

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

PRINTED: 03/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105599	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/19/2020
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF ZEPHYRHILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 38220 HENRY DR ZEPHYRHILLS, FL 33540		
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{F 000}	INITIAL COMMENTS A revisit recertification survey was conducted on _____ to _____, in conjunction to a complaint survey for complaint number 2020000381 and 2020000811 (HF1711), at Heartland of Zephyrhills. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities related to uncorrected and new deficiencies for the revisit recertification survey. The facility has been out of compliance since _____.	{F 000}			
{F 550} SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	{F 550}			

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

TITLE

(X6) DATE

Electronically Signed

/2020

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 550}	<p>Continued From page 1</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure residents right to dignity related to assistance with meals for two (Resident #5 and #12) out of three sampled residents reviewed for dignity while dining.</p> <p>Findings included:</p> <p>1. An observation of the lunch meal in the main dining room was conducted on beginning at 12:13 PM. At 12:20 PM Resident #5 was brought into the dining room by a Certified Nursing Assistant (CNA). The resident was in a specialized chair in a semi-reclined position with his .. closed and appeared to be asleep. He was placed near a table in the dining room.</p> <p>At 12:42 PM, Resident #5 was still sleeping in the same place and position where he had been left earlier. At 12:47 PM, staff began passing trays to the two tables of assisted diners. At 12:50 PM, the meal tray for Resident #5 was observed on the table in front of where he had been placed, all</p>	{F 550}	<p>1. Resident #5 is being assisted with meals while maintaining dignity. Resident #12 is being assisted with meals while maintaining dignity.</p> <p>2. Observation of dining completed to identify other residents who need assistance with meals and if issues with .. residents properly. No concerns were identified.</p> <p>3. DON/Designee provided education to C.N.A.'s and licensed staff on procedure for dining with dignity and properly .. residents by their correct names. Administrator/designee provided 1:1 return demonstration education to Managers on procedure for dining with dignity and properly .. residents by their correct names.</p>		

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{F 550}	Continued From page 2 items on the tray were covered, and no staff were observed engaging with Resident #5 or assisting with repositioning in his specialized chair in preparation to eat. At 12:51 PM, a CNA placed a rolling chair next to Resident #5 and then went to pass a tray to a resident at another table. At 12:53 PM, a CNA repositioned Resident #5 out of a reclined position and sat down in the chair that had been placed next to him. The CNA began to set up his tray to assist him, made an attempt to wake the resident and offered bites of food, but he did not open his mouth or eyes. The CNA then stood and wheeled the chair around the table to a female resident. The CNA then sat with the female resident and began assisting her with eating. Staff B, CNA, arrived to the table, stood next to Resident #5 and said, "[resident's name], you want to try some oranges?" Staff B remained standing while she fed Resident #5 the fruit, remained standing while offering and providing assistance to drink juice. At 1:00 PM, the CNA who was assisting the female resident at the table was heard offering Staff B her chair, but Staff B declined. At 1:04 PM, Staff B was observed continuing to stand while leaning on Resident #5's chair with her left hand and feeding him with her right hand. On 02/19/2020, an observation of the breakfast meal in the main dining room was conducted beginning at 8:10 AM. Resident #5 was observed in the dining room at 8:29 AM reclined in a specialized chair with his eyes closed. At 8:45 AM, the two other residents at his table were observed being served and provided with tray setup. At 8:47 AM, a tray was placed in front of Resident #5 with all items covered. At 8:49 AM, the other two residents at his table were observed eating. At 8:53 AM, a CNA brought a chair over	{F 550}	4. Administrator/Designee will conduct random observation audits on dining services for residents needing assistance and how staff is assisting residents 2x weekly X2 week, then weekly X4 and Monthly X2. The results of the audits will be reported to QA for review and further recommendations.		

