

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2021
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NAME OF PROVIDER OR SUPPLIER CLEARWATER CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 TURNER ST CLEARWATER, FL 33756
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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint investigation for # 2021000771, 2021001033, 2021002894 was conducted in conjunction with a Focused Control Visit on at Clearwater Center. Deficient practice was identified at the time of the survey.</p>	N 000		
N 054 SS=D	<p>59A-4.107(5), FAC Follow Physician Orders</p> <p>All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record review the facility failed to follow physician orders to provide an escort during transportation to a medical for one (Resident #1) of three residents reviewed.</p> <p>Findings included:</p> <p>Resident #1's "Admission Record" revealed an admission date of with medical diagnoses of His "Minimum Data Set [MDS]," dated Section C: Patterns, revealed Resident #1 had a score of 3, indicating Section F: Functional Status of the MDS revealed Resident #1 required with one-person physical assist for transfers, and bed mobility. Resident #1 required supervision with one-person physical assist for locomotion on and off the unit.</p> <p>Resident #1's "Care Plan" revealed a focus area,</p>	N 054	<p>1. Resident #1 who went on LOA to a physician where he met his wife returned from the LOA and was assessed by a RN with no acute findings or changes in condition identified. Staff A was educated to the facility LOA Process to include the sign in/out procedures and following the physician order related to a resident LOA status.</p> <p>2. The DON/Designee conducted an audit on current residents who went LOA in the last 30 days to validate the LOA process is being followed to include proper resident sign in and sign out process and following the physicians LOA order. Additional concerns identified were corrected and the plan of care updated to reflect changes.</p> <p>3. DON/Designee educated the licensed nurses on the LOA process to include sign in and sign out process and following the resident's physicians order for LOA.</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE
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N 054	<p>Continued From page 1</p> <p>initiated on _____, related to communication _____, "[Resident #1] has a problem with communication; sometimes understood-sometimes able to make request with cueing and prompting, hearing adequate, speech clear." A focus area related to Resident #1's cognition, initiated on _____, revealed "[Resident #1] has _____ function/ _____ or _____ thought processes. A focus area related to vision, initiated on _____, revealed "[Resident #1] has _____ vision ..."</p> <p>Further review of Resident #1's "Care Plan" revealed a focus area related to activities of daily living (ADL), initiated on _____, "[Resident #1] has an ADL Self Care Performance _____. As Evidence By: _____ and _____." Resident #1 has interventions related to his ADL care which stated "THERAPEUTIC LEAVE: _____ go LOA with escort ..."</p> <p>Resident #1's "Order Summary Report," active order date of _____, revealed " _____ go LOA [Leave of Absence] with escort ..."</p> <p>During an interview on _____ at 9:41 a.m., Staff A, Transportation Coordinator/Restorative Aide revealed her duties included coordinating transportation to outside _____. The procedures included nurses providing her with the date and time of the resident's _____, contacting the insurance company to set-up transportation, and writing the information on the _____ calendar. Staff A, Transportation Coordinator stated that currently all residents are sent to _____ with an escort due to COVID-19.</p> <p>During the interview on _____ at 9:41 a.m., the</p>	N 054	<p>DON/Designee educated the facility staff on following the resident's physician order who have been identified to need an escort while on a leave of absence from the facility.</p> <p>4. DON/Designee will perform random audits on residents with scheduled _____ or LOA from the facility to ensure the facility staff is following the physicians order related to the facility LOA process. Audits will be conducted weekly x 4weeks, then monthly for 2 months. The results of audits will be reported to QA committee monthly for 3 months or until substantial compliance is met.</p>	

