels on a daily basis and ensur any potential negative variances are addressed. DON will report x3 months to monthly QAPI committee status of Staffing hours.		
- 17	equirements for certif	with minimum staffing lied nursing assistants if the				:

+CA Form 3020-0001 FATE FORM

nursing home facility otherwise meets the minimum staffing requirements for licensed nurses and the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified sexicusively perform the duties of a certified.

	AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CUNSTRUCTION	COM	E SURVEY PLETED C 01/2015
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		nursing assistant for be counted toward the requirements for lice approved a facility 's nurse to perform bot certified nursing assi allocate the amount on on certified nursing a purpose of documen	the entire shift and not also he minimum staffing insed nurses. If the agency is request to use a licensed h licensed nursing and stant duties, the facility must of staff time specifically spent issistant duties for the	N 063			

This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure that they met the minimum staffing requirements for Certified Nursing Assistant's (CNA's) during an observation of the 11:00 p.mr-7:00 a.m. shift one (Skilled Rehabilitation Unit) of two units in the facility and during three

licensed nursing staff. The hours of a licensed nurse with dual iob responsibilities may not be

Findings include:

weeks prior to the survey.

counted twice.

On at 6:15 a.m. Staff I stated that the Skilled Rehabilitation Unit (SRU) had a census of fifty-four residents. She stated that there were two Certified Nursing Assistant (CNA) employees working on the unit (Staff R and Staff H). The staff assignment sheet dated was observed to be posted on the assignment board and noted that there were two CNA's scheduled to care for the SRU residents on the 11:00 p.m.-7:00 a.m. shift (Staff R and Staff H).

ICA Form 3020-0001

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CC C C C C C C C C C C C C C C C C C C	During an interview at 6:34 a.m. she cor often have to work s a.m. shift, with an at twenty residents. During an interview of a 6:36 a.i. sometimes have to what when they work assignment of more During an interview of a 6:40 a.r. last week she had for on the 11:00 p.m. "This place was not a gone down." She was could meet the reside had to work with twen stated "I try. There regive them proper care. On a 14:6:55 confirmed that she was for twenty-nine reside confirmed that this was been assigned to esidents. She stated, work short." On a 16:58 cNA confirmed that this was been assigned to esidents. She stated, work short." The property of the formed that have for twenty-five remonstrated that his as had to work with remonstrated that his as had to work with remonstrated that his remonstrated that his as had to work with remonstrated that his remo	with Staff J, RN, on with Staff J, RN, on fiftmed that the CNA st hort on the 11:00 p.m. signment of more than with Staff K, CNA on m. she stated that they vork with only 2 CNA's short, they have an than 20 residents. with Staff L, CNA on she stated that one enty-eight residents to 7:00 a.m. shift. She st laways like this. I he start so asked if she like that ant's needs when she hyt-eight residents. She ally is not enough time b. p.m. Staff M, CNA as currently assigned to nits on the first time that care for more than twe "It's hard. We consist the shift. He on the shift she of the shift. She should be shaded to she was currently assigned to was currently assigned to was currently assigned to have consistent on this shift. He that have than twenty reside the has been coming to the has been coming to	day care ated, early ear	N 063		
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EXCEL F	REHABILITATION AND		MPUS HILL I FL 33612	DR		
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DA Asite	worked the 11:00 p. she has had to work an assignment with She confirmed that enough time to provicare when they have puring an interview at 4:15 p.t. worked all shifts at it she has been assign residents on the 11:0 stated that it was "ex quality care for so might be shown to the CNA reside CNA's never work un stated that they utilize CNA's never work un stated that they utilize CNA's reside CNA staff ever having she was asked to provide the cNA staff ever having the was asked to provide the cNA staff ever having at the was not awar tith two CNA's for the uring an interview who weeks prior to the dath at upon entranctaff for fifty-four reside at she was not awar tith two CNA's for the uring an interview who he confirmed that upon that one confirmed that upon that one confirmed that upon that one of the confirmed that upon on the confirmed that upon the c	m. she stated that she has m-7:00 a.m. shift and that the short on that shift, receiving more than twenty residents. she does not always have de the residents with quality to work short staffed. with Staff Q. CNA on m. she stated that she has not a facility. She stated that ed to care for twenty-five on p.m-7:00 a.m. shift. She tremely hard" to provide any residents. with the Director of Nursing at 2:05 p.m. she was asked not ratio. She stated that the det the 1:20 ratio. She agency staff and that the ort. She was asked if any of ver more than twenty that she is not aware of the more than 20 residents, wide the time sheets for the hift staff CNA's for the past is survey for review. She was e that there were two CNA ents on SRU. She stated e of the staff only working runit.	N 063			

HCA Form 3020-0001 TATE FORM

AND MLAN OF CORRI	ECTION	IDENTIFICATION NUMBE	LIA R:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DA	TE SURVEY
		62932		B. WING	_		C
NAME OF PROVIDER (OR SUPPLIER	STR	EET ADI	DECC OFFI		05/	01/2015
EXCEL REHABILIT	TATION AND	HEALTH OFFE	1 CAM	PUS HILL	, STATE, ZIP CODE		
			IPA, FL	. 33612	UK		
PREFIX (EACH	OMMARY STATE DEFICIENCY A	MENT OF DEFICIENCIES		ID	PROVIDENCE		
TAG REGUL	ATORY OR LSC	DENTIFYING INFORMATION)		PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCES TO CROSS-REFERENCES TO C	DRRECTION N SHOULD BE	(X5)
			_	IAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLEY DATE
	d From page		T	N 063			
staffing ho	our requirem	ents. She stated, "I can	1				
control wh	en staff call	s in. We use agency sta	ff	i		i	
that the 11	mes they do	s in. We use agency star on't show up." She state	d	- 1		İ	
reliable an	d confirmed	no lacility staff were not	- 1			1	
11-7 shift.	She was ask	that this has affected the	e			1	
was affecte	ed by the CN	ted if the continuity of ca IA staff having 25-30	ire				
stated, "I ur	she did not a	A staff having 25-30 answer this question, but	.	- 1		-	
otatea, rur	iderstand."	, , , , , , , ,	`	- 1		1	
During a rev	lew of liete	provide by the facility on				1	
re	evealed that	following:	-				
111616 916 30	J residents d	following: on SRU requiring		- 1		1	
Thomas	issistance.	- Creduining				l	
assistance 17	residents o	n SRU requiring				1	
transferring.	i two person	in SRU requiring is with bed mobility and	1			1	i
1			1	- 1			- 1
During a revie	W of the Ev	cel Spread Sheet for the		- 1		- 1	- 1
two weeks' pa	y period im	cel Spread Sheet for the mediately prior to survey	1	- 1			- 1
and a reconcil	liation of the	mediately prior to survey assignments sheets,	1	- 1		- 1	- 1
agency stoff a	employee tir	assignments sheets, ne cards, and the	1			1	- 1
facility did not	meet all #	ne cards, and the revealed that the	1	- 1		1	- 1
requirements:	meet all file	statt hour	1	-		1	- 1
On Monda	у :	the facility staffed five		- 1			- 1
CNA's; the min	imum per si	the facility staffed five nift CNA's was noted to				1	- 1
De SIX.						1	- 1
On Tuesda	у :	the facility staffed five				1	- 1
be six.	mam per Sil	the facility staffed five ift CNA's was noted to		-		-	
· On Thursda	11			1		- 1	- 1
TOUT CNA's the	minimum pe	the facility staffed r shift CNA's was		- 1		1	- 1
noted to be six.		Oin o was					- 1
Class III				- 1		- 1	- 1
		i				1	- 1
9A-4.122(2), FA	C Physical 5					1	- 1
Specifics	~ mysical E	nvironment - N	i 111	1		1	- 1
		1		1		1	- 1

