or Health Care Adminis	tration			PRINTED: 0 FORM AI	4/07/2022 PPROVE
FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SUR COMPLETE	
	55290	B. WING		C 02/16/2	2022
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
STER SUNCOAST					
		TERSBURG, FI	,		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
INITIAL COMMENTS		N 000		our not	
at Westminster Sunce through , i complaint survey for a 2021002007, 202100 2021015998, 202101 2021009412, 202100 facility had deficiencie Complaint number 20	past on Sunday, on conjunction with a complaint numbers 1618, 2021015903, 5163, 2021013300, 5772, and 2021002987. The sa at the time of the visit.				
All physician orders in prescribed, and if not be recorded on the reduring that shift.  This Statute or Rule Based on observatior review, the facility fair related to not obtainir results for a physician one (Resident #6) of 15 Findings included:  A policy review of "Pr	nust be followed as followed, the reason must sident's medical record is not met as evidenced by: i, interview, and record et to follow physician orders g, and verifying, laboratory ordered(U/A) for two residents sampled for	N 054	missed and that the resident wasThe physician discontil the order for the lab test. All residents lab orders have the potential to be affected by missed lab draws. The ADON/designee will monitor the new orders daily and track on the lab log the	nued with ab at ion	
	TO P DEFICIENCIES PF CORRECTION  ROVIDER OR SUPPLIER  STER SUNCOAST  (EACH DEFICIENCY REGULATORY OR I  INITIAL COMMENTS  An off-hours re-licens at Westminister Sunce through (1) complaint survey (1) 2021004207, 202100 2021015998, 202101 202100412, 202100 facility had deficiencie Complaint number 20 had a deficiency citec 59A-4.107(5), FAC Fc All physician orders a prescribed, and if not be recorded on the re during that shift.  This Statute or Rule Based on observatior review, the facility fail related to not obtainir results for a physiciar one (Resident #6) of i  Findings included:  A policy review of "Pr	ROYDER OR SUPPLIER  STER SUNCOAST  SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATION OR STEP LAND OR STEP PRECEDED BY FULL REGULATION OR STEP LAND OR STEP	TO DEPCISACION (N1) PROVIDER STREET ADDRESS, (17Y, 57 MELLAS POINT (SAINT PETERSBURG, FORMATION)  ROVIDER OR SUPPLIER  STER SUNCOAST  STER SUNCOAST  SUMMARY SINTEMENT OF DEPCISACION (SAINT PETERSBURG, FORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An off-hours re-licensure survey was conducted at Westminister Suncoast on Sunday, frequency (saint peters and summary continued at Westminister Suncoast on Sunday, 2021015998, 2021015163, 2021015903, 2021015998, 2021015163, 2021015903, 2021015998, 2021015163, 2021015903, 2021015998, 2021015163, 2021015903, 2021015998, 2021015163, 2021015903, 2021015998, 201015163, 2021015903, 2021015163, 2021015163, 2021015904, 201015163, 2021015163, 2021015904, 201015163, 2021015163, 2021015904, 201015163, 2021015163, 20	TOP DEFICIENCIES  PER CORRECTION    CALL   PROVIDER STREET ADDRESS, CITY, STATE, ZP CODE   STER SUNCOAST   1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705	or Health Care Administration  OF DEFICIENCIES OF CORRECTION  IX1) PROVIDER SUPPLER STREET ADDRESS, CITY, STATE, ZPP CODE  1995 PINELLAS POINT OR S  SAINT PETERSBURG, FL  SAINT

tests (laboratory and .....) in accordance with the physician's orders. No diagnostic test or LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

of this policy is to provide a reliable process for

the proper and consistent provision of physician

1. Facility will maintain a schedule of diagnostic

ordered services according to professional

standards of quality...

TITLE (X6) DATE Electronically Signed 122

STATE FORM YCBY11 If continuation sheet 1 of 21

if needed. Licensed nurses will be

the QAPI Committee. The QAPI

actions are needed.

Committee will determine if additional

educated on the Provision of Physician

Ordered Services and Laboratory Services and Reporting policies. The DON will

report trends in completion of lab orders to

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 054 Continued From page 1 N 054 consultation request will be performed without Responsible Person: Director of Nursing specific physician, physician assistant, nurse practitioner or clinical nurse ., . . . . 's orders in accordance with state law, including scope of practice laws... Qualified nursing personnel will receive and review the diagnostic test reports or consults and communicate the results to the ordering Physician, physician assistant, nurse practitioner or clinical nurse \_, \_\_\_ within 24 hours of receipt unless they report outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. Ordering provider will be notified of results upon receipt if deemed critical and or require immediate attention. 4. Documentation of consultations, diagnostic tests, the results, and date/time of Physician notification will be maintained in the residence clinical record " A policy review of "Laboratory Services and Reporting," dated , revealed "the facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse ., . . . in

accordance with state law...

the services...

1. The facility must provide or obtain laboratory services to meet the needs of its residents. 2. The facility is responsible for the timeliness of

6. All laboratory reports will be dated and contain the name and address of the testing laboratory and will be filed in the resident's clinical record.

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: c B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 054 Continued From page 2 N 054 Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse , of laboratory results that outside the clinical reference range." Resident #6's minimum data set (MDS), dated , revealed the resident was severely ., . . . , required for toilet use, and had occasional A review of Resident #6's "Department Notes." dated at 12:36 p.m. revealed "CNA [certified nursing assistant] reports resident . ARNP [advanced weeps upon registered nurse practitioner) visited and order received for UA, C&S [ ......]; straight cath [.......] if needed." A review of Resident #6's electronic Medication Administration Record (e-MAR), dated ... revealed under description, an order for "UA C&S MAY STRAIGHT CATH IF NEEDED." Further review revealed on ...... at 10:00 p.m. a check mark; which indicated the sample was collected to complete the physician order.

AHCA Form 3020-0001

on

In an interview on

Staff C, Registered Nurse (RN), she stated once a laboratory (lab) service was ordered, and the results were received, it was uploaded into the online medical chart. If the lab result was not in the online medical chart, it could also be found in the resident's hard paper chart, the physician folder awaiting review, or in the online lab result file. A review of the online lab result system revealed the last lab result for Resident #6 was . Staff C. RN stated there were no

STATE FORM caso YCBY11 If continuation sheet 3 of 21

at 11:07 a.m., with

Agency for Health Care Adminis	tration		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	55290	B. WING	C 02/16/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_ B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 054 Continued From page 4 N 054 CLASS III N 072 59A-4.109(2), FAC; 400.021(18), FS N 072 SS=D | Comprehensive Care Plans 59A-4.109 FAC (2) The nursing home licensee develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment. 400.021 FS

(18) "Resident care plan" means a written plan

developed, maintained, and reviewed not less than quarterly by a registered nurse, with participation from other facility staff and the resident or his or her designee or legal representative, which includes a comprehensive assessment of the needs of an individual resident; the type and frequency of services required to provide the necessary care for the resident to attain or maintain the highest practicable physical, mental, and , . , well-being; a listing of services provided within or outside the facility to meet those needs; and an explanation of service goals. This Statute or Rule is not met as evidenced by:

