

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

PRINTED: 06/07/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105507</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/26/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CONSULATE HEALTH CARE OF NORTH FORT MYERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>991 PONDELLA RD FORT MYERS, FL 33903</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  An unannounced off-hours recertification survey was conducted beginning at 7:30 a.m., on _____ through _____ at Consulate Health Care of North Fort Myers, a skilled nursing facility in North Fort Myers, Florida.  Consulate Health Care of North Fort Myers is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long-Term Care Facilities.  The following is a description of the noncompliance.	F 000		
F 558 SS=E	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)  §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of the facility's policies and procedures, resident and staff interview, the facility failed to maintain an adequate supply of portable _____ tanks to help meet residents' needs in case of emergency and maintain independence for 1 (Resident #59) of 12 residents requiring continuous _____.  The findings included:  Review of the facility's policy and procedure for _____ revised on _____ revealed for transporting residents on _____, obtain	F 558	F-558 Reasonable Accommodations Needs/Preferences  (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;  Resident #59 did received a portable E-tank.  (2) How you will identify other residents having potential to be affected by the	

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 558	<p>Continued From page 1</p> <p>an e-tank (portable _____ tank) from secured _____ supply area and verify contents. Set flow meter; attach delivery device; when empty, return cylinder to safe holding area, upright. Mark empty cylinders properly.</p> <p>On _____ at 9:35 a.m., Resident #59 was observed in his _____ a wheelchair. The resident was receiving _____ via a nasal cannula that was hooked to an _____ concentrator plugged into the electrical outlet. Resident #59 revealed he required _____ continuously for _____. He said he had not been able to leave his _____ as the facility ran out of portable _____ tanks. The resident said he had to receive _____ in his _____.</p> <p>Observation of the resident's wheelchair revealed an empty portable _____ cylinder.</p> <p>Review of the clinical record for Resident #59 revealed a physician's order dated _____ for _____ to run at 3 liters per minute via nasal cannula continuously for a diagnosis of _____.</p> <p>On _____ at 1:30 p.m., Licensed Practical Nurse (LPN) Staff C revealed she was on duty on Sunday _____ and used the last 2 tanks of portable _____. She said she gave a tank to a resident who was going out and the last tank to Resident #59 who liked to stay out of his _____. LPN Staff C stated "Everyone was looking for _____, everybody knew there was no _____ in the building". She said she informed the house supervisor there was no _____ tanks left in the building.</p>	F 558	<p>same practice and what corrective actions will be taken;</p> <p>Residents having equipment to meet their needs, all other resident with _____ was evaluated to ensure orders are in place. _____ concentration in place and E-tank available as needed. Issues or concerns were addressed as they were identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Facility Licensed nursing staff were re-educated on the components of this regulation with an emphasis on the ability to demonstrate knowledge and understanding of E-tank available at all time: Facility is now receiving two delivery of E-tank of _____ E-tank available at all time. Residents having equipment to meet their needs Newly hired employees will receive education in orientation.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>Quality Review will be conducted by the DON/designee twice weekly with interviews with residents, staff and a count of number of full _____ E-tank. Findings will be reviewed. The findings of these quality reviews will</p>		

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F 558	<p>Continued From page 2</p> <p>On ..... at 2:00 p.m., telephone interview with LPN Staff B revealed she worked the evening shift on Sunday ..... and said Resident #59 ran out of portable ..... and had to stay in his ..... LPN Staff B said she felt bad for the resident and offered to push his ..... concentrator to the public area but Resident #59 refused.</p> <p>On ..... at 1:10 p.m., the Administrator revealed she was at work on Sunday ..... and a Certified Nursing Assistant may have told her the facility was running low on ..... The Administrator said she didn't check with the Licensed Nurse because she thought they had enough portable ..... to get through the day. She tried to get a hold of ..... supplier around noon, left a message but no one called back.</p> <p>On ..... at 9:25 a.m., Registered Nurse (RN) Staff D revealed he had been employed full time at the facility since ..... 2017. Staff D said once or twice they ran out of portable ..... and he reported it to the Director of Nursing (DON) who called for more.</p> <p>On ..... at 9:30 a.m., RN Staff E revealed she has been working at the facility since ..... 2017. She said approximately 2 weeks ago the facility ran out of portable ..... She said they had to connect the residents on the concentrators until they received a supply of portable ..... The nurse said there was no "set in ..... process to make sure there are ..... tanks in the building but every now and then they check."</p> <p>On ..... at 9:35 a.m., RN Staff F revealed she had been employed at the facility for 2 years. She said once months ago she remembered they</p>	F 558	<p>be reported to the Quality Assurance Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends moving to quarterly monitoring</p>		