Form 3020-0001 FORM

Age	ncy for Health Care Adm	inietration				M APPRO
STAT	EMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T OVOLAN	TING COLUMN		
AND	PLAN OF CORRECTION	IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING:	(X3) DAT	E SURVEY
			A BUILI	DING:	CON	APLETED .
		50000	D 140010		- 1	С
		62932	B. WING	1	. 0	
NAME	OF PROVIDER OR SUPPLIER	STREET	ADDRESS, C	ITY, STATE, ZIP CODE		
EXCE	L REHABILITATION AND		AMPUS HIL			
		TAMPA	, FL 33612			
(X4) I PREF	D SUMMARY STAT	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORE	PECTION	
TAG	REGULATORY OR LS	DENTIFYING INFORMATION)	PREFI	(EACH CORRECTIVE ACTION 6	HOUR D DE	(X5) COMPLET
			TAG	CROSS-REFERENCED TO THE AIDEFICIENCY)	PPROPRIATE	DATE
N 1	11 Continued From page	0.0	1 11 11	12.02(01)		
	- similada i rom pag	5 9	N 111	A 4 800 1 10		1
	70. 6. 00		i .	Additional linen was put out on as well as		
	The facility shall prov	ide:				
	(a) Housekeeping and	maintenance services	1	disposable washcloths. Facility		
	comfortable interior;	a sanitary, orderly, and	1	ordered over 11,200 disposable washcloths since Housekee	mine	
	(b) Clean hed and had	h linens that are in good		Supervisor rounds daily to ensure	Ping	
	Condition:		1	sufficient linen supply. Laundry sta		
	(c) Private closet space	e for each resident	1	deliver linen every 2 hours or as ne		
	(d) Furniture, such as	a bed-side cabinet, drawer	1	deliver linest every 2 floors or as ne	eded.	
	space;		1	Linen order received	1	
	(e) Adequate and com	fortable lighting levels in all		Linen inventory completed by	1	
	aleas,		1	disposable wet wipes		
	(g) The mointable and sa	fe temperature levels; and	l .	implemented on to use		
	muividuai radios. TVs a	f comfortable sound levels, and other such transmitters		for resident incontinence care.		
	belonging to the resider	otwill be tuped to stations	1	Laundry aide added for midnight	1	
	of the resident 's choice	9.	1	shift, facility will process laundry	- 1	
- 1	This Statute or Rule in	not met as evidenced by:		24 hours per day. Wet wipes	- 1	
	Based on observations,	staff intended by:		implemented for	1	
- 1	resident interviews the	facility failed to annue		incontinence care. Housekeeping	-	
- 1	triat there was sufficient	linen (towole week		Supervisor will maintain monthly	1	
	CIDINS and gowns) for the	e regident nonvilation		linen audit and order as needed to		- 1
1	wo (akilied Kenab Unit :	and the Life Enrichment L		ensure par levels for linen are mair	rtained.	- 1
1	Unit) of two units in the fa	acility.		Linen delivery form implemented	F	- 1
- 1,	Findings include:	1		by Licensed nurse on eac	h	- 1
1.	manys made:		- 1	wing will sign off to verify count o	n	- 1
	Onat 6:15 a.m	the lines		all linen deliveries at time of delive	ery.	- 1
5	killed Rehab Unit (SRU)	the linen the	- 1	Nursing staff inserviced by staff de	velopment	
n	o wash cloths, towels, or	gowns.	- 1	by . on linen service, linen d	elivery and	- 1
1		- 1		linen delivery form.		- 1
Į.D	uring an interview with S	taff J, a Registered	1	Housekeeping supervisor/designee		1
11/1	urse, on at 6:	34 a m she stated that		will report to monthly gapi meeting		- 1
10	eruned Nursing Assistan	t (CNA) staff had		x3months any negative trends in lin	- 1	1
VE	implained to her that the ry little linen and wipes.	y nave to work with	1	inventory or delivery. Negative tren		- 1
dis	sposable wash cloths/wij	rriere were no	- 1	will be addressed through root cau		
su	pply that time.	200 onseiven tu tue	- 1	analysis for resolution.		- 1

A Form 3020-0001 E FORM

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							_
	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		E SURVEY PLETED	
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG:			
			B, WING			C	
		62932	D. WING_		05/	01/2015	-
NAME OF	PROVIDER OR SUPPLIER			Y, STATE, ZIP CODE			
EXCEL	REHABILITATION AND	HEALTH CENTE 2811 CAN TAMPA, F	APUS HILL L 33612	DR			
(X4) ID		FEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5) COMPLETE	
PREFIX		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE PRIATE	DATE	
				DEFICIENCY)			
N 111	Continued From pag	ge 10	N 111				
	On at 6:3	6 a.m. the linen the					
	Life Enrichment Unit	t (LEU) was observed to have		-			
	two towels and no w	ash cloths or gowns.					
	During an interview	with Staff K. CNA on					
	at 6:36 a.i	m. she stated that she has					
		for many years. She stated					i
		ot of towels or wash cloths ork with a short linen supply.					ı
	,						1
	During an interview v	with Staff L, CNA on n. she was asked if she had					-
	enough supplies, Sh						I
		have two towels for 10					I
		d, "This place was not always					ı
	like this. It has really	gone down."		1	i		١
	On at 3:30	p.m. the linen the					١
- 1		RU) was observed to have					l
	no wash cloths, towe	is, or gowns.			-		ı
	On at 3:40	p.m. the linen the					
	Life Enrichment Unit	(LEU) was observed to have			- 1		
-	no towels, wash cloth	s, or gowns.					
	During an interview w	ith Staff N, CNA on			-	1	
1	at 3:45 she	stated that the facility is					
		g linen (wash cloths, towels				1	
		ed that the disposable wash stated, "When I see some,			1		
		r four packs because we					
1	usually don't have any	. When my resident has a					
		rill sometimes have to go			1		
	nto other residents something to clean the					.	
1	-						
1	During an interview wi		ļ				
١,		she stated that she has only a couple weeks. She					
	tated, "I have to ask of						