Based observation, interview, record, and policy

STATE FORM caso YCBY11 If continuation sheet 5 of 21

Resident #34 was offered an optometry

Agency for Health Care Adminis	tration				: 04/07/202 APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SI COMPLE	
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WEST MINSTER SUNCOAST	SAINT PI	ETERSBURG, F	L 33705		
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N 072 Continued From page	5	N 072			
vision and hearing. T Resident #34 their ey observed days. The f. Resident #34 their ey resulted in a failure to eyeglasses were mis: Findings included:  A policy review of "He datedreveal facility to ensure that and received proper t devices to maintain vi 1. the facility will utili, assessment process a resident's vision an provide person-cente includes: resident's vi order to provide person-cente includes:	residents sampled for net facility staff failed to offer eglasses on three of three allure of the staff to offer eglasses on three the care plan, identify Resident #34's sing.  Paring and Vision Services, "led" It is the policy of this residents have access to reatment and assistive sion and hearing abilities rest the comprehensive for identifying and assisting of hearing abilities in order to red care. This process sion and hearing abilities in on-centered care. This		on . Due to the residents are listed and optionally service the care plan was revised to provide alternate approaches (other than glast to her limited vision needs. An audit w done of all residents to identify those vision needs and the related care plan An audit was done of flosse with care plans for glasses to verify they had glasses and they were offered to ther Care plans were corrected for those it were not current. Random audits of residents to verify those with glasses wearing them will be done once a wee 4 weeks and then monthly for 3 monthly for 3 monthly for 5 monthly for 10	ses) ras with rs.  nat are sk for rss. PI be teems sising rssss	

AHCA Form 3020-0001

and e. Evaluation...

revised

c. Ongoing monitoring of sensor problems; d. Care plan development and implementation,

maintain vision or hearing."

5. Employees will assist the resident with the use of any devices or adaptive equipment needed to

A policy review of "Comprehensive Care Plans," , revealed "It is the policy of this

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 072 Continued From page 6 N 072 facility to develop and implement a comprehensive person- centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a residence medical, nursing, and mental needs that are identified in the resident's comprehensive assessment... 1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally-competent and

-informed ... 3. The comprehensive care plan will describe, at

a minimum, the following

a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and , . . . . . well-being...

5. the comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment

6. The comprehensive care plan will include measurable objectives and timeframes to meet the residents needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed."

at 12:45 p.m., Resident #34 was observed lying in bed under the covers saving "help ... is someone going to help?" Upon interviewing the resident, Resident #34 stated her

Agency for Health Care Adminis				FORM	): 04/07/2022 1 APPROVEE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE S COMPL	ETED
	55290	B. WING		02/1	) 16/2022
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N 072 Continued From page	7	N 072			ALCOHOLD IN THE PARTY OF THE PA
resident's call light we Resident #34 said "I of the call light for the the resident pressed assistance from staff, this thing [referring to hear it." Further observevaled her without of the resident's direct eyeglasses within the A review of Resident current medical diagnormal forms of the resident's diagnormal forms of the resident's diagnormal forms of the resident's diagnormal forms of Resident (MDS), dated had a indicating moderate behaviors of inattentic Resident #34 had mo used corrective lense. A review of Resident a problem onset date	resident's reach.  #34's "Facesheet" revealed loses of and  #34's minimum data set revealed the resident score of 8, without on or disorganized thinking. derately vision and s.  #34's "Care Plan," revealed				

AHCA Form 3020-0001

loss to left ., .. " Approaches for this problem area included ensuring that eyeglasses are in place/being worn by the resident during waking hours and ensuring that eyeglasses are appropriate strength/type for resident's needs.

with Resident #34 revealed she had eyeglasses but had not worn them in a while, stating that " ... things go missing for me a lot." Resident #34 stated she had notified someone a while ago that

..... at 10:13 a.m.

A follow-up interview on ...

her eyeglasses were missing.

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CLASS III

Resident #34 "for a while," and had not seen the

An interview on ..... at 1:15 p.m. with the Nursing Home Administer (NHA) and the Director of Nursing (DON) confirmed the plan of care should be implemented and followed. Both the NHA and DON stated they were unaware the resident was missing her eyeglasses. The NHA and DON confirmed that if the plan of care had been followed, facility staff would have identified the resident's eyeglasses were missing.

resident wearing eyeglasses.

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A document review of "How to check Nursing Care Doors," dated , revealed five steps to check an egress door. "1. Push the door to ensure that it is locked, 2. Start a timer at the same time that you press against the door, 3. The door should release at 15 seconds, 4. Reset the door alarm. 5. Check that the Maglock has engaged."

A policy review of "Safe and Homelike Environment," dated , revealed "In accordance with residents' rights, the facility will

STATE FORM YCBY11 If continuation sheet 10 of 21

Elopement policy and the proper response to a door alarm including resetting the

door lock by the Administrator. Director of

Director of Maintenance. All exit doors will

ensure proper functioning. Then the doors

will be checked daily until the scheduled

door alarm upgrade is complete. The

will drill on response to door alarms

monthly. The results of drills will be

reported to the QAPI Committee. The

doors will continue to be checked daily. The Maintenance Director will report the results to the QAPI Committee. The facility

be checked every shift for 2 months to

Nursing or

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 110 | Continued From page 10 N 110 provide a safe, clean, comfortable and homelike QAPI Committee will determine if environment, allowing the residents to use his or additional actions are needed. Responsible Persons: Director of Nursing, her personal belongings to the extent possible. This includes ensuring that the resident can Director of Maintenance receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk ... Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' room, bathrooms, hallways, dining areas, lobby, outdoor patios, . . . , areas and activity areas." 1. An interview on . . . . . . at 2:34 p.m. with the Nursing Home Administrator (NHA) regarding an unwitnessed exit event in ....., and an unwitnessed exit event in of 2021. involving Resident #7, revealed the resident exited the facility through the egress fire exit door located by the employee time clock. Resident #7 was found in the area directly outside of the egress fire door by staff uninjured. revealed an egress fire exit door, located by the employee timeclock in between the kitchen and

, , gym, was alarming. No employee or resident was observed outside of the egress door, nor were any employees or residents observed in the hallway at the time of door alarming. Upon pushing the alarming egress door, the door immediately opened to the outside of the building. A kitchen aide was observed to exit from the kitchen area with a meal cart and did not address the alarming egress door. A second staff member was observed walking past the alarming egress door towards the activities area. The staff member did not stop to address the alarming door, Photographic evidence was

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the Director of Nursing revealed the expectation was that staff would respond to a door alarming and verify if a resident exited through the alarming door by going outside. Staff were to only enter and exit from the front entrance door. The DON stated she "thinks that an employee exited from the side door that was alarming because... saw the employee standing outside by the door." at 2:59 p.m. an observation of an employee exiting from the fire egress door by the employee time clock occurred. The employee walked through the door outside, and the door alarm began sounding. The employee was observed walking away from the unlocked door

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 55290 B. WING \_\_ 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705

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N 110	Continued From page 12 towards the parking lot. At 3:01 p.m. two	N 110		
	additional employees were observed walking up to the alarming door and exiting. A staff member entered a keycode to lock the alarming door after the two additional employees walk through it.			
	On at 3:45 p.m. the Nursing Home Administrator (NHA) confirmed that the egress fire exit door by the employee time clock should not be used by employees to exit the facility. However, staff would sometimes use it because it was a direct path to the employee parking lot.			
	A walk-through of the facility with the Maintenance Director to verify the functionality and security of the facility egress fire exit doors occurred on at 8:41 a.m.			
	During the walk-through an egress fire exit door located by on the rapid recovery unit was found to be unlocked, and not alarming. When pushed, the egress door immediately opened to of the facility without alarming. The Maintenance Director stated the pathway outside of the egress door lead around the building to the security guard entrance area. The Maintenance Director stated there was no reason for the door to be unlocked and not sounding.			
	CLASS III			
N 200 SS=D	400.022(1)(k), FS Right to Refuse Treatment	N 200		
	(k) The right to refuse medication or treatment and to be informed of the consequences of such			

AHCA Form 3020-0001

STATE FORM 909 YCBY11 If continuation sheet 13 of 21

Agency fo	or Health Care Adminis	tration				): 04/07/2022 1 APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					1 0	:
		55290	B. WING			6/2022
NAME OF D	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ITE ZIR CODE		
TO THE CITY	TO VIDEN ON OUT I ELEN		ELLAS POINT D			
WESTMIN	STER SUNCOAST		TERSBURG, FL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
N 200	informed consent unc resident refuses medi nursing home facility the resident's legal re consequences of suc document the resider medical record. The r continue to provide of agrees to in accordar plan.	ermined unable to provide ler state law. When the cation or treatment, the must notify the resident or presentative of the h decision and must it's decision in his or her rursing home facility must her services the resident ice with the resident's care is not met as evidenced by: w, record review, and	N 200	For Resident #35, a signed wa obtained and placed in the resident		

Findings included:

A review of the policy, Residents' Rights Regarding Treatment and Advance Directives. dated , reflected the following: Policy

resident's right to refuse treatment was upheld

for one resident (#35) of eighty-three residents

reviewed for advance directives.