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F 558	Continued From page 3 ran out of portable _____ and had to call the DON. She said the _____ company brought some tanks in that same day.  On _____ at 10:50 a.m., telephone interview with the _____ supplier representative revealed the facility had a scheduled delivery for Tuesdays but can see that on Thursday they received an additional delivery of 30 _____ tanks.  On _____ at 12:45 p.m., the DON revealed the facility received a scheduled delivery of _____ tanks every Tuesday but the facility apparently ran out of _____ on Saturday and they were not able to obtain an emergency shipment of portable _____. She said the Licensed Nurses were responsible to connect residents to the portable _____ and should inform her if the facility's supply was running low. She said there was no formal procedure to ensure portable _____ was always available. She said they relied on sister facilities to borrow _____ if they were running low.	F 558		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, _____ and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on resident record reviews, observation, staff and resident interviews the facility failed to provide podiatry care for 1 (Resident #51) of 12 resident records reviewed for ADL care.	F 677	F-677 ADL Care Provided for Dependent Residents  (1) What corrective action(s) will be accomplished for those residents found to	

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F 677	<p>Continued From page 4</p> <p>The findings included:</p> <p>On ..... at 9:06 a.m., Resident #51 said he had asked the staff to cut his toes nails about two months ago and they had not cut them yet. Observation at this time showed his toes nails on both feet were long and jagged.</p> <p>On ..... at 1:00 p.m., observation of Resident #51's toes nails showed they continued to be long and jagged.</p> <p>A review of Resident #51's medical record showed on ..... the advanced registered nurse practitioner (ARNP) assessed Resident #51. He requested podiatry to cut his toe nails. A review of physician orders showed on ..... the ARNP wrote an order for "podiatrist consult, need toe nails cut." Further review of Resident #51's medical record showed there was no visit from the podiatrist to cut his toe nails.</p> <p>A review of his latest minimum data set dated ..... and ..... showed he required ..... from staff with hygiene. His care plan dated ..... showed he would receive appropriate staff support with his activities of daily living.</p> <p>On ..... at 9:55 a.m., Staff I from social services said nursing notified social services of any podiatry consults/orders and she would then fax podiatry these orders. The fax orders for the past two months were reviewed by Staff I and the surveyor. There was no order faxed to the podiatrist for Resident #51 to get his toe nails cut. Further review of Resident #51's medical record showed he was admitted to the facility on ..... There was no documentation that showed</p>	F 677	<p>have been affected by the deficient practice;</p> <p>Resident #51 received podiatry services on .....</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken;</p> <p>Residents having services to meet their needs, all other residents was evaluated to receive podiatry services as needed. Issues or concerns were addressed as they were identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Facility licensed nursing staff/Social Services staff were re-educated on the components of this regulation with an emphasis on the ability to demonstrate knowledge and understanding of: New/Current residents will be offered services for podiatry, dental, and optometrist as needed and re-evaluated at least quarterly. New hired employees will receive education in orientation.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>Quality Review will be conducted by the</p>		