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{F 550}	<p>Continued From page 3</p> <p>to Resident #5's table and sat down next to one of the other residents and began to assist her. The CNA did not address Resident #5 and his tray remained closed on the table. At 8:56 AM, a nurse arrived to the dining room, brought a chair over to Resident #5, sat down and began to assist him with eating.</p> <p>A review of the medical record for Resident #5 revealed that he was originally admitted to the facility on The Minimum Data Set (MDS) dated revealed a (. . .) score of 6 which meant that the resident had severe, and revealed that the resident required extensive physical assistance of one person for eating. The care plan for Resident #5 included a focus area for nutritional status which included an intervention dated to "Encourage and assist as needed to consume foods and/or supplements and fluids offered."</p> <p>An interview was conducted with the facility Nursing Home Administrator (NHA) and the facility Director of Nursing (DON) on at 2:24 PM. The NHA stated that as of in servicing had been conducted with facility staff on the procedure for dining with dignity and residents appropriately (by name). She reported that 94% of facility Registered Nurses (RNs) had been educated, 75% of facility Licensed Practical Nurses (LPNs) had been educated, and 84% of Certified Nursing Assistants (CNAs) had been educated. The NHA reported that the focus of the education was to follow the facility procedure for dining with dignity which included sitting when assisting residents and not using nicknames when</p>	{F 550}			

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{F 550}	<p>Continued From page 4</p> <p>residents. She stated that the same education was provided to agency staff. Regarding Staff B, the NHA revealed that she had received the education on . Regarding Staff A, the NHA stated, "I didn't do hers yet ...I haven't done her yet this week because you've been here." The NHA confirmed that Staff A should have been educated prior to working on the floor.</p> <p>The facility policy titled, "Meal Service" dated was reviewed and included the following: "PURPOSE: To promote dining with dignity and enjoyment of meals... If patient requires assistance with eating, do not serve tray until able to stay and provide assistance ...Sit next to the patient while assisting them to eat, rather than standing over them ...Talk with the patient ...in a polite, respectful manner."</p> <p>2. On at 12:14 p.m., Resident #12 was in bed with the of bed slightly elevated and the resident was leaning towards her right side. The resident's bedside table with a meal tray was on the left side of the bed with Staff E, Certified Nurses Aide (CNA), standing to the left of the resident's bed and assisting the resident with her lunch.</p> <p>An interview was conducted on at 12:16 p.m. with Staff F, a CNA, who was walking down the hall. Staff F stated that the CNA should be sitting in a chair to feed the resident. "We are not supposed to stand up over them while we are helping them with their meals." Staff F then said to Staff E, "You need to get a chair."</p> <p>An interview was conducted on at 12:17 p.m. with Staff G, Registered Nurse (RN).</p>	{F 550}			

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{F 550}	Continued From page 5 Staff G stated, "When they are feeding the residents, they are supposed to be sitting."	{F 550}			
{F 686} SS=D	Treatment/Svcs to Prevent/Heal CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent _____ and does not develop _____ unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with _____ receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent _____ and prevent new _____ from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that two (#10, #11) out of two residents sampled for _____ were provided _____ care consistent with standard precautions to prevent possible cross contamination during care. Findings Included: A review of the facility policy titled " _____ Change: Non Sterile (Clean)" revised _____ revealed: Procedure... 15. Prepare clean field: If _____ need to be cut to size, use clean scissors (_____ the scissors with an EPA approved _____ before and after using).	{F 686}	1. Resident # 10 and Resident # 11 had _____ changes completed and licensed staff were monitored for providing the services consistent with standard precautions. 2. Other residents provided _____ changes were reviewed and receiving services consistent with standard precautions. 3. Staff C and Staff D received 1:1 training on clean _____ change technique. DON/Designee has provided education with licensed nursing staff on providing		