It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. Policy Explanation and Guidelines: 6. The facility will define and clarify medical issues and present them to the resident or legal representative as appropriate. 7. During the care planning process, the facility

will identify, clarify, and review with the resident or legal representative whether they desire to make any changes related to advance directives. 8. Decisions regarding advance directives and

treatment will be periodically reviewed as part of the comprehensive care planning process, the

obtained and placed in the resident is medical record. The care plan was updated to reflect the status. An audit was conducted on and showed that all other residents: orders /Full code status matched and were in the medical record. The facility has revised policy on Residents: Rights Regarding Treatment and Advance Directives to include when a requested and the physician is not immediately available that two (2) nurses will obtain and witness a telephone order which will be good for 24 hours. If the physician is not present to sign the order within 24 hours, this process will be repeated. All clinical staff will be educated on the revised policy and procedure by the Director of Nursing, The DON/designee will monitor the new orders daily for changes to ... . An audit will be done weekly for 4 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed Responsible Person: Director of Nursing

STATE FORM YCBY11 If continuation sheet 14 of 21

02/16/2022

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С

NAME	OF	PROVIDER	OR	SUPPLIER

55290

B. WING \_\_\_ STREET ADDRESS, CITY, STATE, ZIP CODE

### W

# 1095 PINELLAS POINT DR S

WESTMIN	STMINSTER SUNCOAST 1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705						
(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 200	continued From page 14 existing care instructions and whether the resident wishes to change or continue these instructions.  9. Any decision making regarding the resident's choices will be documented in the resident's choices will be documented to the interdisciplinary team and staff responsible for the resident's chart:  11. Should the resident refuse treatment of any kind, the facility will document the following in the resident's chart:  a. what the resident refused.  b. The reason for the refusal.  c. The advice given to the resident about the consequences of refusing.  d. the offering of alternative treatments.  e. The continuation of providing all other services.  A review of the sheet in the admission record for Resident #35 revealed he was admitted with a diagnosis of . , following affecting the left non dominant side.  Review of the MDS (minimum data set) assessment dated reflected a reflected a ( seximal section of the continuation of the continuation of the manner of the remaining his cognition was relatively intact.  A review of the physician's orders in the electronic medical record dated revealed an advance directive of Full Code.  Further review of the physician's orders reflected an order dated indicating patient wishes to sign ( ) DC (discontinue) when done.	N 200					
	Review of the medical record located at the nurses' station on the unit where Resident #35 resided on, revealed a laminated bright green paper in the front of the record with "FULL						

AHCA Form 3020-0001

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С 55290 B. WING \_\_\_\_ 02/16/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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WESTMIN		NELLAS POINT DR PETERSBURG, FL		
(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 200	Continued From page 15	N 200		
	CODE" marked on it.			e de la constante de la consta
	On at 10:11 a.m., an interview was conducted with Resident #35's nurse, Staff K, LPN (sicensed practical nurse). Staff K, LPN said you could locate the residents' code status on the computer or in the chart. "It says code status and it will tell you if they are a or full code." Staff K, LPN checked Resident #35's electronic medical record and said he was a full code. Staff K also checked the paper record located at the nurses' station and presented the laminated bright green sheet of paper in the front of the chart indicating full code. During the interview the electronic medical record was reviewed with Staff K, LPN who confirmed there was an order dated which read "patient wishes to sign." Staff K, LPN said "on paper he is a full code. Technically he is a full code." She said she would do full			
	On at 10:28 a.m., an interview was conducted with Staff F, ADON (assistant director of nursing), unit manager. Staff F said he probably put the order in the computer. The nurse practitioner was in and ordered the . She had the resident sign the form. She had a conversation with him and had him sign. The resident signed it on and the doctor signed it on Staff F presented the State of Florida form with Resident #34's signature on it, dated Further review of the document reflected the physician had signed the form on Staff F, ADON unit manager said until it was approved by the physician it was not in effect. We have to have the completed form. Staff F said he spoke to the nurse practitioner. She told him about it on "We			
	have folders here for physician communication			
CA Form 3	with anything the physician needs to sign." Staff			

STATE FORM 0.000 YCBY11 If continuation sheet 16 of 21

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 200 | Continued From page 16 N 200 F, ADON unit manager confirmed there was an order in the medical record located at the nurses' station that indicated "patient wishes to sign ". The order was signed by a PA (physician's assistant). Staff F said the order should be followed "pretty quick " It should be faxed to notify the physician it was here and that he needed to sign it. The order was the eighth, and the physician signed it on the eleventh. Staff F said he was not sure what the delay was. The order would have been faxed. He did not know if the physician got it on the eighth. He may have come in on the eleventh and signed it. at 10:30 a.m., an interview was conducted with Staff L, case manager RN (registered nurse). Staff L said if there was a result or anything the doctor needed to know, telephone orders, or anything that needed a physician signature, it went in their folder for a signature. The nurse notified them if there was an abnormal lab or , finding. The nurse wrote on the result that the doctor was notified, with the date, time, and what the doctor said. The were faxed immediately if there was a need. At 10:45 a.m. on an interview was

conducted with the DON (director of nursing). She said, "We should notify the doctor we have a resident that wishes to have a can also sign it, which I believe the ADON did. I think they faxed it to him." The resident's physician was the medical director. He signed the on the eleventh when he was here. He might have wanted to have a discussion with the resident first before he signed it. "I would hope that they would call him." The DON said she was not sure if the nurse practitioner for [Insurance Company Name] would have called his doctor. The resident's doctor was here every week.

STATE FORM caso VCRV11 If continuation sheet 17 of 21

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 200 Continued From page 17 N 200 at 12:41 p.m., a telephone interview was conducted with Resident #35's attending physician. He explained that the process was to handle those requests the same day. He said he did not recall if the facility reached out to him. He assumed they did. He believed they faxed it to him. He said he should have signed it that day. He believed the policy was to sign it that same day. He heard about this this morning. He said he should have signed it. On ...... at 12:54 p.m. a follow up interview was conducted with the DON. The DON said she wrote down a note that Resident #35's physician was going to sign it on Thursday. That was She said she always wrote notes on things to follow up on. Resident #35's physician usually came in on Thursdays. He did not come to sign it until Friday. The DON said she would assume the ADON would follow up on it. He sent the fax and he was the nurse manager, "That Friday, most likely after we left." Class III

N 203 400.022(1)(n), FS Right to be Treated with Dignity SS±D

> (n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis. This Statute or Rule is not met as evidenced by:

Based on observation, record review, and interview, the facility failed to treat residents with