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F 677	Continued From page 5 Resident #51's toe nails were cut since admission.  On _____ at 10:15 a.m., Staff I said Resident #51's toe nails were cut prior to him being admitted to this facility in _____ 2017.	F 677	Social Service Director/designee weekly with interviews with residents, staff, findings will be reviewed.  The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met and recommends moving to quarterly monitoring		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interview, the facility failed to ensure food was served in a palatable, appealing, and attractive manner for 12 (Residents #54, #21, #51, #30, #71, #82, #67, #9, #76, #241, #11 and #49) of 20 residents interviewed. This had the potential of affecting the health and well-being of residents consuming an oral diet.  The finding included:  Review of the facility approved policy titled "Food: Quality and Palatability revised documented the following:	F 804	F-804-Nutritive Value/ Appear Palatable/ Prefer Temp  (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;  Food temperature were obtained at point of service at the next scheduled meal. No issues were identified. Certified Dietary Manager was re-educated on the components of this regulation with an emphasis on preparing		

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F 804	<p>Continued From page 6</p> <p>"Food will be prepared by methods that conserve nutritive value flavor and appearance. Food will be palatable, attractive and served at a safe appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet resident's needs"</p> <p>On _____ at 9:00 a.m., Resident #54 said the food did not taste good and it was served _____</p> <p>On _____ at 9:00 a.m., Resident #21 said the coffee was always served _____. On _____ at 9:30 a.m., she said the coffee was _____ again this morning.</p> <p>On _____ at 9:05 a.m., Resident #51 said the facility food was not good and it was served _____</p> <p>On _____ at 11:00 a.m., Resident #30 said the "food taste like crap."</p> <p>On _____ at 11:15 a.m., Resident #71 said the food did not taste good. It seemed like it was "smothered in grease."</p> <p>On _____ at 9:30 a.m., Resident #82 said she did not like the taste of the food.</p> <p>On _____ at 11:30 a.m., Resident #67 said the food did not taste good but she ate it. She ordered the alternate meal many times because of this.</p> <p>On _____ at 12:30 p.m., Resident #9 said he did not like the food because it did not taste good.</p> <p>On _____ at 12:45 p.m., Resident #76 said the food tasted "terrible." He did not eat that much of it. At this time, his lunch tray was sitting on his</p>	F 804	<p>and serving foods/coffee at the appropriate temperature.</p> <p>Resident #54,#21,#51,#30,#71,#82,#67,#9,#76,#24 1,#11,#49. Food preference were completed follow-up interviews where completed for palatable temperature and appearance.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Residents were evaluated/interviewed. Issues or concerns were addressed as they were identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Dietary staff were re-educated by the Regional Director of Dietary services/designee on this regulation with an emphasis on: Preparing and serving food that are held at the appropriate temperature Palatable of the food Nutritive Value of the food. Newly hired dietary employees will receive education in orientation.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice does not recur, i.e., what quality assurance program will be put in place;</p> <p>The Executive Director/designee will</p>		

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F 804	<p>Continued From page 7</p> <p>dresser. He was asked if he was going to eat his lunch. He reiterated he was not going to eat his lunch because he did not like the taste of the food.</p> <p>On at 9:18 a.m., Resident # 241 revealed the food was not appetizing to the eyes and did not taste good. The resident said no, meal was appetizing. She said she kept her own snacks.</p> <p>On at 11:41 a.m., Resident #11 said, "Vegetables very soggy no taste, and food is greasy."</p> <p>On at 10:43 a.m., Resident # 49 said, "They need help in the food area. It is served at the right temperature, it just doesn't taste good."</p> <p>On at 9:52 a.m., Resident # 49 said, "Cardboard would have tasted better than breakfast this morning."</p> <p>2. On at 2:00 p.m., a resident council meeting took place. Five of the six residents in this meeting said the food did not taste good. One resident said the food tasted like "garbage."</p> <p>On at 12:00 p.m., observed the main dining 13 resident eating in the . The facility-approved menu for the noon meal consisted of country fried chicken, green beans, and mashed potatoes. The food served to the resident observed to have a glob of white (chicken) served over mashed potatoes, and gravy poured over the entire plate. The green beans observed to be grayish color, and of a mushy consistency. The 13 residents completed the lunch meal and left the dining .</p>	F 804	<p>conduct random food/taste and temperature on both hot and food to include kitchen point of service and unit point of service weekly x 4 weeks, and then every 2 weeks x 2 months to ensure proper serving temperatures on all foods both and hot, resident interviews, Flavor/Temperature/Appearance. The findings of these quality reviews will be reported to the Quality Assurance Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends moving to quarterly monitoring by the Regional Director of Dietary Services when completing their systems review.</p>	



