

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

PRINTED: 04/27/2018  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>105421</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>03/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MANORCARE NURSING AND REHABILITATION CENTER</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3601 LAKEWOOD BLVD<br/>NAPLES, FL 34112</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  | <p><b>INITIAL COMMENTS</b></p> <p>An unannounced recertification survey was conducted through at Manorcare Nursing and Rehabilitation Center, a skilled nursing facility in Naples, Florida. This survey was done in conjunction with a complaint survey.</p> <p>Manorcare Nursing and Rehabilitation Center is in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long-Term Care Facilities.</p> | F 000   |   |                      |   |

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.

Agency for Health Care Administration

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| N 000              | <p><b>INITIAL COMMENTS</b></p> <p>An unannounced relicensure survey was conducted ... through ... at Manorcare Nursing and Rehabilitation Center, a skilled nursing facility (license number #1311096) in Naples, Florida. This survey was done in conjunction with a complaint survey.</p> <p>The following is description of the deficiency.</p> | N 000         |   |                    |

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| AHCA Form 3020-0001<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE |
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| CZ816<br>SS=D      | <p>408.809(2)(a-c) FS Background Screening-Compliance Attestation</p> <p>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check unless the person's fingerprints are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit fingerprints electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or</p> | CZ816         |   |                    |

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| CZ816 | <p>Continued From page 1</p> <p>professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with _____, the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:</p> <p>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;</p> <p>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and</p> <p>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure level 2 background rescreening every 5 years for 1 (Staff A) of 10 employees records reviewed for background screenings. This has the potential for employment of staff with a qualifying offense being in contact with _____ residents.</p> <p>The findings included:</p> <p>1. On _____, record review for Certified Nursing Assistant (CNA) Staff A revealed a date of hire of _____ and a level 2 background screening eligible date of _____. There was no evidence of a level 2 background rescreening completion after _____.</p> <p>On _____ at 10:00 a.m., the Human Resource</p> | CZ816 | <p>The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the center has taken, or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been, or will be corrected by the date or date(s) indicated.</p> <p>It is the practice of the facility to ensure that level 2 background rescreening is completed for all licensed employees every five years.</p> |  |
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| CZ816              | Continued From page 2<br><br>Director confirmed CNA Staff A had not had a level 2 background rescreening every 5 years as required by regulation. | CZ816         | <p>No specific residents were identified.</p> <p>The identified employee completed her level 2 background rescreening prior to returning to work.</p> <p>Human Resources Director has been in serviced on the requirement to ensure that level 2 background rescreening is completed for all licensed employees every five years.</p> <p>An audit of licensed employee files in the center has been completed and similar areas of concern have been addressed.</p> <p>Random audits of employee files will be conducted by the Administrator/or designee, monthly X 3 months.</p> <p>The Results of the audits will be reported to the QA&amp;A Committee by the Administrator and/or designee for recommendations and follow up as indicated.</p> |                    |