

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

PRINTED: 06/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/09/2019
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 13881 EAGLE RIDGE DRIVE FORT MYERS, FL 33912		
(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>INITIAL COMMENTS</p> <p>An unannounced revisit survey was conducted on _____ through _____ at Manorcare Health Services, a skilled nursing facility in Fort Myers, Florida. This was a follow-up to the recertification survey completed on _____ and done in conjunction with a new complaint survey.</p> <p>Manorcare Health Services is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities.</p>	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

/2019

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>INITIAL COMMENTS</p> <p>An unannounced revisit survey was conducted on through at Manorcare Health Services, a skilled nursing facility in Fort Myers, Florida. This was a follow-up to the relicensure survey completed on and done in conjunction with a new complaint survey.</p> <p>The following is description of the deficiencies.</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 record review, resident and staff interviews, the facility failed to provide adequate health care and support services to (Resident #992 and #995) of 9 residents sampled for management and assistance with activities of daily living. Resident #992 was admitted with issues that went unresolved for hours until the resident returned to the hospital. The post-surgical management should have been and treated. Resident #995 did not receive toileting assistance. The failure to provide management and toileting assistance has the potential to cause increased discomfort, and</p> <p>The findings included:</p>	{N 201}	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state laws.</p> <p>A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident # 992 was discharged to the hospital and no longer resides in the</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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NAME OF PROVIDER OR SUPPLIER
MANORCARE HEALTH SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE
**13881 EAGLE RIDGE DRIVE
FORT MYERS, FL 33912**

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{N 201}	<p>Continued From page 1</p> <p>1. On _____, a review of the medical record for Resident #992 revealed, the resident was admitted to the facility on _____ following a surgical repair of a right _____. The hospital discharge orders included orders for _____ SR (a sustained-release _____ medication) 10 milligrams (mg) 2 times a day for 5 days and _____ (a shorter acting combination _____ medication) 5/325 mg every hours as needed for _____.</p> <p>An Admission Screen was conducted on _____ at 7:28 p.m. The admission screen included a _____ assessment that noted Resident #992 had a _____ level of _____. Review of the clinical record and the electronic record found no documentation the resident received any intervention or _____ medication. There was no documentation the nurse attempted to obtain _____ medication for Resident #992.</p> <p>In an interview on _____ at 11:47 a.m., Resident #992 said when he arrived at the facility he was in _____. Resident #992 said he asked for _____ medication 6 times and the nurse did not give it to him or told him why he could not have it. Resident #992 said they did not take care of me or my _____. Resident #992 said he hurt so badly and he felt terrible. Resident #992 said he called _____-1 after several hours of being in _____ from his _____. Resident #992 said he asked to be sent to the Emergency Room (ER) for _____ medication.</p> <p>The local hospital record indicated after less than 24 hours at the facility, Resident #992 was transferred to the ER at his request.</p> <p>The facility's Acute Care Transfer document completed on _____ at 11:52 p.m., noted the</p>	{N 201}	<p>facility.</p> <p>Resident # 995 will wear clothing when out of bed for the day. The resident had spilled water which created the puddle under her chair and was wiped up on the day of survey.</p> <p>Resident #997 was toileted just prior to coming into the dining room and toileted shortly after calling out in the dining room on the day of the survey.</p> <p>B. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>Residents who receive _____ prescriptions have a potential to be _____. The pharmacy was contacted on _____ and verified that all current _____ prescriptions were filled as of this date. An audit of the medication carts on _____ revealed all current _____ medications were available.</p> <p>Staffing patterns have been reviewed with a focus on the Thalia unit to ensure the facility provides sufficient numbers of each of the types of personnel in a 24 hour-basis to provide nursing care to all residents in accordance with their care plans.</p> <p>C. The measures that will be put into place or what systematic changes you will make to insure the deficient practice does not recur.</p>	
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{N 201}

Continued From page 2

reason for Resident #992's transfer to the ER was orthopedic. The assessment section was not completed.

The hospital ER summary documented Resident #992's chief complaint for ER visit was The resident was treated for his . . . and declined to return to the facility. Resident #992 was discharged from the hospital on

On at 12:37 p.m., the Director of Nursing (DON) said Resident #992 requested a specific . . . medication and we did not have it. The DON said the emergency drug system used at the facility required a physician order and a pharmacy written order to obtain the medication from the system. The DON said the medication ordered was not a medication that was in the emergency drug system. The DON said the facility offered the resident . . . / . . . but the resident refused the medication. There was no documentation in the resident's record that he was offered the . . . medication or received any . . . management intervention. The DON verified there was no nursing documentation of the facility staff providing any interventions to manage the resident's

A review of the Controlled Substance Emergency Kit's Table of Contents listed (brand name for extended release) 10 mg and / 5/325 mg as being available in the kit.

On at 3:25 p.m., the Administrator said there was no facility policy for the use of . . . medications. The Administrator said the staff follow the physician orders.

2. Observation on at 11:37 a.m., Resident #995 remained in the dining room in the hospital

{N 201}

The Director of Nursing/designee will provide education to the licensed nursing staff related to . . . management with a focus on ensuring medication availability, obtaining prescriptions and documentation of the interventions provided. The Director of Nursing/Designee will provide education to ensure staff are toileting residents timely.

D. How the corrective actions(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place:

The Director of Nursing/designee will conduct random audits 2 times per week for the first 30 days to ensure medications are available for new admissions and newly ordered medications are available. The Director of Nursing/designee will conduct random audits 2 times per week, to ensure patient's activities of daily living needs are met and call light response is timely for the first 30 days. Random weekly audits will continue for the next 60 days. Results of the audits will be reviewed at the monthly QAPI meeting. Recommendations for further action will be discussed and implemented as needed.

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{N 201}	<p>Continued From page 3</p> <p>gown that she was wearing at breakfast time. There was a large puddle under her wheelchair. CNA Staff I was getting ready for lunch and going around putting paper place mats on the tables. Resident #997 continued to call out, "I have to go to the bathroom." She did this several times. CNA Staff I told the resident, "Wait till someone else comes to the room, then I will take you." This continued for 3 to 5 minutes.</p> <p>In an interview on _____, at about 11:40 a.m. CNA Staff I said that she couldn't take any of the residents to the bathroom or to check and change them when she was the only one in the room. She said she couldn't leave the other residents alone. She said the other staff were taking care of things on the unit, giving showers, or on break.</p> <p>Class III</p>	{N 201}		