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F 804	<p>Continued From page 8</p> <p>Observed all plates served to the residents in the dining approximately 75% of the meal was left on the plates.</p> <p>On ..... at 10:55 a.m., during tray line observed bulk food items on the steam table to include broccoli, chicken swimming in gravy, and a rice casserole. Puree foods item to include the chicken, broccoli and rice, were also on the steam table observed to be very running/liquidly. As the pureed items were plated, the different food items melded into each other pooling on the surface of the plate.</p> <p>3. On ... at 12:35 p.m., the food tray cart arrived at Canterbury unit. The test tray was conducted at 12:41 p.m. The chicken tasted dry, the broccoli and rice both tasted bland. The desert was a cake with whip cream. The the cake had no taste.</p> <p>Puree test tray consisted of puree rice, chicken, and broccoli. Chicken and rice had no distinctive taste; the broccoli was bland to the taste. All food items were very pasty to the taste, and observed to have a gummy texture. The cake had no taste, and had a slimy texture.</p> <p>On ..... at 9:30 a.m., the CDM did validate the puree food was runny, and needed to be thickened, but had nothing further to say about the quality of the food.</p>	F 804			
F 805 SS=E	<p>Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(3) Food prepared in a form designed</p>	F 805			

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F 805	<p>Continued From page 9</p> <p>to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation, and staff interview, the facility failed to serve puree-textured food at the appropriate consistency for 13 residents ordered to receive puree textured diet. The facility also failed to 8 of these residents were also ordered to receive Nectar thicken liquids. Food served in a liquid form, had the potential of affecting the health of residents receiving a puree diet, and can cause choking in those residents on a nectar thicken liquids.</p> <p>The findings included:</p> <p>Review of the facility approved policy titled "Food: Quality and Palatability revised . . . . documents the following: "Food will be prepared by methods that conserve nutritive value flavor and appearance. Food will be palatable attractive and served at a safe appetizing temperature. Food and liquids are prepared and served in a manner, form and texture to meet resident's needs"</p> <p>On at 12:00 p.m., observation of many residents in the dining . . . . received a puree diet. The meal consisted of country fried chicken, mashed potatoes, and green beans. Observation of the puree food on the plate revealed foods items were not in a form and melded into each other pooling on the plate.</p> <p>On at 10:55 a.m., observed puree foods items on tray line including chicken, broccoli, and rice, which were very runny. As the puree items were plated, the different food items ran into each</p>	F 805	<p>F-805 Food in Form to meet individual Need</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Certified Dietary Manager did observed the puree food and proceed to reconstituted the puree food to the right consistency and temperature. No resident had a negative outcome.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Certified Dietary Manager re-educated cooks on the consistency of the puree diet. Tray line will be observed by the Certified Dietary Manager twice weekly. Dietitian and Administrator weekly for consistence of the puree diet. Issues or concerns were addressed as they were identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Certified Dietary Manager will re-educate Dietary cook on the component of the regulation Food Form to meet the individual needs</p>		

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>CONSULATE HEALTH CARE OF NORTH FORT MYERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>991 PONDELLA RD FORT MYERS, FL 33903</b>		
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F 805	Continued From page 10 other pooling on the surface of the plate. The puree foods failed to have any form, appearing not to be thickened.  On ..... at 12:35 p.m., the food tray cart arrived at Canterbury unit. The test tray was conducted at 12:41 p.m. The test tray consisted of puree rice, chicken, and broccoli. Chicken and rice had no distinctive taste; the broccoli was bland to the taste. All food items were very pasty to the taste, and observed to have a gummy texture. The cake had no taste and had a slimy texture.  On ..... at 9:30 a.m., the CDM did validate the puree food was runny, and needed to be thickened, but had nothing further to say about the quality of the food.	F 805	(puree diet) Newly hired employees will receive education in orientation.  (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:  The Certified Dietary Manager/designee will maintain Food Form of puree diet that meet requirement of regulations. The findings of these quality reviews will be reported to the Quality Assurance Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends quarterly monitoring by the Regional Director of Dietary Services when completing their system review.		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812			