1CA Form 3020-0001

			***************************************			-
STA	FEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE	SURVEY
	PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN			PLETED
		1				_
		1				0
		62932	B. WING _		05/0	01/2015
NAM	E OF PROVIDER OR SUPPLIER	STREET AF	ODDESS CITY	. STATE, ZIP CODE		
			MPUS HILL			
EXC	EL REHABILITATION AND	HEALTH CENTE TAMPA, F		DK :		
	DIMMANU CTA		~	T		,
(X4) PRE	FIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	N .	(X5) COMPLETE
TA	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
N	111 Continued From page	no 11	N 111			
		-	1 1111		-	
	Towels and wash clo	oths are hard to find here."	ľ	1		
	Interview with Staff F	P, CNA on at 4:05		1	- 1	
	p.m. she stated that	sometimes they do not have			- 1	
	enough linen availab	le for all of the residents. She		1	1	
	stated that they do h	ave wipes but sometimes			1	
	they run out of those	too. She was asked what				
	she does when they	run out. The staff was				
	observed to shrug he	er shoulders and stated, "We				
	just have to just use	whatever we got."			- 1	
	1		-			
	During an interview w	vith Staff Q, CNA on	1			
	at 4:15 p.n	n. she stated that the supply				
	of linen has been a pi	roblem on all shifts. She	1		- 1	
	stated that sometime	s the CNA staff has to use	- 1		j	
	paper towels with soa	p and water to clean the	1		- 1	
	residents when they h	nave a bowel movement	- 1			
	because they don't ha	ave linen. She stated, "You	1			
	just gotta do the best	you can for them."	1			
	I		1			
	During an interview wi					- 1
	Supervisor on	at 4:15 p.m. she stated				- 1
	that the staff had just i	placed a cart of linen on	- 1		1	
	each unit at 3: 00 p.m.	She stated that the laundry	1		- 1	
	staff takes carts of cle	an linen out to the floors	- 1			1
	three times a day. She	stated that she does not	- 1		- 1	1
	know what the CNA sta	aff does with the linen after	1			- 1
	that. She stated, "We I	have plenty of boxes of new	1			i
	linen," She was asked	if she brings out the new	1			- 1
	linen for the CNA staff	to use. She stated that she	- 1			- 1
	does bring out new line	en "sometimes."	1			.
			1			1
	On at 4:15 p	.m. a tour was conducted			1	- 1
	on the Long Term Care	Unit with the			-	- 1
	Housekeeping Supervis	sor. A tour of the linen			-	1
j	closet was conducted a	ind there was no linen in			- 1	ı
- 1	the linen The CN	A staff on the unit stated				- 1
1	that they placed the line	n that they were provided			1	1
į		already. The 300 hall				
- 1	were toured to all	hearve the linea consty for	i		1	- 1

ICA Form 3020-0001 ATE FORM

// con	cy for Health Care Adm	injetration .			
STATE	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED
		62932	B. WING _		C 05/01/2015
NAME (OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE	
EXCE	L REHABILITATION AND	HEALTH CENTE	MPUS HILL FL 33612	DR	
(X4) IE PREFII TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
N 11	the resident populat Supervisor was able four wash clothes av The 100 hall linen supply for the r Housekeeping Supe towels and two wash fourteen residents resident in the A bed her bed. The resident with the two resident confirmed that there facility. The resident	ge 12 ion. The Housekeeping to find eleven towels and railable for fourteen residents, were toured to observe the esident population. The rvisor was able to find ten clothes available for clothes available for was observed and had a wash cloth placed on tin B bed had a gown in interview was conducted s at that time. They both is a lack of linen in the in bed B stated, "Yes, that is noe I get a gown, I don't get	N 111		
N 201 SS=K	Appropriate Health C The right to receive a health care and proincil including social servic if available, planned r therapeutic and rehab with the resident care recognized practice si community, and with agency. This Statute or Rule i Based on resident reche the facility staff, the Att Medical Director, facility review of the facility is review of the	dequate and appropriate citive and support services, escreational activities; and illitative services consistent plan, with established and andards within the ules as adopted by the s not met as evidenced by: ord review, interviews with tending Physician, the ty Administration and	N 201 1	Medication Error reports were completed resident's #2, #6, #8, #8, #8, #14, #15, #15, #14 #19 and #20. Their perspective stending physicians were notified of the medication and nay new orders regarding the errors been implemented. All required notificative regarding the errors were made to the phand medical director. These residents are receiving their medications as ordered by physicians at this time. A complete facility review was completed and their medication orders were transcribed on the medication orders were transcribed on the medication administration records. All residents are receiving their medications as ordered by physicians. No other errors were identified this review.	7, #18, a errors ave sons armacy their on 4- in

