

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

PRINTED: 07/06/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>106048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/06/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH - SANTA ROSA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5530 NORTHPROP ROAD</b> <b>MILTON, FL 32570</b>	
(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
F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>On an unannounced complaint survey for allegations contained within CCR# 2017001361 was conducted at Pruitthealth Santa Rosa. The facility was not in compliance with 42 CFR483, requirements for Long Term Care Facilities.</p> <p><b>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p>(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility failed to follow the plan of care related to prevention for 1 of 5 residents (#3).</p> <p>The findings are:</p> <p>A review of the plan of care for Resident #3 revealed the resident was to have floor mats at his bedside as an intervention for risk of .</p> <p>An interview was conducted with CNA (certified nursing assistant) Employee B on ... at 4:15 pm . She explained the care she provided. She was asked about floor mats by the bed and she stated that he did not have any. She also said the resident transfers himself from bed to wheelchair and she checks him periodically and will ask him if he needs assistance.</p>	F 282	<p>The submission of the preceding plan of correction does not constitute an admission by the undersigned that the deficiency did indeed exist or required correction.</p> <p>The identified resident has all care planned interventions in place.</p> <p>Any resident with a prior history could be affected by this practice.</p> <p>All residents with care plans for have been reviewed and ADL interventions updated. The Director of Health Services and/or Nurse Supervisor will inservice all housekeeping staff regarding the importance of maintaining</p>	

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

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	Continued From page 1 An interview was conducted with the DON (director of nursing) on _____ at 6 pm. She reviewed the the care plan related to _____ for resident #3 and confirmed the intervention of floor mats on the care plan. We then went to the residents _____ she was asked about the floor mats. She confirmed there were no floor mats in the _____. We then went to the CNA task sheet in the computer that lists the care interventions needed for each resident. She confirmed the floor mats should be on the tasks for the CNA and confirmed they was not listed.	F 282	interventions.  The Director of Health Services and/or Nurse Supervisor will audit presence of care planned _____ interventions up to 10 residents per week.  The Director of Health Services and/or Administrator will report audit findings monthly to the QAPI committee for continued compliance.		
F 323 SS=D	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  (d) Accidents. The facility must ensure that -  (1) The resident environment remains as free from accident hazards as is possible; and  (2) Each resident receives adequate supervision and assistance devices to prevent accidents.  (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.  (1) Assess the resident for risk of entrapment from bed rails prior to installation.  (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.	F 323			

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F 323	<p>Continued From page 2</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, resident clinical record review, and policy review the facility failed to assess 1 of 5 residents post . . . (#2) and failed to reassess 3 of 5 residents post . . . for 72 hours (#3, #4, and #5).</p> <p>The findings are:</p> <p>Resident #2 was admitted to the facility on . . . for short term administration. A review of the nursing notes provided by the facility indicated on . . . at 4:39 am the resident was in moderate pain left . . . cage status post . . . On . . . at 8:22 notes indicated the resident was experiencing left sided pain due to hitting her ribs on the wheelchair. A review of the incident log provided by the facility did not show a . . . by Resident #2.</p> <p>The Director of Nursing (DON) was asked to provide more information on . . . . around 10:45 am regarding resident #2 with assessment of what happened. She investigated and came back to say on . . . at 1:45 pm resident #2 had a problem while she was being assisted into a wheelchair and she hit the side the wheelchair. She was asked if this would be considered a . . . and she said no. She was asked what the definition of a . . . was, and stated, "An unintentional change in position coming to rest on the ground, floor or onto the next lower surface." She then said Employee D might be able to answer questions.</p> <p>An interview was conducted with Licensed</p>	F 323	<p>The submission of the preceding plan of correction does not constitute an admission by the undersigned that the deficiency did indeed exist or required correction.</p> <p>The identified residents will remain in center and without complications.</p> <p>The residents identified to be at risk for . . . could be affected by this practice.</p> <p>An inservice regarding . . . follow up documentation will be provided by Director of Health Services and/or Nurse Supervisor for licensed practical nurses and registered nurses.</p> <p>The Director of Health Services and/or Nurse Supervisor will audit for completion of post . . . documentation for 3 days on any resident with a . . .</p> <p>The Director of Health Services and/or Administrator will report audit findings monthly to the QAPI committee for continued compliance.</p>		