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F 812	<p>Continued From page 11</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and record review, the facility failed to ensure food was served in a sanitary manner. This had the potential of spreading harmful microorganisms, which may cause food borne illness to residents consuming an oral diet.</p> <p>The findings included:</p> <p>1. Review of the facility approved policy titled "Control Overview and Policy" revised</p> <p>Subtitled "Other staff-related preventive measures (dining and environmental services)" documented the following: "Staff who have contact with residents or who handle food must be free of communicable ( or including flu, etc.) and open skin , if direct contact will transmit the ."</p> <p>2. On at 10:55 a.m., observed dietary aide Staff J assembling resident's trays. Staff J was observed to have a large open located on the middle of her left . The went undetected by the Certified Dietary Manager (CDM). The CDM was made aware of the , and proceeded to remove Staff J from tray line. Shortly after Staff J, returned to the tray line to assemble resident's trays. The CDM said Staff J had her arm last week, causing the open , she added the medical wash had not assessed the . The CDM again removed</p>	F 812	<p>F-812- Food Procure, Store/Prepare/Serve-Sanitary</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Staff J was educated on control and reporting of any open area.</p> <p>(2) How you will identify other resident having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Certified Dietary Manager re-educated all staff on control and HSG policy on open wounds. Evaluation to be completed by a nurse for signs and symptoms of (s) for dietary with open (s) Issues or concerns were addressed as they were identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Certified Dietary Manager and dietary staff was re-educated by the control nurse on the components of this regulation with an emphasis on:</p>		

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F 812	Continued From page 12 the staff from tray line service, and sent Staff J to be assessed/evaluated by the medical staff. Staff J returned to the tray line at 11:10 a.m., with a bandage covering the . . . Staff J continued on the tray line, observed with bandage touching surfaces of resident trays, as she was assembling them.  3. On . . . at 3:25 p.m., interview with the Control nurse revealed kitchen employees were contracted and she was not involved in any training or in-services. The . . . Control Nurse said she did not watch the kitchen employees handle food in the kitchen, they had their own sanitation and inspection of the tray line and monitoring system.  On . . . at 3:30 p.m., interview with the Director of Nursing revealed she assessed the . . . on the kitchen staff's arm. The Director of Nursing said it looked like it was opened but it was dry and had no drainage.  On . . . at 9:30 a.m., the CDM agreed staff should not be working around food with open . . .	F 812	Serving food under sanitary conditions Dietary Manager Re-educated Dietary staff on HSG policy on open . . . (s) Newly hired employees will receive education in orientation.  (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;  The certified Dietary Manager/designee will maintain sanitary conditions that meet requirement of regulations. The findings of these quality reviews will be reported to the Quality Assurance Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends quarterly monitoring by the Regional Director of Dietary Services when completing their systems review.	
F 880 SS=F	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 . . . Control The facility must establish and maintain an . . . prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable . . . and . . .  §483.80(a) . . . prevention and control	F 880		

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F 880	<p>Continued From page 13 program.</p> <p>The facility must establish an _____ prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling _____ and communicable _____ for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable _____ or _____ before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable _____ or _____ should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of _____ ; ( )When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the _____ agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable _____ or _____ skin _____ from direct contact with residents or their food, if direct</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>contact will transmit the . . . . . ; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of . . . . .</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of the facility's policies and procedures and staff interview, the facility failed to store and handle soiled laundry in a manner to prevent contamination of air, surfaces and clean laundry. The facility failed to conduct a risk assessment that identifies where opportunistic waterborne . . . . . could grow and spread in the water system.</p> <p>The findings included:</p> <p>1. Review of the Laundry Process policy and procedure revised . . . . . describing the steps in the laundry process revealed the laundry . . . . . have a process in place to effectively sort soiled linen without cross contaminating clean linen. Laundry employees should be . . . . . of heavily soiled linens, such as . . . . . or fecal matter. Proper handling of these linens will prevent possible exposure to bloodborne . . . . . As soiled linens are sorted into the</p>	F 880	<p>F880- . . . . . Prevention and Control</p> <p>(1) What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice;</p> <p>Staff G housekeeping Manager was re-educated on the components of this regulation with an emphasis on storing and processing laundry in a sanitary manner to prevent the risk for transmission of . . . . . Maintenance Director and Assistance Maintenance staff was re-educated on water management program to reduce . . . . . growth and the spread</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions</p>		

