

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55245	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
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NAME OF PROVIDER OR SUPPLIER SOUTH HERITAGE HEALTH & REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 718 LAKEVIEW AVE S SAINT PETERSBURG, FL 33705
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation for complaint number 2021012838 was conducted on ... at South Heritage Health & Rehabilitation Center. Deficient practice was identified at the time of survey.</p> <p>Complaint #2021012838 did not result in deficiencies.</p>	N 000		
N 110 SS=D	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on interview, observation and record review, the facility failed to provide a safe, and sanitary environment for 2 (Residents #6, and #7) of 62 residents as evidenced by biogrowth found at the base of a wall in their room.</p> <p>Findings included:</p> <p>On ... at 10:36 AM during a tour of the facility, Staff B, Housekeeping said that there was mold behind the television in Resident #6 and Resident #7's room. Staff B said that there was mold on the wall, and they had reported it verbally</p>	N 110	<p>South Heritage POC</p> <p>N110-</p> <p>1) The area identified was fixed on ... Resident # 6 and Resident # 7 were moved to a different room while the issue was being corrected.</p> <p>2) NHA and Maintenance Director conducted rounds of the facility internally to identify if any additional areas of bio-growth were present. Any identified</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE
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N 110	<p>Continued From page 1</p> <p>multiple times, including when the room had been deep cleaned last month, but that nothing had being done about it. The housekeeper said that there was a system called TELS that they can use to report maintenance issues, but that "everyone just tells him (the maintenance director)".</p> <p>At 10:38 AM the room was observed. Black biogrowth was observed on the wall to the right of the door near the baseboard. In front of the wall was a dresser with a television. After the dresser was moved away from the wall, it could be seen that an approximately 4- long section of the wall was covered with black biogrowth near the baseboard. Observation of the resident's bathroom, revealed that behind the wall with biogrowth was the shower. In a corner of the shower that backed up to the wall grout was missing from some tiles. (Photographic evidence obtained.)</p> <p>At 11:20 AM Staff A, maintenance director was asked about the room with the biogrowth. He said, "I already ripped up the wall". Staff A said that he had only been in the facility for 2 months, and that no one had reported the issue to him until today. He said that the Nursing Home Administrator (NHA) was the one who reported the issue to him. Staff A said that "the shower may need calk". He also said that he could see where the wall had been replaced before, but "the problem wasn't taken care of." Staff A was asked how staff relate items that need to be fixed to his department. He said that the staff usually just tell him. He said that the facility has a system called "TELS" but that it doesn't get used much.</p> <p>At 11:25 AM the NHA said he had only been in the building for 3 weeks, but in that amount of</p>	N 110	<p>areas were addressed.</p> <p>3) The NHA educated the Maintenance Director on the facilities process to implement and maintain a log on any areas identified and corrected and logging of facility repairs (TELS). The NHA/designee educated the staff on creating work orders on any areas identified as needing repaired utilizing TELS. The NHA educated the Concierges that during rounds they also need to report any physical plant concerns identified.</p> <p>4) The NHA/Designee will conduct facility rounds to identify if any new evidence of bio growth is found and if identified, the concerns have been entered into TELS and are being corrected. Audits will be conducted 3 times a week x 4 weeks than monthly x 2 months. Results of audits will be reported to QA committee monthly for 3 months or until substantial compliance is achieved.</p>		

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N 110	<p>Continued From page 2</p> <p>time, no one had ever reported it to him. When asked if someone should have reported it, he said that the facility had concierge rounds and that he would bring the concierge for Resident #6 and Resident #7. When asked if the facility has a system to report maintenance issues, he said that the facility has the "tells reporting system", but that usually employees just tell the maintenance director that something needs fixed because he is so visible in the hallway and always around.</p> <p>At 1:36 PM Staff E, LPN said that she was the concierge for Residents #6 and #7. She said that she did not look behind the television, but when she walks into a room, she "makes sure that the residents are OK", she makes sure the call lights are in place and working, and that there is no linen or trash on the floor. If she had seen mold on the walls, she would have told the maintenance director personally and put it into the TELS reporting system. At 1:40 PM The NHA provided the deep cleaning schedule of Resident #6 and #7's room. He said, "The room was deep cleaned on _____ and is due to be deep cleaned on Monday (.....)".</p> <p>Resident #6 was last admitted to the facility on _____ for a primary diagnosis of unspecified _____. The resident had other diagnoses that included _____. In a Minimum Data Set (MDS) assessment dated _____ the resident was assessed to have _____ with exertion and when lying flat. The resident was care planned to have _____</p> <p>Resident #7 was last admitted to the facility on _____ with a primary diagnosis of _____ and _____ following _____</p>	N 110		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTH HERITAGE HEALTH & REHABILITATION CEN

**718 LAKEVIEW AVE S
SAINT PETERSBURG, FL 33705**

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N 110	<p>Continued From page 3</p> <p>... affecting left side. (... on the left of the body after a ...) The resident had other diagnoses that included ... acute reparatory failure with ... other ... of ... and ... In an MDS assessment dated ... the resident was assessed to have ... with exertion, when at rest and when lying flat. The resident was assessed to require ... Resident #7 was care planned to have ... and acute ... failure after ... The resident was care planned to have ... immunity with an intervention that included "Keep the environment clean"</p> <p>Review of a facility paper titled "Concierge Program Rounds Resident interview/room observation" reveals that the concierge should be looking at environmental issues which included any odors in the room. Mold was not included on the paper, but at the bottom there is a note that reads "If another issue is identified that is not on this list, please write it on the ... of this page. Include the room number."</p> <p>Review of a facility checklist identified by the NHA to be the checklist used by housekeeping when they deep clean a room revealed that the first item, they are to check off is "ceiling/walls" and #14 on the checklist of "Baseboard/edges".</p> <p>Class III</p>	N 110		

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

PRINTED: 10/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/16/2021
NAME OF PROVIDER OR SUPPLIER SOUTH HERITAGE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 718 LAKEVIEW AVE S SAINT PETERSBURG, FL 33705		
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint investigation for complaint number 2021012838 was conducted at South Heritage Health and Rehabilitation Center on . The facility was in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.</p> <p>Complaint #2021012838 had no deficiencies cited.</p>	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.