STATE FORM caso YCBY11 If continuation sheet 18 of 21

N 203

For Resident #230 a privacy cover was

provided for the . . . drainage bag. All

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 02/16/2022 55290 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 203 | Continued From page 18 N 203 respect and dignity related to one (Resident residents who have .... were #230) of six residents with an checked and all others had privacy covers who did not have a privacy cover on the on the \_\_\_\_ drainage bag. Facility has drainage bag, on two ( revised the policy on ) of four survey days. include that all . . . drainage bags must be covered at all times. Nursing staff will Findings included: be educated on the revised policy by the Director of Nursing. The facility will do Review of the clinical record for Resident #230 daily audit for 2 weeks and then do showed an admission date of and random audits 3 times a week for 2 weeks. The results will be reported to the ( ) and Prostatic Hyperplasia ( ) as QAPI Committee to determine if additional per the admission ... sheet. Review of the Care actions are needed Plan, dated , did not reveal an Responsible Person: Director of Nursing intervention related to the preservation of the resident's dignity and placement of a privacy cover on the .... drain bag. A facility-provided policy titled ' .... Care' and dated ' 'was reviewed; it did not address the use of a privacy cover for the ...... drain bag. A facility-provided policy titled 'Resident Rights' and dated ' 'was reviewed; it revealed, "the resident has the right to be treated with respect and dignity." It did not address the use of a privacy cover for the ... drain bag. On .... at 10:49 a.m., an observation of

Resident #230 revealed the resident had an . ... , with the drainage bad not covered by a privacy cover, and the bag was visible from the room door and hallway. On at 9:49 a.m., an observation of Resident #230 revealed the resident had an ....., with the drainage bag not covered by a privacy cover, and the bag was visible from the room door and hallway.

STATE FORM caso YCBY11 If continuation sheet 19 of 21 Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COLADI ETERN

	A. BURDING:	
55290	B. WING	02/16/2022

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 203 Continued From page 19 N 203 During an interview on ..... at 9:54 a.m. with Staff A, Certified Nursing Assistant (CNA), she confirmed the drainage bag did not have a privacy cover. In an interview with Staff B, Registered Nurse (RN) on .... at 10:05 a.m., he said it was the facility's policy to ensure a drain bag was covered. On .... at 1:02 p.m. during an interview with the Director of Nursing (DON), she stated it was her expectation the . . . . . drain bag was covered with a vanity cover to preserve the resident's dianity. CLASS III. N 433 400.191(5)(a)2, FS Nursing Home Guide Posted N 433 SS=F (5) Every nursing home facility licensee shall: (a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general 2. A copy of all of the pages that list the facility in the most recent version of the Nursing Home Guide. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility The complete copy of the current Nursing failed to have available a current copy of the Home Guide was posted in the "Survey Nursing Home Compare Guide for residents, Book" binders that are available to the visitors, and staff to review in two of two survey residents and general public. All residents books. have the potential to be affected by the outdated information in the binders. The Findings included: Receptionist will update the binders

STATE FORM YCBY11 If continuation sheet 20 of 21

PRINTED: 04/07/2022 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 55290 02/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 433 Continued From page 20 N 433 quarterly when the updated Nursing Home Guide is released. The Administrator will /202 at 12:18 p.m., the 'Survey Book' located in the lobby of the facility was reviewed. verify that the binders have been updated. The Nursing Home Compare Guide located in the Responsible person: Administrator book was dated . . . . . (photographic evidence was obtained); no other copies of the Nursing Home Compare Guide were available in the book for review. /202 at 09:16 a.m., the 'Survey Book' located on the 300 Hall of the facility was reviewed. The Nursing Home Compare Guide located in the book was dated ' ........ and included a 'Rating Time Period: ' (photographic evidence was obtained); no other copies of the Nursing Home Compare Guide were available in the book for review An interview was conducted with the Nursing Home Administrator (NHA) on ................................. at 12:11 p.m. The NHA confirmed the Nursing Home Compare Guide had not been updated and posted, and stated she was unaware the facility was required to post the information/report.

Review of a facility-provided policy titled 'Resident

revealed:

Rights' and dated '

CLASS III

7(k). The resident has the right to: Receive information from agencies acting as client advocates and be afforded the opportunities to contact these agencies.

STATE FORM caso YCBY11 If continuation sheet 21 of 21

		ID HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 04/07/2022 RM APPROVED IO: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY MPLETED
		105926	B. WING _		۱ ،	C 2/16/2022
NAME OF P	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CO		
WESTMIN	STER SUNCOAST			1995 PINELLAS POINT DR \$		
TTLO:	OTER GONGOAGT			SAINT PETERSBURG, FL 33705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F0	000		
F 550 SS=D	on Sunday, Westminster Suncac complaint survey for 2021002007, 2021002017, 2021002101599, 2021015999, 2021015999, 2021015999, 2021015999, 202101601699, 2021016999, 2021016999, 2021016999, 202101699, 20210999, 202101699, 20210699, 202101699, 20210699, 202101699, 20210699, 2021016999, 202101699, 202101699, 202101699, 202101699, 202101699, 202101699, 202101699, 202101699, 2021016999, 202101699, 202101699, 202101699, 202101699, 202101699, 202101699, 202101699, 202101699, 2	1618, 2021015903, 1618, 2021013300, 16772, and 2021002987. The pipliance with 42 CFR, Part tr Long Term Care Facilities. 1021013300 and 2021009412 at F921. 10310300	F5	550		
	access to quality care severity of condition, must establish and m practices regarding tr	cility must provide equal e regardless of diagnosis, or payment source. A facility aintain identical policies and ansfer, discharge, and the under the State plan for all of payment source.				

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

(X6) DATE

Electronically Signed

/2022

Any deficiency statement ending with an asteriak (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safequards 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 whather or not a plan of correction is provided. For unsing 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.

## PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

CENTERS FOR MEDICARE &		OMB NO. 0938-039				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
				C		
	105926	B. WING		02/16/2022		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
WEST-WINDTED SUNDO AST			1095 PINELLAS POINT DR S			
WESTMINSTER SUNCOAST						

	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		STREET ADDRESS. CITY, STATE, ZIP CODE		
IAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
F 550	Continued From page 1	F 550			
	§483.10(b) Exercise of Rights. 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.  §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.				
	§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.  This REQUIREMENT is not met as evidenced by:				
	Based on observation, record review, and interview, the facility falled to treat residents with respect and dignity related to one (Resident #230) of six residents with an who did not have a privacy cover on the drainage bag, on two ( and ) of four survey days.		For Resident #230 a privacy cover was provided for the drainage bag. All residents who have were checked and all others had privacy covers on the drainage bag. Facility has revised the policy on Care to include that all drainage bags must be covered at all times. Nursing staff will		
	Findings included:  On at 10.49 a.m., an observation of Resident #230 revealed the resident had an , with the drainage bag not covered by a privacy cover, and the bag was visible from the room door and hallway.  On at 9.49 a.m., an observation of Resident #230 revealed the resident had an , with the drainage bag not covered by a privacy cover, and the bag was		be educated on the revised policy by the Director of Nursing. The facility will do daily audit for 2 weeks and then do random audits 3 times a week for 2 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed. Responsible Person: Director of Nursing		

PRINTED: 04/07/2022

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		105926	B. WING				16/2022
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
WESTMIN	STER SUNCOAST				1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)		(X5) COMPLETION DATE
F 550	visible from the room During an interview o with Staff A, Certified she confirmed the dre privacy cover.  In an interview with S (RN) on the facility's policy to bag was covered.  Review of the clinical showed an admission diagnoses that includ () and Proper the admission Plan, dated intervention related to resident's dignity and cover on the  On	door and hallway.  n	F	550			
	and dignity." It did not privacy cover for the	t address the use of a					

SS=D

F 578 Request/Refuse/Dscntnue Trmnt;Formite Adv Dir

F 578

## PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	105926	B. WING	02/16/2022			
			С			
ID PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED			
		(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY			
ENTERS FOR MEDICARE & MEDICAID SERVICES OI						
DEPARTMENT OF HEALTH AND HUMAN SERVICES						

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 578 Continued From page 3 F 578 CFR(s): 483.10(c)(6)(8)(q)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489. subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. ( ) If an adult individual is ..... at the time of admission and is unable to receive information or . . . . . whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law (v) The facility is not relieved of its provide this information to the individual once he or she is able to receive such information.