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F 880	<p>Continued From page 15</p> <p>proper wash classifications, employees must wear the proper personal protective equipment, which includes gloves and a protective apron.</p> <p>On . . . . at 8:15 a.m., Laundry aide Staff G was folding clean clothes and linen and placing them on a counter. An open can of soda and a set of keys were noted on the counter next to the clean laundry. Laundry aide Staff G identified those items as her personal items. The Director of Nursing (DON) was present during the observation and instructed Laundry aide Staff G to immediately remove those items from the counter.</p> <p>Observation of the soiled linen . . . . 2 washers and 3 large uncovered bins containing soiled laundry items. One of the bins contained linen and towels heavily soiled with large amount of watery foul smelling brown substance.</p> <p>On . . . . at 8:20 a.m., interview with laundry aide Staff G revealed she has been employed at the facility for over 2 years. She said she sorted the dirty linen and placed them in the open bins. Laundry aide Staff G said no special precaution was taken with linen and clothes from isolation . . . . As the laundry aide described the process for sorting the soiled linen, she touched the inside of the dirty laundry containers and proceeded to the clean side of the laundry without washing or sanitizing her hands. The laundry aide was observed touching the walls, dryers and folding tables with her potentially contaminated hands. The DON was present during the observation.</p> <p>On . . . . at 8:40 a.m. interview with the laundry . . . . revealed she has been</p>	F 880	<p>will be taken;</p> <p>New linen barrels were ordered with lids. Process for sorting of soiled linen without cross contaminating clean linen. Proper handling of these linens will prevent possible exposure to airborne . . . . Hand washing after handling soiled linen. No employee personal items where clean linen is stored. Quality review was conducted of facility laundry by the Executive Director, Assistant Director of Nursing, Housekeeping director to ensure control . . . . 's were identified and corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; Staff was re-educated by the Assistant Director of Nursing/designee on the components of this regulation with an emphasis on personal protective equipment required for residents on transmission-based precautions. Housekeeping and Laundry staff was re-educated by the Assistant Director of Nursing/designee on the component of this regulation with an emphasis on maintaining the storage and process of laundry in a sanitary manner. Regional Director of Clinical Services educated the Maintenance Director and Maintenance assistance on water management program to reduce . . . . growth and spread. Newly hired employees will receive education in orientation.</p>		



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F 880	<p>Continued From page 16</p> <p>employed at this facility for approximately 4 years. She said it was not acceptable to have uncovered soiled linen where there is clean linen. The laundry _____ said they have special sheets to cover the bins.</p> <p>On _____ at 2:50 p.m., a review of the facility's _____ control and prevention program was conducted with the DON and the Assistant Director of Nursing. The DON said she toured the laundry from time to time usually in the evening when there was only one laundry aide. She stated she "takes a peek" and watches the laundry aide pick up and process the laundry. When she went and observed the laundry _____ soiled linen bins were always covered.</p> <p>2. Review of the policy and Procedure (S-314) for water management with an effective date of _____ revealed documentation the facility will provide a source of domestic water supply, as safe as possible to all residents, staff, and visitors. The facility will strive to eliminate the source of, or distribution of, unacceptable levels of preventable contamination (including but not limited to _____, cryptosporidium, _____) within its water and HVAC (Heating, _____ and air conditioning) system.</p> <p>The procedure documented the water system management program will actively identify known or potential hazardous conditions or risks in the municipal or natural source of the water, center maintained equipment and center storage and distribution systems.</p> <p>Policy S-314 included an attachment with spaces to describe the water supply flow and identify the locations of the water system components.</p> <p>The form was not filled out.</p>	F 880	<p>(4) How the corrective action(s) will be monitored to ensure the practice does not recur, i.e., what quality assurance program will be put in place: The Facility Assistant Director of Clinical Services/designee will conduct a weekly quality observation review of 5 residents on each unit weekly x 4 weeks, and then every 2 weeks x 2 months to ensure transmission-based precaution are in place and are being appropriately carried out by visual observation of staff. The Executive director/designee, Director of clinical Services/designee and Housekeeping Director/designee will conduct facility rounds to validate environment is free from any control _____'s weekly x 4 weeks and then every 2 weeks x 2 months. These findings of these quality reviews will be reported to the Quality Assurance Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends moving to quarterly monitoring by the Regional Director of Clinical Services/designee.</p>		