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N 054	<p>Continued From page 2</p> <p>Nursing Home Administrator (NHA) stated residents do not need to be provided with an escort "if the family will be there."</p> <p>During an observation on ... at 10:14 a.m., Resident #1 sat upright in a wheelchair watching television. Resident #1 was unresponsive to attempted communications and did not make contact when questions were asked.</p> <p>During an interview on ... at 11:41 a.m., Resident #1's Power of Attorney (POA)/ Wife stated she is made aware of Resident #1's medical ... beforehand because she is the POA. The POA stated due to COVID-19 visitation restrictions, she will "on her own accord" go to Resident #1's medical ... because it allows her to "see him for a little while before he goes inside." One time she arrived at Resident #1's medical ... early and he arrived via transportation with no facility staff member present. She said, "This is really concerning because he can't tell people his needs and he can't transfer himself, so I did get to go into his ... with him this time because no one else was with him He doesn't understand... sometimes he doesn't even know where he is." She confirmed that on this occasion she had not coordinated with the facility to meet Resident #1 at his medical ...</p> <p>A review of the transportation calendar for ... revealed Resident #1's name listed highlighted in yellow with "ESCORT NEEDED" written above his name.</p> <p>A review of "CONSULT FOLLOW UP SHEET ...", revealed a section "date ordered," Resident #1 had medical ... ordered on ... and ... All of the ...</p>	N 054		

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N 054	<p>Continued From page 3</p> <p>under section "RECOMMENDATION'S IMPLEMENTED- received progress notes, read by IDT [interdisciplinary team], and implemented," revealed "ESCORT NEEDED."</p> <p>During an interview with the Director of Nursing (DON) on _____ at 1:28 p.m., if a resident is deemed to be unsure or an elopement risk, a staff escort should be provided to them during a leave of absence. The expectation is that a staff member will be with the resident from the time they leave the facility to their return if an escort is required. The DON stated a transportation driver would not be considered an escort. The DON stated on ____ Resident #1 was transported to a medical __, _____ without a staff member. An outside agency nurse was assigned to him and upon investigation it was determined the agency nurse did not read Resident #1's physician orders which stated an escort is needed for an LOA. She said, "lucky the wife was there, and everything turned out okay. His wife is always at the _____ and will notify us if she won't be there."</p> <p>During the interview on _____ at 1:28 p.m. the DON stated she was unsure of what education was done in the facility post the event for staff regarding the facility's LOA procedures and requirements, "I would need to check."</p> <p>A follow-up interview on _____ at 1:50 p.m. the DON stated she was unable to find any facility education but "it was clear as day that she [agency nurse] did not check [Resident #1's] physician orders so the immediate action was to report the nurse and she has not returned."</p> <p>During an interview on _____ at 2:44 p.m. with Staff B, Certified Nursing Assistant (CNA), she</p>	N 054			

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N 054	<p>Continued From page 4</p> <p>confirmed that one of her roles in the facility is to accompany residents during LOAs. She stated that during a resident's LOA, she must stay with them until they return. She stated that she was unaware prior to today that she had to complete a Leave of Absence Agreement upon a resident's exit and their return from/to the facility.</p> <p>During an interview on at 2:46 p.m. the DON confirmed a Leave of Absence Agreement must be completed by staff when a resident goes LOA. The DON stated she was "unaware" that some facility staff "did not know" that the form needed to be completed.</p> <p>A policy review of "Leave of Absence (LOA)," dated, revealed "A resident may leave the facility with the appropriate physician order ... Obtain a physician's order for the resident to leave the facility. Order will indicate one of the following: ... Resident may go LOA with escort, without medication ... The facility will track the departure and return of the resident by use of the sign out sheet ... Provide education to resident regarding LOA process on admission: Use of sign out sheet ... Notification of destination, projected time of return & contact information during outing.. Notification to facility if return is delayed; assure resident or escort has the facility telephone number ... When LOA is to occur: Obtain signature of resident or escort on sign out sheet... Resident, escort/staff to not destination, projected return time & contact information in section provided on Leave of Absence Agreement and Resident Sign Out Sheet.</p> <p>Class III</p>	N 054			

