Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	65312	A. BUILDING: ___ B. WING ___	R-C 10/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVES CENTER	512 S 11TH ST LAKE WALES, FL 33853

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{N 000}	INITIAL COMMENTS An unannounced second revisit to a complaint investigation #2020011559 and COVID 19 Focused Control Survey was conducted to at the Groves Center in conjunction with a relicensure survey (ASPEN WVBK11), a COVID 19 Focused Control Survey (ASPEN PHEU11), and a revisit to a COVID 19 Focused Control Survey (ASPEN KZZU12). Deficient practice was identified during the visit.	{N 000}		
{N 201} SS=D	400.022(1)(l), FS Right to Adequate and Appropriate Health Care 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. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide adequate and appropriate health care and , care services consistent with professional standards of practice related to the lack of an ambu bag (self-inflating resuscitator, the Air Mask Bag Unit) and extra disposable inner at bed side as well as lack of using sterile procedure for the cleaning of the , for one (1) of two , residents in the facility (#57). Findings included: Resident #57 had a readmission to the facility on	{N 201}	Preparation, submission and execution of the Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and executed as required by State and Federal Law. 1. Emergency , supplies to include an ambu bag and extra disposable inner were placed at bedside for resident #57. Resident #57 displayed no signs or symptoms of during daily	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		/20

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{N 201}	Continued From page 1 . Admission records showed diagnoses included but were not limited to , acute , , and COVID-19 . Review of the quarterly, Minimum Data Set (MDS) dated showed a ( ) score of 15 ( ). Section G, Functional Status showed resident required limited assistance for bed mobility, transfers, and toileting. Section K, Swallowing / Nutritional Status showed the resident had a . Record review of the Physician Order Summary showed maintain ambu bag at bedside and replacement of equal size and one size down at bedside as of ; , type: Shiley size #8. , change or replacement as needed if displaced or dislodged and cleanse , site with normal , dry, change inner , cover with drain sponge daily and as needed as of and . Record review of the care plans showed a , care plan related to of the . Interventions included but were not limited to: give humidified as prescribed; maintain ambu bag and replacement at bedside per order; care per order; extra tubes and obturator at bedside all as of Observation on at 1:17 p.m. Staff J, Registered Nurse (RN), Assistant Director of Nursing (ADON) was performing medication pass, , care, and bolus , for Resident #57. After medication administration Staff A was asked to review the equipment in room for resident. She turned on the suction	{N 201}	assessments. Staff RN received education related to performing , care to include a competency to validate post education understanding. 2. The DON/Designee conducted walking rounds on resident's rooms with to validate the required emergency equipment to include ambu bag and extra inner disposable canula's are stored at bedside. No additional residents identified. 3. The SDC/Designee educated the licensed nurses on , care to include a competency/return demonstration validating post education understanding. Licensed nurses were education on by an outside , , , vendor from Advent Hospital related to sterile procedure for cleaning or replacement of the inner canula during care and provided a train the trainer education session. 4. The DON/Designee will conduct audit's on resident's identified with to validate emergency equipment to include ambu bag and an extra disposable inner canula's are maintained at bedside by facility to maintain compliance 3 times a week for 1 month and weekly for 3 months when there is a , resident in the facility. Audits for sterile procedure during inner cleaning/replacement are being conducted at bedside weekly when there is a resident with a , for 3 months. Audits will be presented at QA&A committee for 3 months for further recommendations.	

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{N 201}	Continued From page 2 machine and it was working. The . , . was ordered as needed and when concentrator was turned on it registered 2 liters per minute. The tubing was in a bag. On interview Staff A was asked to show the extra, size #8 inner . . . . At 1:43 p.m. Staff A, RN, ADON began looking for the extra . . . . She looked in both sets of 3 drawer cabinets and was unable to locate the inner . . . . She looked in the medication cart and was only able to locate size #6 inner . . . . . At 1:46 p.m. she informed the Director of Nursing (DON) she was unable to locate an inner . . . . He went to the clean utility room which had . . supplies on the shelf. He was unable to locate a size #8. The DON then went to the resident's room and looked in the same two sets of drawers and was unable to locate. At 1:48 p.m. resident was observed out of bed, getting in wheelchair. He had his mask in place and was able to self-propel himself out of the room and down the hallway. At 1:52 p.m. he was observed outside in the smoking area. Still no #8 inner . . . was found. At 2:00 p.m. Staff J, RN was asked about the ambu bag. She looked again in the two three drawer side tables and the top of the closet and was unable to locate an ambu bag either. Staff J, RN was observed going to the front of the building to the clean utility and returned with an ambu bag at 2:03 p.m. At 2:32 p.m. a #8 inner was found; over an hour later. Staff A, RN, ADON had a mask and . . . shield in place. She washed her and donned gloves and performed bolus . . . . . She removed her gloves and washed her . . . Staff A placed a barrier down on the over bed table. She gloved with non-sterile gloves and opened the . . . cleaning kit. She removed her gloves, washed and donned non-sterile gloves. She moved the gauze around in the kit. She poured normal over the gauze in the	{N 201}		