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F 880	Continued From page 17  On _____ at 8:00 a.m., interview with the Maintenance Director revealed on _____ the Regional Nurse Consultant gave her a guideline packet with information on developing a water management program to reduce _____ growth and spread and told her to "work on it". The Maintenance Director said she has not had a chance to do so. She produced a spread sheet titled "Water Management" with check marks for clarity and PH (a measure of acidity and alkalinity of a solution) in the different _____ and other areas of the facility. She could not explain what the check marks meant.	F 880			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>83607</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/26/2018</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced off-hours relicensure survey was conducted beginning at 7:30 a.m., on _____ through _____ at Consulate Health Care of North Fort Myers, a skilled nursing facility (license #1444096) in North Fort Myers, Florida.</p> <p>The following is description of the deficiency.</p>	N 000		
N 201 SS=D	<p>400.022(1)(f), FS Right to Adequate and Appropriate Health Care</p> <p>The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on 1 (Resident #51) of 12 resident records reviewed, observation, staff and resident interviews the facility failed to provide podiatry care for Resident #51.</p> <p>The findings included:</p> <p>On _____ at 9:06 a.m., Resident #51 said he had asked the staff to cut his toes nails about two months ago and they had not cut them as of yet. Observation at this time showed his toes nails on both feet were long and jagged. On _____ at 1:00 p.m., observation of Resident #51's toes nails showed they continued to be long and jagged.</p> <p>A review of Resident #51's medical record</p>	N 201	<p>N-201 ADL Care Provided for Dependent Residents</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #51 received podiatry services on _____.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken; Residents having services to meet their needs. All other resident was evaluated to receive podiatry services as needed.</p>	

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

TITLE

(X6) DATE

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER  
**CONSULATE HEALTH CARE OF NORTH FORT MYER:**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**991 PONDELLA RD  
FORT MYERS, FL 33903**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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showed on . . . . . the advanced registered nurse practitioner (ARNP) assessed Resident #51. He requested podiatry to cut his toe nails. A review of physician orders showed on . . . . . the ARNP wrote an order for "podiatrist consult, need toe nails cut." Further review of Resident #51's medical record showed there was no visit from the podiatrist to cut his toe nails.

A review of his latest minimum data set dated . . . . . and . . . . . showed he required . . . . . from staff with hygiene. His care plan dated . . . . . showed he would receive appropriate staff support with his activities of daily living.

Class III

N 201

Issues or concerns were addressed as they were identified.

(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; Facility Licensed nursing staff/Social Services staff were re-educated on the components of this regulation with an emphasis on the ability to demonstrate knowledge and understanding of: New/Current residents will be offered services for Podiatry, Dental and Optometrist as needed and re-evaluated at least quarterly. Newly hire employees will receive education in orientation.

(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place; Quality review will be conducted by the Social Service Director/designee weekly with residents, staff. Findings will be reviewed. The findings of these quality reviews will be reported to the Quality Assurance Performance Improvement Committee monthly until committee determines substantial compliance has been met and recommends moving to quarterly monitoring