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N 063 N 063 SS=D	Continued From page 5 400.23(3)(a)1 FS: 59A-4.108(4) FAC Minimum Nursing Staff 59A-4.108(4) In accordance with the requirements outlined in subsection 400.23(3)(a), F.S., the nursing home licensee must have sufficient nursing staff, on a 24-hour basis to provide nursing and related services to residents in order to maintain the highest practicable physical, mental, and _____ well-being of each resident, as determined by resident assessments and individual plans of care. 400.23(3)(a)1. The agency shall adopt rules providing minimum staffing requirements for nursing home facilities. These requirements must include, for each facility: a. A minimum weekly average of certified nursing assistant and licensed nursing staffing combined of 3.6 hours of direct care per resident per day. As used in this sub-subparagraph, a week is defined as Sunday through Saturday. b. A minimum certified nursing assistant staffing of 2.5 hours of direct care per resident per day. A facility may not staff below one certified nursing assistant per 20 residents. c. A minimum licensed nursing staffing of 1.0 hour of direct care per resident per day. A facility may not staff below one licensed nurse per 40 residents. 2. Nursing assistants employed under s. 400.211(2) may be included in computing the staffing ratio for certified nursing assistants if their job responsibilities include only nursing-assistant-related duties. 3. Each nursing home facility must document compliance with staffing standards as required under this paragraph and post daily the names of	N 063 N 063			

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N 063	<p>Continued From page 6</p> <p>staff on duty for the benefit of facility residents and the public.</p> <p>4. The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants if the nursing home facility otherwise meets the minimum staffing requirements for licensed nurses and the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and not also be counted toward the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. The hours of a licensed nurse with dual job responsibilities may not be counted twice.</p> <p>This Statute or Rule is not met as evidenced by: Based on interviews, record, and policy review the facility failed to meet minimum daily average certified nursing assistant (CNA) hours for 2 out of the last twenty six days.</p> <p>Findings included:</p> <p>A policy review of "Staffing," dated , revealed " ...Each nursing center has sufficient nursing staff to provide nursing and related</p>	N 063	<p>1. A look with re- was completed by the NHA and the Employee Services Coordinator to ensure the facility met the minimum staffing requirements to provide and maintain the highest practicable, physical, mental, and well being.</p> <p>2. A review/audit of nurse staffing hours will be completed daily by the NHA, DON</p>		

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N 063	<p>Continued From page 7</p> <p>services to attain or maintain the highest practicable, physical, mental, and , well-being of each resident, as required by the federal law, and sufficient staff to meet applicable state law requirements (including minimum ratios) Establish Facility Projected Staffing Levels ... Adjust staffing throughout the day based on census and resident special care needs changes ... Monitor to ensure minimum State staffing levels are always maintained."</p> <p>A review of "Staffing for Long Term Care Facilities," from to , revealed 2 days that the "Daily Average" certified nursing assistant (CNA) hours were below 2.5.</p> <ul style="list-style-type: none"> - On Saturday the CNA daily average was 2.33. - On Sunday the CNA daily average was 2.03. <p>During an interview on at 12:05 p.m., Staff C, CNA stated the facility "usually has staffing issues on the weekends." Staff C, CNA stated this affects the laundry room as well due to there "usually" being only one staff member that washes the linen. Therefore, there have been times where there was not enough linen to clean and wash the residents with.</p> <p>During an interview on at 3:03 p.m. the Director of Nursing confirmed the days on the "Staffing for Long Term Care Facilities" where the CNA daily average staffing numbers were below the required 2.5 minimum. She stated the facility has had a staffing issue and they were actively hiring and with various agency companies to correct the issue.</p>	N 063	<p>and Employee Services Coordinator to ensure the facility maintained enough nurse staffing to provide nursing and related services to residents to maintain the highest practicable physical, mental, and , well-being of each resident. No additional concerns identified.</p> <p>3. The NHA/Designee educated the Employee Service Coordinator on the regulatory requirements to maintain enough nurse staffing each day and state staffing required minimums. The NHA/Designee provided education to Employee Service Coordinator and DON on daily discussions related to the previous days staffing numbers to ensure enough nurse staffing is being achieved.</p> <p>4. The NHA/Designee will conduct and maintain daily staffing audits to ensure the facility achieves the minimum staffing requirements to maintain regulatory compliance. Audits will be conducted weekly for 4 weeks, monthly for 3 months. Results of the audits will be reported to the Quality Assurance Performance Improvement Committee monthly or until substantial compliance is met.</p>	

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N 063	Continued From page 8 CLASS III	N 063		

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

PRINTED: 04/06/2021
FORM APPROVED
OMB NO. 0938-0391

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F 000	INITIAL COMMENTS An unannounced complaint investigation for # 2021000771, 2021001033, 2021002894 was conducted in conjunction with a Focused Control Visit on . at Clearwater Center. The facility was in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

/2021

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.