					· · · · · · · · · · · · · · · · · · ·	1 01117	10111016
STATEM	/ for Health Care Adm ENT OF DEFICIENCIES N OF CORRECTION	inistration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	СОМ	E SURVEY PLETED
		62932	B. WING				C 01/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY,	STAT	TE, ZIP CODE		
EXCEL	REHABILITATION AND		MPUS HILL I FL 33612	DR	er en en en en en en en en en en en en en		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFÉRENCED TO THE APPROPRIEMENCY)	DBE	COMPLETE DATE
as # n #Irthin WR	appropriate health c services consistent t Based on a review o receiving did not receive their physician's orders. F #15, #16, #17, #18, # as not receiving necessary to prevent Resident #6 was not twenty six days. The hold for three days for facility staff failed to i resume the medicatic Resident #6 reported reported that the pain and ordered i and the failed to inpler days, delaying treatm Resident #6 in dissolve tr doministered a double arapeutic on 10 was not administer of our Resident #1 fi 's was t ternational Normalizi an 2. On dicated that her INR as continued for four selicident #1 NR as continued for four selicident #1 NR as continued for four selicident #1 NR as continued for four selicident #1 NR as continued for four	dents received adequate and are including therapeutic with the residents Care Plan. f all current residents ten of thirty residents per the ten of thirty residents per the desident #2, #6, #10, #14, #19 and #20 were identified that were clots or administered for medication was placed on r a dental procedure. The mplement the order and no r 2015. pain to the nursing staff and was consistent with a Deep e physician was notified on he necessary tests. The near those orders for three ent to the resident until required injections of eciclo. Resident #2 was at 3.2. Resident required injections of eciclo. Resident #14 was of six available doses of 5 was not administered her mod on Resident Resident per laboratory results was 2.5 and the additional doses of ministered five doses of not required injections of the region of the six of six available doses of 5 was not administered her not on Resident was 2.5 and the additional doses. administered five doses of additional doses. administered five doses of additional doses. administered five doses of Resident additional doses. Administered five doses of Resident	N 201	3.	The following policies and procedurer reviewed, Anticoagulation –Clinical Pi Care, Hand Washing Medication Holds and Documentation Medication Administration by the QA Committee on — and have been and updated as needed. Education haprovided to the QAPI committee on utilizing CMS QAPI at a Glance education happens of the Capital Committee on the Capital Committee on the Capital Committee will updated as analysis and planning for identified of for improvement in the facility. The Director also participated in this educ program and is current with the QAPI — identified opportunities improvement in the facility. The Microbian Committee for review and implement the QAPI process. QAPI Meetings are be held on a weekly basis times eight then bi-monthly three sight weeks an monthly. QAPI will be monitored by the Nurse CaPI will be monitored by the Nurse CaPI will be monitored by the Sapital CaPI will be supposed to the CaPI process of the Microbian CaPI will be monitored by the Sapital CaPI will be supposed to the CaPI process of the Microbian CaPI will be monitored by the Sapital CaPI will be supposed to the CaPI process of the Microbian CaPI will be monitored by the Sapital CaPI will be monitored by the Sapital CaPI will be monitored by the Sapital CaPI will be supposed to the CaPI process of the Microbian CaPI will be supposed to the CaPI process of	n of PI n or evised is been he QAPI lonal tilize this tion, opportunitie ledical attional is s for IAPI weeks and d the consultant quarterly, the	

Form 3020-0001

Agency for Hea	ith Care Adm	ninistration				
STATEMENT OF DE AND PLAN OF COR	FICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED	
		62932	B. WING _		C 05/01/2015	
NAME OF PROVIDE	R OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE		
EXCEL REHABII	ITATION AND		MPUS HILL FL 33612	DR		
	CH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
#19 mi seven n The fac adminish physici adminish medica Resider Based of falled to accurat resident Resider was at th ordered doses w This res Jeopard The faci this Clas Findings 1. During Resident just a stated th to my foo spoken to doctor tol medicatic nurses) h for five de stated ths	Residen doses of and so doses of and so doses of and so doses of and so doses of and so doses of and so doses of and so doses of and so doses of and a	ses of Pradaxa from #20 was not administered from from sed Nursing staff falled to ons in accordance with The failure of the nurses to resulted in significant at subsequently caused top an avoidable clot lew and interview, the nurses nedications timely and 2, #8) out of forty-eight (48) or medication accuracy. cian ordered and omitted for 10 days. There y in starting a physician Resident #8 and two of the ndings of Immediate he facility as of attion was informed of the at 9:50 a.m. on at 10:30 a.m. e was diagnosed with a she said it was not xtensive The resident said it was from my knee here was more than one was asked if the nurse had	N 201			

1CA Form 3020-0001

S	TATEM	y tor Health Care Adm ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		E SURVEY MPLETED
			62932	B. WING_		05/	C /01/2015
N/	AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CIT	Y, STATE, ZIP CODE		
E	KCEL	REHABILITATION AND	HEALTH CENTE 2811 CAN TAMPA, F	MPUS HILL L 33612	DR		
P	X4) ID REFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL, IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	COMPLETE DATE
1	N 201	Continued From pag	•	N 201			
		she used to check h my job to have to as there or not is it?" During a telephone in 11:42 a.m., Resident stated; "the nurses of the medicatic days for her dental su asked why the dental surgery. The j understand why the n medication, "i gave it should have rest procedure was compl prevent her from getti f she would have rect would not have gotten During an interview or	#6's Attending Physician id not give her medication on was only on hold for a few urgery. The physician was was not restarted after her physician stated he did not surses did not restart the renames the order; they it the additional stated he did not surses did not estart the renames the order; they it the surses the order; they it the surses the order; they it the surses the order; they it the surses the order; they it the surses the order; they it the surses the order; they it the surses the order; they it they				
	A C	ordered a Dop tated that he was info f the leg and He verbally g The Attending Phys toppler order was not and also or tedication was started the started of	pler study. The physician prmed by Employee (LPN) A the lack of the ave the order to Employee pician confirmed the completed until confirmed that no				

Further review of the physician orders dated on "Stop" x 3 days prior to hCA Form 3020-0001

PRINTED: 05/13/201

Ageno	y for Health Care Adm	inistration			FORM APP	
AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SUR COMPLETE	IVEY ED
		62932	B. WING		С	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
EXCEL	REHABILITATION AND		MPUS HILL D FL 33612	R		
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	VICHOUSE	(X5) MPLETE DATE
N 201	Continued From pag	e 16	N 201			
th	revealed a cordered STAT. Also SQ was ordered STAT. Also SQ was ordered times) for 5 days. The when the raware of the Square of the Medica (MAR) dated for ablet by mouth once in the typed order a hand. The Medicatic MAR) revealed the number of the square	on (two ere were no orders for hysician was first made tion Administration Record 015 revealed a typed order 15 MG tablet one a day. Directly underneath twritten entry, resume in Administration Record irses documented for and when the virted, indicated the boxes, have been written, were ose was not administered). IAR from through d with no indication that				
A review of the second of the	sessed Resident #6 aute cumented: "Redness! > lef o documented that th	n's Progress Notes Attending Physician nd diagnosed her with an The physician and left leg, 4+ tleg." The physician e resident had been "Off ss by nurse's error." nding Physician's e documented here was no s order for the Doppler				

1 Form 3020-0001 E FORM

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If continuation sheet 17 of 37