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{F 686}	Continued From page 6 17. Cleanse . . . per physician orders... 18. Remove soiled gloves, discard. 19. Perform . . . hygiene and apply latex free non sterile gloves. A care observation was conducted on at 11:45 a.m. for Resident #10 with Staff C, Licensed Practical Nurse (LPN) and the Director of Nursing (DON). Staff C reviewed the care orders for the right medial . . . : "Cleanse with normal . . . , apply to calloused area and to cover with an adhesive foam . . . every other day or as needed." The resident was up sitting in her wheelchair at the bedside and provided permission for the care to be observed. Staff C gathered cleaning materials and then put on gloves. Staff C cleaned the bedside table and waited for the table to dry. Once dried, Staff C placed a barrier down on the bedside table and removed her gloves. Without washing her . . . , Staff C went into the medication cart and pulled out care supplies and placed them on the barrier on the bedside table. Staff C, opened all of the packages, reached in her pocket for a permanent marker, and put the date on the . . . of Staff C then washed her . . . , donned gloves, and removed the resident's shoe on her right . . . Staff C then removed the old . . . dated . . . to the right . . . Staff C removed her gloves and donned new gloves without washing her . . . Staff C returned to her cart for a . . . wipe, removed her gloves, washed her . . . and donned new gloves. Staff C, used the . . . wipe to clean across the . . . contaminating the . . . from the dirty part of the area swiping it into the . . . area. Staff C removed her gloves, donned new gloves, and covered the . . . with a foam	{F 686}	services consistent with standard precautions. 4. DON/Designee will conduct random observation rounds during changes for services consistent with standard precautions weekly X2, 2x week X4, and Monthly X2. Findings will be reported to QA for review and further recommendations.		

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{F 686}	<p>Continued From page 7</p> <p>Upon completion of the _____ care by Staff C at 11:45 AM, the DON said to Staff C, "You must wash your _____ or use _____ sanitizer after removing your gloves." The DON then coached Staff C, stating, "When you are cleaning a _____ you clean from the inside out."</p> <p>A review of the medical record revealed Resident #10 was being treated for an open area to the ankle. Right medial _____.</p> <p>A second _____ care observation was conducted on _____ at 12:28 p.m. for Resident # 11 with Staff D, LPN, and the DON. Resident #11 was lying in her bed and provided permission for the _____ care observation. Staff D donned gloves and gathered cleaning supplies and cleaned the bedside table. Staff D removed her gloves, washed her _____ then set up a barrier on the bedside table, and then donned gloves. Staff D lifted the bed linens of the _____ of the bed to expose both _____ and then placed a towel under the resident's left _____. Staff D then removed her gloves, washed her _____ for 5 seconds, donned gloves, then went _____ to her cart for scissors. With the same gloves on, she cleansed the scissors with an _____ and placed them down on the barrier on the bedside table. Staff D removed her gloves, washed her _____ again for less than 4 seconds, returned to the bedside, and donned gloves. Staff D used the scissors to cut the old _____ dated _____ off the resident's left lower extremity and disposed the old _____ in the trash can, removed her gloves, washed her _____ for 4 seconds, and then donned gloves. Staff D opened a package containing a _____ wipe, cleaned the _____ removed her gloves, and donned new gloves without washing her _____, Staff D took a cotton</p>	{F 686}			

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{F 686}	Continued From page 8 tip applicator and applied an _____ covered the _____ with a _____, and applied stretch gauze and secured it with tape. An interview was conducted at 12:41 p.m. with the DON who confirmed that Staff D should have washed her _____ after she removed the dirty _____ and her gloves before putting on new gloves. The DON said, "We are to wash our _____ for at least 20 seconds." A review of the medical record revealed Resident #11 was being treated for a _____ to her left lower extremity. An interview was conducted on _____ at 2:00 p.m., with the NHA and the DON who confirmed the findings from both _____ care observations. The NHA said, "Both Staff C, LPN, and Staff D, LPN, received the _____ care training we conducted as part of our plan of correction. I guess more education is needed."	{F 686}			
{F 698} SS=D	CFR(s): 483.25(l) §483.25(l) The facility must ensure that residents who require _____ receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and medical record review the facility failed to ensure communication between the facility and outside _____ services for one (#9) out of one resident in the facility receiving _____ services.	{F 698}	1. Resident #9 information was obtained from the _____ center. 2. Reviewed binders for other residents identified as receiving _____ services and audited communication binder for		