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F 323	<p>Continued From page 3</p> <p>Practical Nurse (LPN) Employee D on ..... at 1:51 pm with the DON present. She said a CNA Employee (C) (certified nursing assistant) reported to her that Resident #2 lost her balance and she caught her and put her into the wheelchair. She identified the CNA. The DON was asked if this would constitute a . . . and she said yes.</p> <p>The CNA Employee (C) was interviewed by telephone on ..... at 3:37 pm. She said she remembered a resident tripping and falling into a wheelchair but did not remember the name.</p> <p>Resident # 3 was observed on the incident log provided by the facility to have had a . . . on ..... The . . . investigation showed the resident was found on . . . at 12:45 pm kneeling on the ground in the courtyard face down. Staff assisted resident back to wheelchair.</p> <p>LPN Employee A was interviewed on . . . at 4:10 pm. She confirmed Resident # 3 had a . . . in the courtyard. She stated that he . . . in courtyard and was nonresponsive and . . . , . . . and they took measures for that. She was asked about normal procedure for care of a resident who had suffered a . . . She stated she would assess, call the doctor and family, and complete reports. She then said, "We are supposed chart on the resident every shift for three days. Review of the resident's chart showed no documentation of the post . . . follow-up of the resident.</p> <p>The incident log provided by the facility showed that Resident #4 sustained a . . . on . . . The incident report stated that a CNA had been walking by the resident's . . . found him lying on the floor, leaning on his bed. The patient</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>stated that he had slid to the floor attempting to transfer to his wheelchair without assistance. Family and doctor was notified on ... at 5:15 pm.</p> <p>LPN, Employee D, was interviewed about Resident #4 on ... at 1:15 pm. She was asked to locate documentation regarding his ... on ... Record Review showed documentation dated ... at 7:58 am indicating that the resident was found on the floor under the bed with no apparent injury. The next note was on ... at 12:00 pm and reviewed the occurrence that happened on ... There was no further post assessment documentation noted on the resident's chart.</p> <p>On ... at 1:40 pm the DON was interviewed again, and asked to explain the discrepancies in the dates of the ... for Resident #4. She said the staff will do a resident incident report and the nurse's note. She then stated, "The incident report is dated ... at 5 pm. The nurse's note is dated ... I think the incident report had the wrong date." She then said incident reports should be completed within 24 hours. She continued to check notes and then said. The nurse's notes indicate a ... occurring on ... and a Daily Skilled Nurses note indicates a ... on ... at 6:37 pm. Yes, there were 2 ... and only one incident report. She confirmed he was only listed once on the incident log provided to the surveyor as falling.</p> <p>The last resident reviewed was Resident #5. She had two ... listed on the incident log both occurring on the same date. The log shows the times were 08:30 am and 7:57 pm. The first e-charting note provided was dated ... at 12:41 pm stating "patient found lying on floor next</p>	F 323			

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F 323	<p>Continued From page 5</p> <p>to bed. Patient stated, "I was trying to get up and I and hit my head." Resident had a hematoma noted to right top forehead with ..... status checks started. The next note was timed 10:10 pm, and stated that the resident's family had taken the resident to the emergency .</p> <p>The DON was interviewed at 2:55 pm on . She stated, "I can only find one note completed on after the and her return from the hospital."</p> <p>The policy for . . . entitled "Occurrences" revised on was provided after 3:00 pm. The policy stated that the licensed nurse would be responsible for completing documentation in the residents' clinical record every shift for at least three days after occurrence.</p> <p>The DON was requested to get all the possible locations of documentation for the . . . related to resident #3, #4, and #5. She brought all the information to be reviewed with this surveyor on at 5:20 pm. She confirmed that post . . . documentation had not been completed according to facility policy for residents #3, #4, or #5.</p>	F 323			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35960972</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2017</b>
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N 000	<b>INITIAL COMMENTS</b>  On an unannounced complaint survey for allegations contained within CCR# 2017001361 was conducted at Pruitthealth Santa Rosa (License # 130471024). No state deficiencies were identified at the time of the survey.	N 000		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		