Agono: 4	or Health Care Adm	vinietration			FORM APPROVED
	or Health Care Auti	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					С
		62932	B. WING		<u>i</u>
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
		2811 CA	MPUS HILL DI	₹	
EXCEL R	EHABILITATION AN	TAMPA,	FL 33612		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	
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IAG		•		DEFICIENCY)	
N 201	Continued From p	age 17	N 201		
			1		
		Resident #6's medical record had resided in the facility for			
	approximately fifte	en months and was fifty three			
	voore old. Peride	nt #6's medical history included	•		
		and a history of			i
	On		1		
) revealed a Score of 15			
	indicating no	<u> </u>			
	Review of the Nur		1		
	no documentation				
		ation of the omission of the	1		
	medication, the pr	nysician visit or the new orders.			
	On , Empl	oyee (LPN) A documented: the ed of pain and redness to her	,		!
	resident compiain	ed of pain and redness to her nent the leg was warm to touch	,		
		Painful, 2+ pitting. The doctor	•		
		ade aware and stated he saw	ì		
	her on Saturday.		,		
	were obtained. O				
	nurse documente	d at "12:45 a.m. patient states	i		
	she thinks she ha		1		
		ed to inner calf to LLE,	1		
		in temp within normal limits.	1		
	refill is b		SS		
	pulse related to	. Patient rates pain level			
		a scale of 1-10 with 10 being t states she has had multiple	1		
		and knows what it feels like.	i		
		physicians of above and new			
	orders were recei		r i		
	of the LLE to rule				
		is administered for c/o pain to			
	LLE with a pain le		1		
	effective. At 0330	(3:30 a.m.), the mobile			
		arrived to perform Doppler.		-	
		on bed rest. Patient remained			
		ing appropriately to verbal and	i		
	stimuli. No	s/s of distress noted. Vitals	1		

97.

. Patient received new order on

Agency for Health Care Adi STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING:			(X3) DATE SURVEY COMPLETED
	62932	B. WING		C
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AND PLAN OF CORRECTION DENTIFICATION NUMBER A BUILDING: COMPLET 62932 B. WING C NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR 7AMPA, FL. 33612 SUMMARY STATEMENT OF DEFICIENCIES D. PROVIDERS PLAN OF CORRECTION				
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
N 201 : Continued From p	page 18	N 201		
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imaging shows no	collateral and augmentation of	f '		
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1	and the second s			
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		í.		
		· 1		
there was no evid	dence of an investigation. The			
	her conclusion of the omitted	ļ		
	esident #6 was "we performed			
	nd started giving her evated her left leg."			
On at 9	:50 a.m. the Nursing Home			
	ON and the facility's corporate	i		
nurse confirmed	that an in service was not			
conducted relate	d to Resident #6's omissions of			

AHCA Form 3020-0001

her scheduled medications.

	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DAT COM	E SURVEY PLETED
		62932	B. WING			C 01/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, S	STATE, ZIP CODE		
EVCEI	REHABILITATION AND	0044 041	MPUS HILL D			
EXCEL	NETIABLE TATION AND	TAMPA, I	FL 33612			
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N 201	Continued From pag	ne 19	N 201			
1000	medication errors are document that indica occurred. The facilit medication errors from the dication errors from the dication errors the medicat DoN was unable to pregarding her investig No formal action plar the time of the start of the DoN stated "she a week by flipping threconfirmed there was rikips process. The DOI this process. The DOI started the dispersion of the done of the dispersion of the dispe	were aware of Resident #6's id provided a facility ited a medication error had y was aware of the Resident #6 only after the ne positive . It was ck of the investigation of how ion error was found. The present any information gation, education or audits, ihad been put in place as of f the survey on				
Annaaccooree eth M	incuracy and complete hecked new admission there." She stated the seponsible for checking ach cart on a daily ba leter was not a definite lARs. uring an interview on mployee (LPN) A, Interview on the law admissions for acc suble checks with the lated that she did not a feed that she did not a	Jurses stated that she MARs on a daily basis for eness. She stated that she ms and "maybe two at the Unit Manager was ng at least five residents on sis. The ADON stated that a system of checking the system of checking the chird word of the she checked all				

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	Agenc	y ioi neaith Care Adm	unistration			100	MAFFINOV
1	STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:		E SURVEY IPLETED
			62932	B. WING _			C 01/2015
1	NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE		
E	EXCEL	REHABILITATION AND		MPUS HILL FL 33612	DR		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	COMPLETE DATE
	F F F F F F F F F F F F F F F F F F F	that she gets the never report in the morning ADON or DON to take meeting. She does meeting sand was not ogo. She stated that was provided to be a told her the things the she was "just helping whole position." The regular Unit Maniferm Care unit was cand was unable to be During an interview or and was unable to be During an interview or and was unable to be During an interview or and was unable to be During an interview or and was unable to be During an interview or and was the was made and was unable to be During an interview or or of the following was not only the was not on	cking the MARs. She stated vorders and the 24 hour and then gives them to the tet them to the morning tot usually go to the morning at aware of any plan to begin at no education or training. Unit Manager. The ADON at needed to be done and them out not doing the ager (LPN) B on the Longurrently on medical leave contacted. At 10:13 a.m. and the DON stated that the BARs was an informal amented inconsistently and anager assisted with the ot a written policy or tated that she had been in a year and the process of d been an expectation he had continued that e DON also stated on at she was unaware the ers were not checking the at 2:45 p.m., the that he had been the actility since 2012. He actility since 2012.	N 201			

incidents. He stated that he would expect to be Form 3020-0001

for the other residents would be notified of

Agenc	y for Health Care Adm	inistration			FORM	APPROVED	
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION 3:	COM	E SURVEY PLETED	
		62932	B. WING		05/0	01/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
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N 201	notified of incidents, Specifically, for systematics	ge 21 including medication errors. em failures that could affect tted that he was here at the	N 201				
	facility every Wedne someone from his pi daily and should be the nurses notify the He confirmed again of any medication en not aware of any issu medication administr aware that the facility and had a lot of turns.	sday and Friday. However, hypsician group was present notified. He expected that physician of any incident, that he was not made aware rors for Resident #6. He was ues in QA related to ation. He stated that he was used a lot of agency staff over. The Medical Director ction plan identified or					

procedures. He also stated that he was aware of a concern with nurses not implementing physician orders timely. He stated that the nurse would pass off the order to the oncoming shifts and the medication would not be started. He stated that he provided education to the staff "within the year" related to medication implementation. The education was to have a second nurse initial the order to assure implementation. He confirmed that there was nothing in Quality Assurance (QA) related to the medication administration and order implementation process. The Medical Director stated that if the facility had a good system in place, then any staff member should be able to come in and care for the resident with no breaks in the system. He stated that the "system was not perfect and should not have failed." The Medical Director was asked if it was expected that the facility notify him of negative outcomes: he stated, "I would love to." When referring to the incident for Resident #6, the Medical Director stated that it was a "negative outcome and that he was afraid for his patients." He stated that "there was not a plan in place."