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{F 698}	<p>Continued From page 9</p> <p>Finding included:</p> <p>A review of the facility policy titled "..... Guidelines" dated revealed: Guidelines: If a center provides services, there is collaboration between the center and a Medicare certified facility. The center remains responsible for the overall quality of care the patient receives. A coordinated comprehensive care plan for treatments is developed with the input from the interdisciplinary team and facility staff... Both the center and the facility are responsible for shared communication regarding patients receiving services, either on site or offsite. The Communication Form (CLS187) is to be used.</p> <p>A review of the medical record for Resident #9 revealed he left the facility three times a week for The shared forms were not in his paper chart or the electronic medical record.</p> <p>A review of the note book at the nurse's station revealed the two shared communication forms for Resident #9 dated and On both forms the facility portion of the form had been completed but the bottom portion of the form designated for was blank.</p> <p>On at 2:55 p.m., the Director of Nursing (DON) stated, "When they come from if they do not come with the information from the filled out, the nurses are to send it to to fill out, I do not know why the center will not fill out their part of the form to send with the resident</p>	{F 698}	<p>appropriate materials in place.</p> <p>Facility NHA/DON contacted the Center Director who validated that communication to the facility is contained within their post return form.</p> <p>3. DON/Designee will educate the licensed staff on the process of completing and receiving the communication binder and information from the center after each visit as necessary.</p> <p>4. DON/Designee will conduct audits of communication binder 2x weekly X2, weekly x4, and Monthly x2. Findings will be reported to QA for review and further recommendations.</p>		

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{F 698}	Continued From page 10 when they return to the facility." On at 10:45 a.m., the Nursing Home Administrator (NHA) stated, "I have a PIP [Performance Improvement Plan] on the issue. I do not know why they will not fill out the form. I have talked with the nursing staff about the form and instructed them that if a resident returns from without the communication form completed by that they are to fax it over to the center and have them complete it and fax it I understand that the post procedure is just a review of what did. I see what you are saying, they need to communicate with the nursing staff on what happened. What they need to assess and monitor for. I hear you."	{F 698}		
{F 758} SS=D	Free from Unnec Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Drugs. §483.45(c)(3) A drug is any drug that affects activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) (ii) (iii) and () Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented	{F 758}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105599	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/19/2020
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF ZEPHYRHILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 38220 HENRY DR ZEPHYRHILLS, FL 33540		
(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 758}	<p>Continued From page 11 in the clinical record;</p> <p>§483.45(e)(2) Residents who use _____ drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive _____ drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for _____ drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for _____ drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that a PRN (as needed) _____ medication was monitored for discontinuation for one (Resident #5) out of five residents reviewed for medications.</p> <p>Findings Included:</p> <p>1. Resident #5 was observed on _____ at</p>	{F 758}	<p>1. The physician for Resident #5 was contacted and the PRN _____ medication was discontinued.</p> <p>2. An audit of current residents was conducted to review orders for monitoring side effects for those receiving _____ medications. Any identified issues were corrected as warranted on</p>		

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{F 758}	<p>Continued From page 12</p> <p>9:46 AM placed in the hallway outside of his room in a reclined position in a specialized chair. His _____ were closed, and he appeared to be asleep. The resident was observed during the lunch meal in the main dining room on _____, and again appeared to be sleeping, difficult to arouse, and kept his _____ closed. On _____, Resident #5 was observed at 8:04 AM placed in the hallway outside of his room in a reclined position in a specialized chair and appeared to be asleep. The resident was observed during the breakfast meal in the main dining room on _____ where he kept his _____ closed and appeared to be asleep some of the time.</p> <p>A review of the medical record for Resident #5 revealed that he was admitted to the facility on _____. Diagnoses included _____, and _____. The Minimum Data Set (MDS) dated _____ revealed a Brief Inventory for Mental Status (_____) score of 6 indicating severe _____. The MDS revealed that his _____ symptoms included feeling tired or having little energy nearly every day. The MDS revealed that Resident #5 required extensive or total physical assistance with mobility and activities of daily living (ADL). The active physician orders revealed the following: "Monitor for side effects related to use of _____ medications ...every shift" order date _____; _____ Tablet 0.5 MG Give 1 tablet by _____ two times a day for _____, with an order date of _____; _____ Tablet 5 MG. Give 5mg by _____ every 8 hours as needed for Agitation/ _____, with an order date of _____; _____ ER Capsule Extended Release 24 Hour 75MG. Give 1 capsule by _____ one time a day for _____, with an order date of _____.</p>	{F 758}	<p>3. DON/Designee provided education to licensed nurses on monitoring of SE for _____ medications and use of PRN _____ medications.</p> <p>4. DON/Designee will audit weekly X4, then monthly X2. Findings will be reported to QA for further review and recommendations.</p>		