ST ΔÞ

Facility ID: 55290

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/07/2022

		ID HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0.0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	1	LETED
		105926	B. WING				16/2022
NAME OF P	ROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE		
				۱,	995 PINELLAS POINT DR S		
WESTMIN	STER SUNCOAST			8	SAINT PETERSBURG, FL 33705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 578	Follow-up procedures the information to the appropriate time. This REQUIREMENT by: Based on record reversely the facility did directive wishes were resident (#35) of eight for advance directive. Findings included: A review of the sfor Resident #35 revediagnosis of affecting the Review of the MDS (rassessment dated indicating his cognitic A review of the physic medical record dated advance directive of Further review of the an order dated sign (_when done. Review of the medica nurses' station on the resided onreren paper in the fire CODE" marked on it.	smust be in place to provide individual directly at the individual directly at the is not met as evidenced siew, interviews, and policy into ensure the advance implemented for one ty-there residents reviewed s	F	578	For Resident #35, a signed was obtained and placed in the resident. Is medical record. The care plan was updated to reflect the status. An audit was conducted on and showed that all other residents: order and "Full Code status matched an were in the medical record. The facility has revised policy on Residents: Rigi Regarding Treatment and Advance Directives to include when a is requested and the physician is not immediately available that two (2) nurs will obtain and witness a telephone or for the which will be good for 24 hours. If the physician is not process will be repeated. All clinical st will be educated on the revised policy procedure by the Director of Nursing. DON/designee will monitor the new or daily for changes to An audit will done weekly for 4 weeks. The results be reported to the QAPI Committee to determine if additional actions are needed.	d r hts ees der o aff and fhe ders be	

conducted with Resident #35's nurse, Staff K,

#### PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED ST ΔÞ

CENTERS FOR MEDICARE &		OMB NO. 0938-039	
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 578 Continued From page 5 F 578 LPN (licensed practical nurse). Staff K, LPN said you could locate the residents' code status on the computer or in the chart. "It says code status and it will tell you if they are a or full code." Staff K. LPN checked Resident #35's electronic medical record and said he was a full code. Staff K also checked the paper record located at the nurses' station and presented the laminated bright green sheet of paper in the front of the chart indicating full code. During the interview the electronic medical record was reviewed with Staff K. LPN who confirmed there was an order dated , which read "patient wishes to sign. Staff K, LPN said "on paper he is a full code. Technically he is a full code." She said she would do full On at 10:26 a.m., an interview was conducted with Staff F. ADON (assistant director of nursing), unit manager. Staff F said he

probably put the order in the computer. The nurse practitioner was in and ordered the had the resident sign the form. She had a conversation with him and had him sign. The resident signed it on ... and the doctor signed it . Staff F presented the State of Florida form with Resident #34's signature on it, dated . Further review of

the document reflected the physician had signed . Staff F. ADON unit manager said until it was approved by the physician it was not in effect. We have to have the completed form. Staff F said he spoke to the nurse practitioner. She told him about it on have folders here for physician communication with anything the physician needs to sign." Staff F. ADON unit manager confirmed there was an order in the medical record located at the ourses' station that indicated "patient wishes to sign

#### PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED ST ΔÞ

ENTERS FOR MEDICARE & MEDICAID SERVICES OF					
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		

1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 578 Continued From page 6 F 578 ". The order was signed by a PA (physician's assistant). Staff F said the order should be followed "pretty quick." It should be faxed to notify the physician it was here and that he needed to sign it. The order was the eighth, and the physician signed it on the eleventh. Staff F said he was not sure what the delay was. The order would have been faxed. He did not know if the physician got it on the eighth. He may have come in on the eleventh and signed it. at 10:30 a.m., an interview was conducted with Staff L, case manager RN (registered nurse). Staff L said if there was a result or anything the doctor needed to know. telephone orders, or anything that needed a physician signature, it went in their folder for a signature. The nurse notified them if there was an , finding. The nurse wrote on abnormal lab or the result that the doctor was notified, with the date, time, and what the doctor said. The were faxed immediately if there was a need. At 10:45 a.m. on an interview was conducted with the DON (director of nursing). She said, "We should notify the doctor we have a resident that wishes to have a so that they can also sign it, which I believe the ADON did. I think they faxed it to him." The resident's physician was the medical director. He signed the on the eleventh when he was here. He might have wanted to have a discussion with the resident first before he signed it. "I would hope that they would call him." The DON said she was not sure if the nurse practitioner for [Insurance Company Name] would have called his doctor. The resident's doctor was here every week.

at 12:41 p.m., a telephone interview

Facility ID: 55290

Event ID: YCBY11

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CENTERS FOR MEDICARE & MEDICAID SERVICES				
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1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 578 Continued From page 7 F 578 was conducted with Resident #35's attending physician. He explained that the process was to handle those requests the same day. He said he did not recall if the facility reached out to him. He assumed they did. He believed they faxed it to him. He said he should have signed it that day. He believed the policy was to sign it that same day. He heard about this this morning. He said he should have signed it. at 12:54 p.m. a follow up interview was conducted with the DON. The DON said she wrote down a note that Resident #35's physician was going to sign it on Thursday. That was She said she always wrote notes on things to follow up on. Resident #35's physician usually came in on Thursdays. He did not come to sign it until Friday. The DON said she would assume the ADON would follow up on it. He sent the fax and he was the nurse manager. "That snuck in Friday, most likely after we left." A review of the policy, Residents' Rights Regarding Treatment and Advance Directives, dated .... reflected the following: Policy It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. Policy Explanation and Guidelines: 6. The facility will define and clarify medical issues and present them to the resident or legal representative as appropriate. 7. During the care planning process, the facility will identify, clarify, and review with the resident or legal representative whether they desire to make

any changes related to advance directives. 8. Decisions regarding advance directives and

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 04/07/2022 MAPPROVED 0: 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL'		CONSTRUCTION	(X3) DATE	
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F 578			F	578			
F 656	the comprehensive ci- existing care instructions and the control of the control o	ange or continue these ng regarding the resident's nented in the resident's communicated to the and staff responsible for the nt refuse treatment of any ocument the following in the efused. refusal. the resident about the sising.		656			
SS=D	CFR(s): 483.21(b)(1)  §483.21(b)(1) The facing length and the second and the seco	ensive Care Plans Lility must develop and rensive person-centered sident, consistent with the that §483.10(c)(2) and cludes measurable ames to meet a resident's mental and					