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{N 201}	Continued From page 3 kit container. She dunked the gauze in the normal . She removed the old gauze from around the collar and removed the inner and threw them in the trash. She doffed her gloves and washed her for a few seconds and donned non-sterile gloves. She used the moistened gauze to wipe around the and collar 5 times. She opened the split gauze and laid it on the barrier. She doffed her gloves and washed her and donned non-sterile gloves she placed the split gauze around the collar. She inserted the sterile disposable inner . She placed the remaining garbage in the trash and removed her gloves. She removed the trash and walked across the hall and opened the soiled utility room and placed the trash bag in the trash can as well as her shield. She shut the door and went down the hallway to sanitize. During an interview on at 9:25 a.m. with Staff J, RN, ADON, she stated that both the ambu bag and extra disposable inner should have been at bedside. She stated that they found a box of inner in the storage shed out . She stated that she knows she forgot to use sterile gloves while performing care. She stated, "They were right there." She stated that she was so focused on washing her , she used the gloves right there instead (unsterile gloves). She has had Control education. During an interview on at 9:30 a.m. the Director of Nursing (DON) stated that his expectation was for both an ambu bag and extra disposable inner to be at bedside, he stated, "Yes." When informed she did not use sterile gloves for the procedure, he asked, "Did she use a kit?" "Yes", stated the surveyor.	{N 201}		

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{N 201}	Continued From page 4 He stated that yes, she was supposed to use sterile gloves for the procedure. He stated that it was also in the care plans regarding the ambu bag and extra at bedside. During an interview on at 11:32 a.m. with the DON, Regional Nurse and Control Preventionist, they stated that they have audits every Monday to make sure supplies are in the rooms, to make sure the equipment was working and the level was as ordered. They verified again that there was no disposable inner or ambu bag in the room during observation and care. Record review of the facility's policy, " Care Disposable and Nondisposable Inner ," dated showed the facility required that a qualified or licensed nursing personnel perform care at least daily and as needed or per physician's orders to prevent buildup of and of the airway around the tube. Verify physician's order. Gather equipment and supplies to include, but not limited to: care kit or equivalent supplies. Disposable Inner Open kit or supplies. Don sterile gloves from the kit. Place protective drape over resident. Separate 4 x 4 gauze sponges and Q-tips and pour sterile water or normal into container-one for cleaning one for rinsing. Disposable Inner : unlock, remove, and discard inner with the nonsterile nondominant in plastic bag or trash can. Replace sterile Disposable Inner with sterile and reconnect to source, as ordered. (neither is now considered sterile). Remove soiled gauze from the site. Clean around using 4 x 4 gauze or Q-tip	{N 201}		

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{N 201}	Continued From page 5 soaked with sterile water or normal . . . . Clean each of the four quadrants separately: use a new gauze motion from . . . site outward. Use a sweeping motion from . site outward. Discard gauze after each sweep. Allow . . . . site to dry. Remove soiled gloves. Wash thoroughly. Apply clean gloves. Place drain sponge between the tube and resident's skin. Secure . tube with clean . . . ties or . . . tube holder. Discard used care cleaning supplies in plastic bag place, take off gloves, wash your . . Notify practitioner of signs and symptoms of . . . . . or . . ., . . . , distress and document in the medical record as needed. Record review of the facility's policy, "Care Plan-Interdisciplinary Plan of Care from Interim to Meeting," dated showed the facility shall support that "each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and , , . well-being, in accordance with the comprehensive assessment and plan of care." The facility shall assess and address care issues that are relevant to individual residents, to include, but may not be limited to monitoring resident condition and responding with appropriate interventions. The comprehensive care plan is interdisciplinary communication tool. It includes measurable objectives, and time frames and describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and , , well-being. The care plan is reviewed and revised periodically, and the services provided or arranged are consistent with each resident's written plan of care. The overall care plan should be oriented towards applying current standards of practice in the care planning process. Evaluating	{N 201}		

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{N 201}	Continued From page 6 treatment of measurable objectives, timetables, and outcomes of care. Assessing and planning for care to meet the resident's medical, nursing, mental and , ., needs. Comprehensive Plan of Care: the comprehensive care plan describes and includes: I. the services that are to be furnished and goal that reflect the Resident's wishes, choices, and exercise of rights. V. Standards of current professional practice. Class III	{N 201}		