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{F 758}	Continued From page 13 A review of the medication administration record (MAR) for _____ revealed the 5mg PRN medication was documented as administered to the resident on _____, and _____ and each administration was coded as effective according to charting codes. The MAR for _____ for Resident #5 revealed the _____ 5mg PRN medication was documented as administered to the resident on _____ and _____ with each administration coded as effective. The MAR did not reveal any additional behavior monitoring and the progress notes for the resident did not reveal any documentation of agitation to correspond with the administration of the medication. The care plan for Resident #5 revealed a focus areas for adverse effects related to use of _____ initiated _____ and focus areas for behaviors which included attempting _____ drug reduction as appropriate as an intervention. The facility Consultant Pharmacist was interviewed on _____ at 12:30 PM regarding Resident #5. He confirmed that the medical record revealed an active order for _____ PRN with a start date of _____ and _____ confirmed that the resident had received the medication in _____ according to the MAR. The Pharmacist confirmed that he did not review Resident #5 in _____ because the resident was not in the facility on _____ when the Pharmacist was in the facility conducting reviews. He confirmed that when a _____ PRN is noted to be ordered without a stop date, he would notify the physician to review and consider a stop date. Regarding Resident #5 he stated, "I honestly don't know	{F 758}			

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{F 758}	<p>Continued From page 14</p> <p>what happened in this case." Regarding behaviors the Pharmacist stated that if a resident is receiving a _____ medication and there is a lack of behaviors monitored, it could mean that the medication is effective. However, if there was not a gradual dose reduction attempt or a documented rationale for not attempting reduction that would be an issue. The Pharmacist stated that he would address the PRN _____ for Resident #5 that day.</p> <p>On _____ at 2:09 PM, the Director of Nursing (DON) reported her expectation for behavior monitoring for _____ was for 7 day charting if it was a new medication on behaviors and side effects ...if patient is stable then no further monitoring/documentation was required. She stated, "If it's a routine med for _____, the nurse will chart if med isn't meeting their needs... It will appear in a progress note." Regarding PRN _____, she stated, "Normally, we only have them for 7 days...now if they're on hospice, sometimes we'll say 14 days." She continued on to state that any behavior issue would be documented by a nurse in a progress note. If someone's behaviors are escalating, they're going to write a progress note on it.</p> <p>The facility Nursing Home Administrator (NHA) and DON were interviewed on _____ at 2:25 PM. The NHA stated that as of _____ 88% of the facility's Registered Nurses (RNs) and 75% of Licensed Practical Nurses (LPNs) had been educated on monitoring of side effects related to administration of _____. She stated, "we've been auditing new admissions in morning clinical meeting weekly since _____."</p> <p>The facility policy titled " _____ and Behavior</p>	{F 758}			

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{F 758}	Continued From page 15 Symptom Management" dated 2016 was reviewed and included ... "Staff documents a patient's response to interventions using the and Behavior progress note in PCC [electronic health record]. The social service employee also promotes the use of the Eagle Room Behavior Process Tool, Symptom Log, Kardex ..." The facility policy titled " Medication Management" dated ... was reviewed and included: "PRN , , , , , orders (excluding , , , , , medications) entered for a maximum of 14 days unless a specific duration is ordered ...Monitor for side effects related to use of , , , , , medications ..." There was nothing in the policy about behavior monitoring.	{F 758}			
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to implement their quality assessment and assurance measures for corrective action related to deficient practice identified on the annual survey conducted on . Continued non-compliance was identified for four (F550, F686, F698, F758) out of 11 deficiencies cited. Findings included: A revisit to the recertification survey was	F 867	1. New or revised Performance Improvement Plan developed for each deficient area. 2. Reviewed other facility P.I.Ps with QA&A committee and made changes as needed 3. RVP/designee will educate the NHA on the QAPI/QA&A process. 4. Facility P.I.Ps will be audited weekly for 4 weeks and monthly x2 for interventions and progress. Results will be		