ICA Form 3020-0001

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Auency	y ior meann Care Adm	inistration				
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG:	ì	LETED
		62932	B. WING_		05/0) 1/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	Y, STATE, ZIP CODE		
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N 201	Continued From pag	e 22	N 201			
TT the second se	During an interview of Administrator stated Resident #6's medic. She was informed the educated the staff in her that she was ass and would bring the ineeting on initially scheduled on initially scheduled on initially scheduled on initially scheduled on due to a trial. The NL (NIHA) said usually the third Tuesday of the nAd Hoc meetings in the to make sure everythin and an Ad Hoc meeting DON informed her that of the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the need to the third that the third that the said call of the third that the said call of the third that the said call of the third that the said call of the third that the said call of the said that the said that it was on a did not have the time of was aware that Residence that Re	at 10:15 a.m., the that she was informed of atton error on 2015. at the Unit Manager had rolved. The DON Informed simbling her investigation formation to the next QA The QA meeting was and it was delayed rising Home Administrator at QA is scheduled every north. The facility has done to past but the DON wanted ng was done before hand g was not scheduled. The the physician had been on, informed her that the gither concern. The faur point process of had not been presented. It six nurses assigned on d to administer the ding physician. at 4:10 p.m. rise that cared for the concern shifts, stated see for a long time and e. She stated that she mit #6. She stated that fent needed this private was taken to the stated that fint needed this provisions.				

Form 3020-0001

XCEL REHABILITATION AND HEALTH CENTE 2811 CAMPUS HILL DR TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG CROSS-REFERENCED TO THE APPROPRIATE N 201 Continued From page 23 recall who the staff member was. She stated that the doctor came in and then realized the medication should have been resumed. The nurse stated that when a medication was held, the nurse should write hold on the days that the medication is to be held and then indicate when the medication the medication had been given. She stated that she did not recall theresume date. The nurse stated that "my philosophy is if I don't see the medication and on't see a stop order, then I question with another nurse as to whether the medication is on hold or should be discontinued." She stated that she would call the pharmacy. She stated that she did not document any omissions in the chart. The nurse also confirmed that she did not document any omissions in the chart. The nurse also confirmed that she did not document any omissions in the chart to find the original order. An interview was conducted onet 4:20	NAME OF PROVIDER OR SUPPLIER STREET ADMESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR TAMPA, FL 33612 N 201 Continued From page 23 recall who the staff member was. She stated that the doctor came in and then realized the medication should have been resumed. The nurse stated that when a medication was held, the nurse should write hold on the days that the medication should be resumed. The nurse should be resumed. The nurse confirmed the MAR and confirmed that there was no indication the medication had been given. She stated that she did not recall the resume date. The nurse stated that the medication and don't see a stop order, then I question with another nurse as to whether the medication is no hold or should be discontinued. She stated that she would call the pharmacy. She stated that the medication card was not in the cart. The nurse also confirmed that there did not look at the chart. She stated that she did not look at the chart to find the original order.	STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		E SURVEY IPLETED
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ATE FORM

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION

A. BUILDING:

C. (X3) DATE SURVEY COMPLETED

C. (X4) DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION

A. BUILDING:

C. (X3) DATE SURVEY COMPLETED

C. (X4) DATE SURVEY COMPLETED

C. (X5) DATE SURVEY COMPLETED

C. (X6) DATE SURVEY COMPLETED

C. (X6) DATE SURVEY COMPLETED

C. (X7) DATE SURVEY COMPLETED

C. (X8) DATE SURVEY COMPLETED

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N 201	Continued From page 24	N 201		
	These dates were blank, with no initials.			
	Review of the Pharmacy Dispensing Record for Resident #6's from 1-A 12015. The pharmacy sent 14 pills at a time. Review of the Dispensing Log revealed the facility last received 14 pills on All of the medication would have been administered by Therefore, there was no administration. The medication was not a routinely stocked medication in the Emergency Drug Kit.			
i i	Review of the Drug Manufacturer's Pharmaceutical Medication Guide for revealed; is a prescription medicine used to treat and and to help reduce the risk of these conditions occurring again. owers your chance of having a by helping o prevent clots from forming. If you stop taking (ARELTO®), you may have increased risk of			
p ir to pr ta	orming a clot in your Do not stop taking without talking to the doctor who rescribes it for you. Stopping acreases your risk of having a If you have stop taking your doctor may rescribe another medicine to revent a clot from forming. Do not stop king XARELTO® without talking to your doctor st. Your doctor may stop XARELTO® for a short			
tir pr tal pr	me before any surgery, medical or dental occedure. Your doctor will tell you when to start king again after your surgery or occdure."			
ha	ticoagulation reflected the resident d a "potential for abnormal Date tiated; updated; Goal			

ICA Form 3020-0001

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If continuation sheet 25 of 37

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N 201	Continued From pag	je 25	N 201			1
	Intervention as MD ordered." The followed.					
	Administration Gener Administration of Med one of three) (no date	dications" policy 6.2 (page ed) was reviewed and it was ses administer medications	·			
	The facility identified the All this The following resident medications errors rel	hirty residents receiving irty residents were sampled. s were identified with ated to				
r r a a a a a u u w w	it happe DON said that when R on and the nu hysician orders on on the nu hysician orders on on the nu hysician orders on the nu hysician administration administration ADON) did not find of being given until sked what the process drinission orders for the sually the unit manage ext morning and then a so ut on maternity led no would be responsible to the number of t	f Nursing (DON) she innother problem with an need to Resident #2." The esident #2 was admitted urse had written up the e of our order sheets. The on a regular sheet that did / that was used for the on record. We the (DON out about the medication The DON was				

checked the physician order sheet and they were ICA Form 3020-0001

into the Medication Administration Record (MAR) she said the ADON or me. The DON said "We