(ii) Any services that would otherwise be required

Facility ID: 55290

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA UND PLAN OF CORRECTION UNMBER:		(X2) MULT A. BUILDI		CONSTRUCTION		PLETED	
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NAME OF P	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
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F 656	under §483.24, §483. provided due to the re under §483.10, inclut treatment under §483. 70, inclut treatment under §483. The inclut reatment under §483. Sie provide as a result of recommendations. If findings of the PASAT rationale in the reside ( ) In consultation wit resident's representa (A) The resident's per future discharge. Fact outcomes. (B) The resident's per future discharge. Fact outcomes. (B) The resident's per future discharge. Fact outcomes. (C) Discharge plans i local contact agencie entities, for this purportion of the properties of the properties of the properties. (C) Discharge plans i plan, as appropriate, requirements set forth by:  Based observation, it he facility failed to im one (Resident #341 to vision and hearing. The Resident #34 their ey observed days. The freesident #34 their ey observed days. The freesident #34 their ey	25 or §483.40 but are not seident's exercise of rights ling the right to refuse 1.10(c)(6). envices or specialized the nursing facility will PASARR AR, it must indicate its not seed and any seed of the nursing facility will passes with the RR, it must indicate its not smedical record. The resident and the tive(s) also for admission and seed of the nursing facility will be seed and any referrals to seed and any referrals to seed and any referrals to a and/or other appropriate seed in accordance with the in paragraph (c) of this is not met as evidenced in accordance with the in paragraph (c) of this is not met as evidenced interview, and record review, plement the care plan for two residents sampled for he facility staff failed to offer eglasses on three of three alture of the staff to offer eglasses per the care plan, identify Resident #34's	F	656	Resident #34 was offered an optome:onDue to the resident!s refusal of optometry service the care plan was revised to provide alternate approaches (other than glas- to her limited vision needs. An audit w done of all residents to identify those v vision needs and the related care plan An audit was done of those with care plans for glasses to verify they had glasses and they were offered to then Care plans were corrected for those the	ses) ras with ns.	

at 12:45 p.m., Resident #34 was

were not current. Random audits of

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DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				FOR	M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0.0938-0391
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WESTWIN	STER SUNCOAST			SAINT PETERSI	BURG, FL 33705		
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F 656	observed lying in bed "help is someone cinterviewing the resid hurt and ass resident's call light will resident #34 said "I of the call light for the the resident pressed assistance from staff, this thing Ireferring to hear it." Further observealed her without of the resident's direct eyeglasses within the A review of Resident Current medical diagram of the content of the resident's direct without of the resident's direct within the A review of Resident (MDS), dated had a indicating moderate behaviors of inattential Resident #34 had mot used corrective lense A review of Resident a problem onset date and target date of vision related to loss to left "Apprarea included ensuring place/being worn by lours and ensuring it hours and ensuring the properties of the resident ensuring the content of the resident ensuring the properties of the resident ensuring the reside	under the covers saying toing to help?" Upon ent, Resident #34 stated her istance was needed. The sa within reach, however, zan't see [ti]" The location resident was explained and the call light button for Resident #34 said. "I hate the call light button, I can't reach to the call light button, I can't revailed not the resident eyeplasses. An observation t vicinity revealed no resident's reach. #34's "Facesheel" revealed doses of and the resident score of 8, without on or disorganized thinking. derately vision and s. #34's "Care Plan," revealed of with a goal for "Decreased and vision oaches for this problem gig that eyeglasses are in her resident uning waking lat eyeglasses are yeep for resident's needs.	F6	residents to wearing the for 4 weeks months. The QAPI Commactions are educated of items for re Nursing. St. monitors mi grievance p QAPI Comm grievances Responsible	o verify those with glasses im will be done once a we and then monthly for 3 e results will be reported in titles to determine if addi needed. Nursing staff will needed. Nursing of missing sidents by the Director of ocial Services Director ocial Services and reports to the title any unresolved or trends. Person; Director of Nurs Social Services	to the itional I be	

with Resident #34 revealed she had eyeglasses

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		MEDICAID SERVICES	_				O. 0938-0391
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WES ! WIN	STER SUNCOAST			SAI	NT PETERSBURG, FL 33705		
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F 656	but had not worn their things go missing for stated she had notifie her eyeglasses were An observation of Re 10:00 a.m. revealed the eyeglasses. An interview on Staff C, Registered N certified nursing assis responsible for offerir glasses on if they had An interview on Staff D, CNA revealed Resident #34 before resident had glasses the resident did have inside the night stand locked inside the resident before the resident for the resident was unable to find ey observation Resident been missing for a which was unsure where An interview on Nursing Home Admin of Nursing (DON) correshould be implement.	m in a while, stating that " me a lot." Resident #34 d someone a while ago that missing. sident #34 on at the resident not wearing at 10:26 a.m. with turse (RN) revealed the stants (CNAs) were ag and putting a resident's of them. at 10:44 a.m. with d she had worked with but was unsure if the or not. Staff D, CNA stated if glasses, they would be drawers. Staff D, CNA dont nightstand drawers and eglasses. During this #34 said. "my glasses have nile." Staff D, CNA stated re the eyeglasses would be. at 10:52 a.m. with d she had worked with hile," and had not seen the	F	856			

resident was missing her eyeglasses. The NHA and DON confirmed that if the plan of care had

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DEPARTMENT OF HEALTH AND HUMAN SERVICES				
CENTERS FOR MEDICARE & MEDICAID SERVICES				
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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	105926	B. WING		02/16/2022
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY STATE ZIP CODE	

STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 656 Continued From page 12 F 656 been followed, facility staff would have identified the resident's eyeglasses were missing A policy review of "Hearing and Vision Services." revealed "It is the policy of this facility to ensure that residents have access to and received proper treatment and assistive devices to maintain vision and hearing abilities... 1. the facility will utilize the comprehensive assessment process for identifying and assisting a resident's vision and hearing abilities in order to provide person-centered care. This process includes: resident's vision and hearing abilities in order to provide person-centered care. This process includes: a. Obtaining history from medical records, the family, and the resident regarding hearing and vision abilities: b. MDS and care assessments; c. Ongoing monitoring of sensor problems: d. Care plan development and implementation, and e. Evaluation... 5. Employees will assist the resident with the use of any devices or adaptive equipment needed to maintain vision or hearing." A policy review of "Comprehensive Care Plans," revised ......, revealed "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that

includes measurable objectives and timeframes to meet a residence medical, nursing, and mental and \_\_\_\_ needs that are identified in the

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Facility ID: 55290

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		ID HUMAN SERVICES				FORM	M APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	NG_			
		105926	B. WING			I	16/2022
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	OLDHANDY OT	ATEMENT OF DEFICIENCIES		_ 5	PROVIDER'S PLAN OF CORRECTION		
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F 656	Continued From page	13	F	656			
	resident's comprehen						
	1. The care planning	process will include an					
	assessment of the re-	sident's strengths and					
	needs, and will incorp	preferences in developing					
	goals of care. Service	es provided or arranged by					
	the facility, as outlined plan, shall be cultural	d by the comprehensive care					
	-informed	ly- competent and					
		e care plan will describe, at					
	a minimum, the follow	ving are to be furnished to attain					
		ent's highest practicable					
	physical, mental, and	well-being					
	5. the comprehensive	care plan will be reviewed					
		lerdisciplinary team after					
	each comprehensive assessment.	and quarterly MDS					
	6. The comprehensive	e care plan will include					
		s and timeframes to meet					
		is identified in the resident's					
		ssment. The objectives will the resident's progress.					
		ons will be documented, as					
	needed."						
F 759 SS=E	CFR(s): 483.45(f)(1)	rror Rts 5 Pront or More	+	759			
	§483.45(f) Medication						
	The facility must ensu	ure that its-					
	§483.45(f)(1) Medical	tion error rates are not 5					
	percent or greater; This REQUIREMENT	is not met as evidenced					

by:

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CENTERS FOR MEDICARE & MEDICAID SERVICES				
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	105926	B. WING		02/16/2022
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 759 Continued From page 14 F 759 Based on observations, interviews and record For residents #130, #79, and #131, the review, the facility failed to ensure that the physician was notified of the late medication error rate was less than 5.00%. medication administration and no new Twenty-seven medication administration orders were received. Residents #79 and opportunities were observed and eighteen errors #131 have been discharged. Staff J were identified for three residents (#130, #79. received education on notifying the #131) observed. These errors constituted a supervisor when the medication pass is 66 67% medication error rate not able to be completed in the allotted time. All resident receiving medications have the potential to be affected by delays Findings included: in medication administration. A contributing factor of the delay on was a temporary computer downtime medication administration with Staff J, Registered preventing the nurse from accessing the Nurse (RN), was conducted with Resident #79. electronic medication administration Staff J. was observed dispensing the following record. The issue was corrected, and the medications: nurse continued the medication pass. All 10 milligrams (MG) tablet orally nurses will be educated on the Medication . Prop 50 micrograms (MCG) Spray 1 Error Policy and expectations for spray each nostril timeliness of medication pass. - . . . . 20 mg. 1 tablet orally The DON/designee will conduct weekly -Tumeric 1 capsule orally random observations of medication ..., 2.5 MG 1 tablet orally administration for 8 weeks. The results will be reported to the OAPI Committee to During the dispensing of the medications for determine if additional actions are Resident #79, Staff J said the 1,000 microgram (MCG)/milliliter (ML) was not in Responsible Person: Director of Nursing the medication cart. Staff J confirmed the medication was not administered. She confirmed the medication pass was late and not within the a.m. window. She stated, "I am not sure of the policy." Review of Resident #79's Medication Administration Record (MAR) indicated the following: 1,000 MCG/ML VL inject 1ML ( ) Every 14 days marked 'N'

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STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

	STER SUNCOAST	1	STREET ADDRESS, CITY, STATE, ZIP CODE  1095 PINELLAS POINT DR S  SAINT PETERSBURG, FL 33705			
(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 759 \dagger*	Continued From page 15	F 759				
	o. On at 10.50 a.m. during an interview,					

## PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES C STAT

DEPARTMENT OF HEALTH AN	ID HUMAN SERVICES		FORM APPROVE
CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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F 759	Staff J requested to re medication administrations and the staff of th	wiew and confirm tion for Resident #130, de Resident #130 and did ceive her medications for .m., an observation of tion with Staff J (RN) was ent #130. Staff J was ent #130. Staff J was ent #130. Staff J was he following medications:  1 orally blet orally blet orally Just a tablets  1 tablet orally Just 1 tablet orally Just 1 tablet orally shelt 1 tablet orally et orally 2%-0.5% instill 1 drop Right .m. following dispensing of th #130, Staff J stated, .m. following dispensing of to know the policy for here, with the residents they on late today and 1 will need contact the Physician's for	F	75	9		

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FATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		105926	B. WING			I	C 16/2022
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
WESTMIN	STER SUNCOAST				1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705		
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F 759	Right . Invice daily 2.5 MG table twice daily for A Fib A 20 MG table twice daily for A Fib A Carb 500 MG twice a day for D3 400 Unit by twice a day Preservision Areds T a day for risk for day for risk for day for risk for didentified: "It is the policy of this protections for the he each resident by ensu and services safely in significant medication T. The facility must er medication error rate didentified: "It is the policy of this protections for the he each resident by ensu and services safely in significant medication 5. Medication timing tuitizing the facility sy schedules.  Review of The Facility guidelines document, "Ma. medication time administration as OHA. didentifying AM for Md. dientifying AM for	2%-0.5% Instill 1 drop in for AM, HS give 1 tablet by M, HS et give 1 tablet by M, HS et give 1 tablet by G tablet by G tablet by HS Tablet 1 tablet dy G tablet by G tablet 1 tablet ty Lvice AM, HS O MG tab 1 & ½ tablets (75 a day for bridge day for	F	7759			

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		105926	B. WING			_		16/2022
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, ST			
WESTMIN	STER SUNCOAST				95 PINELLAS POINT DR UNT PETERSBURG, I			
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F 759 F 770 SS=D	with Staff J, she confidence outside for morning medicatic considered administer was conducted on stated, "Medication stated, "Medication statistication of the medications are admittimetrame for AM meunitimetry."  On	cted on		759				
		n, interview, and record ed to obtain and verify			For Resident #6, t contacted and info	the physician was rmed that the lab w	as	

laboratory results for a physician ordered

(U/A) for one (Resident #6) of two

residents sampled for

missed and that the resident was

. The physician

discontinued the order for the lab test. All

## PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED ST ۵ħ

CENTERS FOR MEDICARE & MEDICAID SERVICES CONTROL OF THE PROPERTY OF THE PROPER				
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES. COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 770 Continued From page 19 F 770 residents with lab orders have the Findings included: potential to be affected by missed lab draws. The ADON/designee will monitor Resident #6's minimum data set (MDS), dated the new lab orders daily and track on the ..... revealed the resident was severely lab log that the results were received, or , required other action taken, including reporting to for toilet use, and had occasional the physician if needed. Licensed nurses will be educated on the "Provision of Physician Ordered Services" and A review of Resident #6's "Department Notes." "Laboratory Services and Reporting" dated at 12:36 p.m. revealed "CNA policies. The DON will report trends in (certified nursing assistant) reports resident completion of lab orders to the QAPI weeps upon . . . . ARNP [advanced Committee The OAPI Committee will registered nurse practitioner] visited and order determine if additional actions are received for UA, C&S [. needed. .]; straight cath [ ] if needed." Responsible Person: Director of Nursing A review of Resident #6's electronic Medication Administration Record (e-MAR), dated , revealed under description, an order for "UA C&S MAY STRAIGHT CATH IF NEEDED." Further review revealed on at 10:00 p.m. a check mark; which indicated the sample was collected to complete the physician order. In an interview on ..... at 11:07 a.m., with Staff C, Registered Nurse (RN), she stated once a laboratory (lab) service was ordered, and the results were received, it was uploaded into the online medical chart. If the lab result was not in the online medical chart, it could also be found in the resident's hard paper chart, the physician folder awaiting review, or in the online lab result file. A review of the online lab result system revealed the last lab result for Resident #6 was Staff C. RN stated there were no other lab results available after Resident #6 related to a

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NTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039
MENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 770 Continued From page 20 F 770 at 2:26 p.m., Staff F. Assistant Director of Nursing (ADON) stated during an interview that laboratory services were ordered by the physician, a nurse would input the order into the online system, and the laboratory sample was obtained and sent to a lab by a nurse. The results of the labs were reviewed by the physician for further guidance. The ADON reviewed Resident #6's online medical chart and hard paper chart. The ADON confirmed a lack of lab results related to Resident #6's physician ordered On at 2:55 p.m., an interview with both Staff F, ADON and Staff C, RN confirmed Resident #6's online medical chart indicated a , . . sample was collected on however, there was no indication within the resident's medical files that the lab was completed, nor the results obtained and reviewed. On .... at 2:56 p.m. the Director of Nursing (DON) confirmed the facility process for ordering, obtaining, and reviewing a physician ordered laboratory service. The DON stated even if a resident's lab result did not indicate abnormal findings, the results should still be confirmed and filed into the resident's medical chart. with the DON confirmed Resident #6's lab was not completed. The facility was unable to lab sample was " ... even verify if the collected and done." The DON spoke with the nurse who signed off on collecting the

the Jah was collected.

lab sample and the nurse was unable to verify if

ANDS

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F 770	Continued From page	21	F	770			
	Services," dated of this policy is to pro-	ovision of Physician Ordered , revealed "The purpose ride a reliable process for tent provision of physician ording to professional					
	tests (laboratory and with the physician's or consultation request v specific physician, phy practitioner or clinical	n a schedule of diagnostic ,,) in accordance rders. No diagnostic test or will be performed without ysician assistant, nurse nurse , 's orders in law, including scope of					
	review the diagnostic communicate the resu Physician, physician a or clinical nurse receipt unless they re reference ranges in a policies and procedur practitioner or per the	assistant, nurse practitioner within 24 hours of port outside of clinical coordance with facility es for notification of a ordering physician's orders. be notified of results upon					
	tests, the results, and	consultations, diagnostic date/time of Physician intained in the residence					
	must provide or obtain	boratory Services and , revealed "the facility n laboratory services when n, physician assistant, nurse					