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F 867	<p>Continued From page 16</p> <p>conducted on and with continued deficient practice identified at: F550, F686, F698, F758.</p> <p>A review of the facility's plan of correction for the recertification survey ending revealed the following measures identified by the facility Quality Assurance Committee (QAC), would be taken to correct the deficient practice for F550: Director of Nursing and or designee provided education to Certified Nurses Aides and licensed staff on the procedure for dining with dignity and residents appropriately.</p> <p>The facility failed to correct this facility as Resident #5 and Resident #12 were observed to be assisted by staff with eating while they stood over the residents. In addition, Resident #5 was observed to wait an extended length of time before receiving assistance with his lunch meal on</p> <p>An interview was conducted with the facility Nursing Home Administrator (NHA) and the facility Director of Nursing (DON) on at 2:24 PM. The NHA stated that as of in servicing had been conducted with facility staff on the procedure for dining with dignity and residents appropriately (by name). She reported that 94% of facility Registered Nurses (RNs) had been educated, 75% of facility Licensed Practical Nurses (LPNs) had been educated, and 84% of Certified Nursing Assistants (CNAs) had been educated. The NHA reported that the focus of the education was to follow the facility procedure for dining with dignity which included sitting when assisting residents and not using nicknames when residents. She stated that the same education</p>	F 867	<p>reported to QA for review and further recommendations.</p>		

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F 867	<p>Continued From page 17 was provided to agency staff.</p> <p>A review of the facility's plan of correction for the recertification survey ending _____ revealed the following measures identified by the facility Quality Assurance Committee (QAC), would be taken to correct the deficient practice for F686: Director of Nursing and or designee provided education to licensed staff on clean _____ changes and random observation rounds during _____ changes for services consistent with standard precautions were conducted weekly x 4, and monthly x 2. Findings will be reported to QA for further review and recommendations.</p> <p>Observation of _____ care for Resident #10 and #11 on _____ revealed staff did not provide _____ care consistent with standard precautions to prevent possible cross contamination during care.</p> <p>The Nursing Home Administrator (NHA) and Director of Nursing (DON) were interviewed on _____ at 2:25 PM related to _____ care and revealed that as of _____ 88% of the facility's Registered Nurses (RNs) and 75% of the Licensed Practical Nurses (LPNs) had been educated on clean _____ changes.</p> <p>A review of the facility's plan of correction for the recertification survey ending _____ revealed the following measures identified by the facility Quality Assurance Committee (QAC), would be taken to correct the deficient practice for F698: The DON/designee would re-educate licensed staff on completing and receiving the communication sheet from the _____ center after each visit. The DON/designee would conduct audits on communication sheets weekly</p>	F 867			

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F 867	<p>Continued From page 18</p> <p>x 4, then monthly x 2 if residents were in the facility.</p> <p>A review of the communication sheets for one (#9) of one current resident receiving on revealed the post treatment communication was not being received from the center and no follow-up could be provided to show communication was maintained after the resident's services on and</p> <p>The NHA and DON were interviewed on at 2:25 PM related to implementation of the plan of correction for services. The NHA stated that as of 88% of facility Registered Nurses (RNs) and 75% of Licensed Practical Nurses (LPNs) had been educated on completing and receiving the communication form after each visit.</p> <p>A review of the facility's plan of correction for the recertification survey ending revealed the following measures identified by the facility Quality Assurance Committee (QAC), would be taken to correct the deficient practice for F758: An audit of current residents was conducted to review orders for monitoring side effects for medications. Any issues identified were corrected. DON/designee provided education to licensed staff on monitoring of side effects for medications. Findings will be reported to QA for further review and recommendations.</p> <p>A review of 5 resident records for medications on revealed the facility failed to ensure that a PRN (as needed) medication was monitored for</p>	F 867			