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
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Fr. A. d. d. d. d. d. d. d. d. d. d. d. d. d.	was not put on the recontained a MAR." The DON co the MAR to make st. MAR to m	because the production order sheet that copy it did not show up on the infirmed she did not review are all the physician orders he DON was asked how that tated; "I'm still trying to figure and when I do find it out it eady occurred." When ses a check off system for ents she said "we used to erized. The computer tells us ted she was there the day of out she did not sign the late she had attended. I have seen that the she was conducted for said the she was conducted for said the she was the she had attended. I have seen the said was conducted for said the she was conducted for said the she was conducted for said the said was conducted for said the said was conducted for said the said was conducted for said the said was conducted for said the said was conducted for said the said was conducted for said the said was conducted for said was cond	N 201	CETIVIENCY		

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N 20	1 Continued From pag	ge 27	N 201			
1	On at 11: was conducted with Physician. He confir resident had been re and confir Normalizing Ratio was rapeutic). facility did not follow the proper days as or the proper days as or the corporation they in doesn't happen again The DON provided a was conducted on medication omission on Method: Verbal Topic: Protocol. No Call MD with results b check orders daily and is accurate. The DON in-servicing that was p on physician orders na courated in the resid transcribed at all, she The DON and NHA on confirmed that they we medication errors and document that indicate courred. The facility v medication error on inegative outcomes occ	45 a.m. a telephone interview Resident # 2's Attending med he was notified that the ceiving double doses of his med that his International as 3.2 and not critical The physician confirmed the his orders and should have per dosages of				

week by flipping through all of the MARs, she confirmed there was no documentation related to

medication error was found. On the DON stated "she checks the MARs two times a

Agenc	y ior meaith Care Adm	unistration				
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N 201	Continued From pag	je 28	N 201			
	this process. The DC Unit manger check e and completeness. 3. The facility admitte with diagnoses including the completeness. 40 unit Review of the Admiss revealed the MR ecore of the Admiss on 4/9 or documentation on the why the medication will be completed for the Care Piroblem area was identified to the complete of the Care Piroblem area was identified to the complete of the Care Piroblem area was identified to the complete of the Care Piroblem area was identified to the complete of the Care Piroblem area was identified to the care Piroblem area was identifie	ON said that the ADON and every MAR daily for accuracy and Resident #10 on the said of the	10201			
fa Fu fa Fu	ipproaches included " MD ordered." The findings were con- consultant, Administra In at 11 am. N as provided related to thave been given to The facility admitted th diagnoses includin ce sheet. View of the medical r 4 was transferred to a life care.	administer as firmed by the Nurse tor and Director of Nurses to additional information by the medication would Resident #10. Resident #14 on g Acute and per the demographic ecord revealed Resident a Hospice House for end				

The resident was placed on Form 3020-0001

twice daily.

: due to

Agency	for Health Care Adm	inistration				
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE COMP	SURVEY LETED
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N 201	Continued From pag	ge 29	N 201			
C F P P A M D D N has been been been been been been been bee	Ratio) levels and shaddifional J clot Review of the Labor Resident ## Find the resident remained st physician was attem Review of the Medicin for 2015 re receive for doses. She did not for at 9 a.m., 9 a.m. There was no nurses 'notes or the 1-dministration Recon was not given. On the resider dechess and seview of the Care Piroblem area was ide potential for a pproaches included 10 ordered." Unurse Consultant confuse Care Piroblem area was ide potential for a proaches included 10 ordered."	atory results revealed on 4's INR was 1.1. On was discontinued. The bb-therapeutic and the piting to adjust her ation Administration Record vealed Resident #14 did not 4 out of the 6 available eceive any on tidin receive on at 9 a.m. or at documentation in the back of the Medication d as to why the medication with was noted to have to her right leg. An ed and the resident was an dated revealed a ntiffed for inshormal The ladminister as a timed the missed doses of at the medication should om pharmacy and was the the resident was should have been should have been should have been should have been sesident #15 on				
1		9 and	1			- 1

ICA Form 3020-0001 ATE FORM per the demographic face

Agency for Health Care Administration STATEMENT OF DESICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C 62932 D WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTE TAMPA, FL 33612 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 201 Continued From page 30 N 201 sheet Review of the Physician Orders for 2015 revealed Resident #15 was prescribed 40 unit daily for two weeks. Review of the Medication Administration Record for 2015 revealed Resident #15 did not receive her on and

revealed a

The

as

on at 11:00 a.m. No additional information as provided related to why the medication would not have been given to Resident #15.

6. The facility admitted Resident #16 on

The findings were confirmed by the Nurse Consultant. Administrator and Director of Nurses

Review of the Care Plan dated

problem area was identified for potential for abnormal

approaches included "administer

MD ordered '

with diagnoses including

diagnoses listed on the Medication Administration Record.

Review of the Physician's Orders revealed on Resident #16 was prescribed 60 units every 12 hours, D/C (discontinue) when

INR (international normalizing ratio) above 2."
Review of the Laboratory Data revealed an INR
was collected on that was 2.5.
Review of the Medication Administration Record
for 2015 revealed Resident #16 was given

received four doses of after the medication should have been discontinued per the INR value of 2.5.
Further review of the Laboratory Data revealed an

INR was collected on and the resident was erapeutic at 3.9.

Record review revealed no indication of abnormal

ICA Form 3020-0001 ATE FORM

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	the contract of the contract o	problem area was id potential for approaches included MD ordered." The findings were of Consultant, Administration and the MD ordered. The findings were of Consultant, Administration and the MD ordered. The findings were of the MD ordered. 7. The facility admitted with diagnoses included. 7. The facility admitted with diagnoses included. The MD ordered of the MD ordered	Plan dated revealed a entitified for abnormal The as offirmed by the Nurse rator and Director of Nurses. No additional information as fly the resident #17 on ling cident and ographic face sheet. In the second of				

HCA Form 3020-0001

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	t t d t t t t t t t t t t t t t t t t t	Administration Record not receive his or not receive his or There was host kide of the MAR was not given. Review of the Care Problem are awas ide problem are awas ide protein and propose his included MD ordered." During an interview when occasions where ordered medications frhat he now has to che accuracy. He stated the turnse's attention when neceivation of the medication of the medication or the medication or the medication or the medication or the hard of the medication or the hard of the medication or that it is one of the findings were confinently and the medication of the medication or the medication or the medication or the medication or the medication or the findings were confinenced in the medication of the medica	18 was prescribed 1015 Medication d revealed Resident #18 did 1016 Medication on 4/2, so no documentation on the tas to why the medication lan dated revealed a antified for ability and the second of the second and the second of the second of the second and the second of the secon				