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F 770	Continued From page	22	F	770			
	practitioner, or clinica		,				
	accordance with state						
	1 The facility must pr	ovide or obtain laboratory					
	services to meet the						
	O The feetite is seen	and the faction time the set					
	the services	onsible for the timeliness of					
	6. All laboratory repor	ts will be dated and contain					
		s of the testing laboratory					
	and will be filed in the	resident's clinical record.					
	7. Promptly notify the	ordering physician,					
		urse practitioner, or clinical					
	nurse of lat outside the clinical re						
F 921		ary/Comfortable Environ	F	921			
SS=E	CFR(s): 483.90(i)						
	§483.90(i) Other Env	ironmental Conditions					
	The facility must prov						
	sanitary, and comfort residents, staff and the						
		is not met as evidenced					
	by:						
	Based on observation review the facility failed	n, interview, and policy			The unwitnessed exit events of and for Resident #7 were		
		o ensuring two of thirteen			investigated, and the care plan update	d.	
		were secured, locked, and			Resident #7 has had no additional		
	monitored to prevent	a possible unwitnessed			unwitnessed exit events. All residents	with	
	resident exit.				exit seeking behaviors have the poten		
	Findings included:				to be affected by the two doors that we unsecured. Staff were educated on the		
	r mango moladoa.				Elopement policy and the proper response		
	1. An interview on .				to a door alarm including resetting the		
	the Nursing Home Ad	ministrator (NHA) regarding			door lock by the Administrator, Directo	rof	

an unwitnessed exit event in ..., and an

Nursing or

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F 921	involving Resident #7 centred the facility thro located by the employ was found in the area egress fire door by st An observation on revealed an egress fire employee timeclock is the, gym, was resident was observed door, nor were any er observed in the hallw alarming. Upon push door, the door immed of the building. A kitcl exit from the kitchen id did not address the a second staff member the alarming egress of area. The staff memb the alarming door. Pt taken of the daor le At 1:20 p.m. on Coordinator walked u door and said, "I heas unt in tiff." Upon the fi the egress alarm cod Admissions Coordina side office area and r entering in a code an entering of the confirmation of the confirmation of the entering of the confirmation of the confirmation of the entering in a code an entering in a code an entering of the confirmation of the entering of the entering of the confirmation of the entering of the	nt in of 2021, revealed the resident yr, revealed the resident gruph the egress fire exit door yee time clock. Resident #7 is directly outside of the aff uninjured.  at 1:17 p.m., re exit door, located by the n between the kitchen and alarming. No employee or do utside of the egress mployees or residents ay at the time of door ng the alarming egress liately opened to the outside en aide was observed to area with a meal cart and larming egress door. A was observed walking past loor towards the activities er did not stop to address otographic evidence was door, and the pathway ading to a parking fot area.	F	921	Director of Maintenance. All exit doors be checked every shift for 2 months te nessure proper functioning. Then the d will be checked daily until the schedul door allarm upgrade is complete. The doors will continue to be checked daily The Maintenance Director will report tresuits to the QAPI Committee. The facility will drill on response to door all monthly. The results of drills will be reported to the QAPI Committee. The GAPI Committee will determine if additional actions are needed. Responsible Persons: Director of Nurs Director of Maintenance	oors ed /. he	

unlocked, and the alarm would sound. The door

## PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED ST AN

CENTERS FOR MEDICARE & I	MEDICAID SERVICES		OMB NO. 0938-039
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ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 PINELLAS POINT DR S WESTMINSTER SUNCOAST SAINT PETERSBURG, FL 33705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 921 Continued From page 24 F 921 would not automatically re-lock until the keycode was put in. During this interview the Admissions Coordinator confirmed the expectation was any staff member alerted to the alarm door would address the alarm. She stated she "thinks" a staff member. walked out of the egress door. 2. An interview on ..... at 1:44 p.m. with the Director of Nursing revealed the expectation was that staff would respond to a door alarming and verify if a resident exited through the alarming door by going outside. Staff were to only enter and exit from the front entrance door. The DON stated she "thinks that an employee exited from the side door that was alarming because... saw the employee standing outside by the door." at 2:59 p.m. an observation of an employee exiting from the fire earess door by the employee time clock occurred. The employee walked through the door outside, and the door alarm began sounding. The employee was observed walking away from the unlocked door towards the parking lot. At 3:01 p.m. two additional employees were observed walking up to the alarming door and exiting. A staff member entered a keycode to lock the alarming door after the two additional employees walk through it. at 3:45 p.m. the Nursing Home Administrator (NHA) confirmed that the egress fire exit door by the employee time clock should not be used by employees to exit the facility. However, staff would sometimes use it because it was a direct path to the employee parking lot.

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SAMP FETERSBURG, L. 3705   PROPERTY   PREFIX   REGULATORY OR USE IDENTIFYING INFORMATION   PREFIX   REGULATORY OR USE IDENTIFYING INFORMATION   PREFIX   REGULATORY OR USE IDENTIFYING INFORMATION   PREFIX   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DESCRIPTION OF THE APPROPRIATE   DESCRIPTION		_		- 1	١.	1095 PINELLAS POINT DR S		
PREFIX TAG  Continued From page 25  Maintenance Director to verify the functionality and security of the facility egress fire exit doors occurred on at 8.41 a.m.  During the walk-through an egress fire exit door located by on the rapid recovery unit was found to be unlocked, and not alarming. When pushed, the egress door lead around the building to the security guard entrance area. The Maintenance Director stated there was no reason for the door to be unlocked and not sounding.  4. A document review of "How to check Nursing Care Doors," datedrevealed five steps to check an egress door. "1. Push the door to ensure that it is locked. 2. Start a timer at the same time that you press against the door. 3. The door should release at 15 seconds. 4. Reset the door alarm. 5. Check that the Maglock has engaged."  A policy review of "Safe and Homelike Environment," dated, revealed "In accordance with residents" rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing that the residents to use his or her personal belongings to the extent possible. This includes ensuring that the resident sto use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk  Environment refers to any environment in the	NESTMINSTER SUNCOAST				SAINT PETERSBURG, FL 33705			
Maintenance Director to verify the functionality and security of the facility egress fire exit doors occurred on at 8:41 a.m.  During the walk-through an egress fire exit door located by on the rapid recovery unit was found to be unlocked, and not alraming. When pushed, the egress door immediately opened to . of the facility without alarming. The Maintenance Director stated the pathway outside of the egress door lead around the building to the security guard entrance area. The Maintenance Director stated there was no reason for the door to be unlocked and not sounding.  4. A document review of "How to check Nursing Care Doors," datedrevealed five steps to check an egress door. "1. Push the door to ensure that it is locked. 2. Start a timer at the same time that you press against the door. 3. The door should release at 15 seconds. 4. Reset the door alarm. 5. Check that the Maglock has engaged."  A policy review of "Safe and Homelike Environment," datedrevealed "In accordance with residents rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the residents to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk  Environment refers to any environment in the	PREFIX (EACH DEI	FICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
facility that is frequented by residents, including	Maintenance D and security of occurred on  During the wall located by was found to b When pushed, opened to The Maintenan outside of the e building to the ! Maintenance D for the door to  4. A document Care Doors," d to check an eg ensure that it is same time that door should rel door alarm. 5. engaged."  A policy review Environment, " accordanent," accordanent," accordanent, " accordan	Continued From page 25  Maintenance Director to verify the functionality and security of the facility egress fire exit doors occurred on		F	921			
	facility that is fr	requent	ed by residents, including					

### PRINTED: 04/07/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_\_ R WING 105026 02/16/2022

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