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F 867	Continued From page 19 discontinuation for Resident #5. The NHA and DON were interviewed on _____ at 2:25 PM and revealed that as of _____ 88% of facility Registered Nurses (RNs) and 75% of Licensed Practical Nurses (LPNs) had been educated on monitoring of side effects related to administration of _____. She stated, "We've been auditing new admissions in morning clinical meeting weekly since _____." An interview was conducted on _____ at 3:30 p.m., with the Nursing Home Administrator and the Director of Nurses. The NHA stated, "We still have some work to do."	F 867			

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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF ZEPHYRHILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 38220 HENRY DR ZEPHYRHILLS, FL 33540
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(N 000)	<p>INITIAL COMMENTS</p> <p>A revisit to the relicensure survey was conducted on _____ to _____, in conjunction to a complaint investigation for complaint number 2020000381 and 2020000811 (HF1711), at Heartland of Zephyrhills. The facility had uncorrected and new deficiencies related to the revisit survey and the complaint survey (HF1711). The facility has been out of compliance since _____.</p>	(N 000)		
(N 201) SS=D	<p>400.022(1)(l), 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 observation, interview, and record review the facility failed to ensure that _____ care following _____ technique for _____ consistent with standard precautions during care was provided for two (#10, #11) out of two residents sampled for _____ and failed to ensure _____ equipment for one (#9) of 17 residents receiving _____ treatments had equipment stored properly when not in use to prevent contamination to an _____-compromised resident.</p> <p>Findings included:</p> <p>1. A _____ care observation was conducted on _____</p>	(N 201)	<p>1. Resident # 10 is receiving changes as ordered ✓ Resident # 11 is receiving changes as ordered ✓</p> <p>Resident #9 had _____, equipment is stored correctly.</p> <p>2. Other residents provided _____ changes were reviewed and receiving services consistent with standard precautions. ✓</p> <p>An audit was conducted to identify residents who have _____ equipment</p>	