9. Resident #19 was admitted to the facility in ... I 2015 her admitting diagnosis ... and ... iCAForm 3020-0001

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STREET ADDRESS, CITY, STATE, ZIP CODE

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N 20	1 Continued From page 33	N 201		
	Resident #19 was identified and listed on "Current active orders for that was provided by the facility. The physician orders were reviewed with an order dated to administer Pradaxa 150 mg capsule one capsule by mouth two times daily for a diagnosis of The MAR was reviewed for 2016 and it was identified resident #19 had missed four doses of Pradaxa on at 5:00 p.m., at 9:00 a.m. and again at 5:00 p.m., at 9:00 a.m. and again at 5:00 p.m. The nursing notes revealed for the days the medication had been omitted there was neither documentation nor notification to the physician on why a prescribed medication was not administered as ordered. Review of resident #19 Care plan Focus on Anticoagulation has a potential for abnormal Date Initiated; Goal will be free from signs and symptoms of abnormal Interventions: Administer as MD ordered. The Care Plan was not followed.			
	10. Resident #20 was admitted to the facility on with a history of recent for of right with Review of resident physician orders dated severy 12 hours for preventative measures. The MAR was reviewed for 2015 and it revealed seven separate missing initials or circles around initials indicating the medication was not administered as ordered. On at 9:00 p.m. the box on the MAR was without an initial, 9:00 a.m. the box was initialed with a circle, 4:19:00 a.m. the box was nitialed with a circle, at 9:00 p.m. the			

ICA Form 3020-0001

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	Δαρησυ	for Health Care Adm	inistration				
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	C E ac C c ac C c ac C c ac C c ac C c ac C c ac C c ac C ac	p.m. no initialed as g. 9:00 am. the box wa The back of the MAI at 9:00 p.m. indicate available to give. As a 19:00 ar. and pharmacy was notified the property of the Physic revealed the Urinalysis with Cultur ordered days for a Review of the Labora Review of the Labora Review of the Labora Review of the Labora Was not stay delay in initiating urther review of the lose was given on mot 10 p.m. doses we uring an interview or durse Consultant state and 10 p.m. doses we mergency Drug Kit. Ind 10 p.m. doses we mergency Drug Kit. Ind 10 p.m. doses we onsultant also confirm commentation related ot collected, Why the residence of the collected of toclected of the colle	d that the was not eccond nursing note for m. indicated tea the ad. tied Resident #8 on				

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Agency for Health Care Adm	inistration		
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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N 201		N 201		
ir	he Attending Physician stated "yes, he needs his sugars monitored he could have went into			*

FORM APPROVE

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B WING 62932 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CAMPUS HILL DR EXCEL REHABILITATION AND HEALTH CENTE TAMPA, FL 33612 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION in (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 201 Continued From page 36 N 201 need to fix it, I don't know if it's the DON or the corporation they have to fix these things so it doesn't happen again." The DON was asked if the nurse that had not transcribed the ____ and ___ in Resident #2's MAR had attended the in-service that she had on The DON stated "The nurse was there but she did not sign on the sign-in sheet." When asked if there was any other information that she had on training her nursing staff she stated "We were going to bring it into our QA meeting on Tuesday" Class I

ICA Form 3020-0001

ATE FORM

KCY611

If continuation sheet 37 of 37

SECRETARY



Administrator Excel Rehabilitation And Health Center

2811 Campus Hill Drive Tampa, FL 33612

. 2015

RE: CCR# 2015002905 & CCR# 2015003927 & CCR# 2015003708

Dear Administrator:

2015, a survey was conducted in your facility by representative(s) of On this office. Your facility was found not in substantial compliance with the participation requirements. A partial extended survey was conducted

The findings of the survey revealed Immediate Jeopardy at

N0201 -- S/S: K -- 400.022(1)(I), FS -- Right To Adequate And Appropriate Health Care F0281 -- S/S: K -- 483.20(k)(3)(i) -- Services Provided Meet Professional Standards F0282 -- S/S: K -- 483.20(k)(3)(ii) -- Services By Qualified Persons/per Care Plan F0333 -- S/S; K -- 483.25(m)(2) -- Residents Free Of Significant Med Errors F0490 -- S/S: K -- 483.75 -- Effective Administration/resident Well-Being F0501 -- S/S: K -- 483.75(i) -- Responsibilities Of Medical Director. identified on 2015 which was removed on . 2015.

Your facility's noncompliance with F0333 -- S/S: K -- 483.25(m)(2) -- Residents Free Of Significant Med Errors has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(c) and 1919(g)(5)(c) of the Social Security Act and 42 CFR 488.325(b) require that the attending physician of the affected resident, who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator be notified of the substandard quality of care. In order for us to satisfy these notification requirements, and in accordance with \$488,325(g), you are required to provide this office with the name and address of the attending physician of the affected residents in your facility within 10 working days of your receipt of this letter. Please note that, in accordance with \$488.325(a), your failure to provide this information timely will result in termination of participation or imposition of alternative remedies.

List of affected resident(s): #2, #6, #8, #10, #14, #15, #16, #17, #18, #19 and #20

As a result of the survey, this Agency is forwarding a copy of the CMS-2567 to the Centers for Medicare and Medicaid Services (CMS) and a copy of these results to you.

You will not receive a copy of this letter and attachments in the mail; you will only

St. Petersburg Field Office 525 Mirror Lake Drive North, Suite 410 A St. Petersburg, FL 33701 Phone:(727) 552-2000; Fax:(727) 552-1162 AHCA.MyFlorida.com



Excel Rehabilitation And Health Center 2015 Page 2

receive this faxed report.

CMS will communicate with you after they have received this documentation.

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:
- . How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken:
- . What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur. i.e., what quality assurance program will be put into place.

Recommended Remedies:

Remedies will be recommended for imposition by CMS or the State Medicaid Agency.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- Discretionary denial of payment for new admissions Medicare/Medicaid as soon as notice requirements are met.
- Termination of the Medicare Agreement effective

2015.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

> Attention: IDR Coordinator Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 9-A Tallahassee, Florida 32308 FAX (850) 414-6946

Phone number: (850) 412-4301 IDRCoordinator@ahca.myflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey

Excel Rehabilitation And Health Center 2015

Page 3

process.

If you have questions, please contact: Freed, RNC at (727) 552-2000.

Sincerely

Patricia Reid Caufman Field Office Manager

PRC/rk Enclosure