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

TITLE

(X8) DATE

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{N 201}	<p>Continued From page 1</p> <p>..... at 11:45 a.m. for Resident #10 with Staff C, Licensed Practical Nurse (LPN) and the Director of Nursing (DON). Staff C reviewed the care orders for the right medial</p> <p>"Cleanse with normal, apply, to calloused area and to cover with an adhesive foam every other day or as needed."</p> <p>The resident was up sitting in her wheelchair at the bedside and provided permission for the care to be observed. Staff C gathered cleaning materials and then put on gloves. Staff C cleaned the bedside table and waited for the table to dry. Once dried, Staff C placed a barrier down on the bedside table and removed her gloves. Without washing her, Staff C went into the medication cart and pulled out care supplies and placed them on the barrier on the bedside table. Staff C, opened all of the packages, reached in her pocket for a of, and put the date on the of</p> <p>Staff C then washed her, donned gloves, and removed the resident's shoe on her right, Staff C then removed the old dated to the right, Staff C removed her gloves and donned new gloves without washing her, Staff C returned to her cart for a wipe, removed her gloves, washed her and donned new gloves. Staff C, used the wipe to clean across the contaminating the from the dirty part of the area swiping it into the area. Staff C removed her gloves, donned new gloves, and covered the with a foam</p> <p>Upon completion of the care by Staff C at 11:45 AM, the DON said to Staff C, "You must wash your or use sanitizer after removing your gloves." The DON then coached Staff C, stating, "When you are cleaning a you clean from the inside out."</p>	{N 201}	<p>(tubing) for proper storage of when in use and not in use. Any issues were corrected.</p> <p>3. DON/Designee to educate licensed nurses on providing services consistent with standard precautions.</p> <p>DON/Designee provided education to licensed staff for proper storage of tubing & masks when in use and not in use.</p> <p>4. DON/Designee will complete random observation audits of residents with and proper storage when not in use and random observation rounds during changes for services consistent with standard precautions: 2x weekly X2, then weekly X4, and monthly X2. Results will be reported to QA for review and further recommendations.</p>	
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{N 201}	<p>Continued From page 2</p> <p>A review of the medical record revealed Resident #10 was being treated for an open area to the ankle. Right medial</p> <p>A second care observation was conducted on at 12:28 p.m. for Resident # 11 with Staff D, LPN, and the DON. Resident #11 was lying in her bed and provided permission for the care observation. Staff D donned gloves and gathered cleaning supplies and cleaned the bedside table. Staff D removed her gloves, washed her then set up a barrier on the bedside table, and then donned gloves. Staff D lifted the bed linens of the of the bed to expose both and then placed a towel under the resident's left Staff D then removed her gloves, washed her for 5 seconds, donned gloves, then went to her cart for scissors. With the same gloves on, she cleansed the scissors with an and placed them down on the barrier on the bedside table. Staff D removed her gloves, washed her again for less than 4 seconds, returned to the bedside, and donned gloves. Staff D used the scissors to cut the old dated off the resident's left lower extremity and disposed the old in the trash can, removed her gloves, washed her for 4 seconds, and then donned gloves. Staff D opened a package containing a wipe, cleaned the removed her gloves, and donned new gloves without washing her Staff D took a cotton tip applicator and applied an covered the with a and applied stretch gauze and secured it with tape. An interview was conducted at 12:41 p.m. with the DON who confirmed that Staff D should have washed her after she removed the dirty and her gloves before putting on new gloves. The DON said, "We are to wash our</p>	{N 201}		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/19/2020
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF ZEPHYRHILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 38220 HENRY DR ZEPHYRHILLS, FL 33540
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(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
{N 201}	<p>Continued From page 3</p> <p>... for at least 20 seconds."</p> <p>A review of the medical record revealed Resident #11 was being treated for a ... to her left lower extremity.</p> <p>An interview was conducted on ... at 2:00 p.m., with the NHA and the DON who confirmed the findings from both ... care observations. The NHA said, "Both Staff C, LPN, and Staff D, LPN, received the ... care training we conducted as part of our plan of correction. I guess more education is needed."</p> <p>2. Observation on ... at 10:23 a.m. revealed a ... treatment machine (small ... held ...) was sitting on a chair next to Resident #9's bed with the ... piece sitting on top of the machine.</p> <p>On ... at 10:25 a.m., Staff G, Registered Nurse (RN) said, "No it should not be sitting out like that. There should be a bag for it."</p> <p>A second observation was conducted on ... at 9:30 a.m. Resident #9 was in his room sitting in his wheel chair and again, the ... treatment machine (small ... held ...) with the ... piece sitting on top of the machine was observed on a chair next to Resident #9's bed. There was no equipment storage bag observed in the resident's room.</p> <p>At the time of observation, Resident #9 stated, "No I do not see a bag for it either. That is pretty much where they leave it."</p> <p>A review of the medical record for Resident #9 reflected an admission date of ... from an acute care hospital with an admitting diagnosis of</p>	{N 201}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/19/2020
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF ZEPHYRHILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 38220 HENRY DR ZEPHYRHILLS, FL 33540
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(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
{N 201}	<p>Continued From page 4</p> <p>... unspecified organism, ... failure and ... { ... }.</p> <p>A review of the medication administration record revealed an order for Itroprum-Albuterol Solution 0. ... 5 to inhale orally 4 times a day.</p> <p>An interview was conducted on ... at 1:48 p.m., with the Pulmonologist who cared for Resident #9 during his hospital stay. The Pulmonologist stated, "He was critical and went into ... and multi-organ failure. Yes, I would say he is ...-compromised and they should take every precaution to prevent any exposure for this resident."</p> <p>A policy for care of small ... held equipment was requested but not provided.</p> <p>The DON provided a copy of the policy titled " ... Change: Non sterile (clean)" that was dated ...</p> <p>Procedure 15. Prepare clean field; if ... needs to be cut to size, use clean scissors, ... the scissors with an EPA approved ... before and after using.</p> <p>17. Cleanse ... per physician orders. 18. Removed soiled gloves, discard. 19. Perform ... hygiene and apply latex free non sterile gloves.</p> <p>CLASS III</p>	{N 201}		