

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 85820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/09/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNSET LAKE HEALTHCARE AND REHABILITATION

**832 SUNSET LAKE BOULEVARD
VENICE, FL 34292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	<p>INITIAL COMMENTS</p> <p>An unannounced relicensure with complaints survey for #2022005477, #2022005651, #2022015152, #2022015392, #2022016349, #2023000937, and #2023001104 was conducted through at Sunset Lake Healthcare and Rehabilitation Center, a skilled nursing facility in Venice, Florida.</p> <p>Complaint #2022005477 was substantiated without citation. Complaint #2022005651 was substantiated without citation. Complaint #2022015152 was unsubstantiated. Complaint #2022015392 was substantiated without citation. Complaint #2022016349 was substantiated without citation. Complaint #2023000937 was substantiated without citation. Complaint #2023001104 was substantiated without citation.</p> <p>The following is a description of the deficiencies.</p>	N 000		
N 072 SS=D	<p>59A-4.109(2), FAC; Comprehensive Care Plans</p> <p>59A-4.109 FAC</p> <p>(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.</p>	N 072		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Electronically Signed

/23

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NAME OF PROVIDER OR SUPPLIER SUNSET LAKE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 832 SUNSET LAKE BOULEVARD VENICE, FL 34292		
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N 072	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, review of facility's policy and procedure, resident and staff interview, the facility failed to develop an individualized comprehensive care plan describing services to be furnished to meet the needs of 1 (Resident #73) of 2 sampled residents with an</p> <p>The findings included:</p> <p>The facility's policy titled, "Care Plans, Comprehensive Person-Centered" revised noted, "A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, and functional needs is developed and implemented for each resident."</p> <p>Review of the clinical record for Resident #73 revealed an admission date of Diagnoses included history of and (obstructed flow, and up of into the).</p> <p>Review of the Admission Minimum Data Set (MDS) assessment with an assessment reference date of noted Resident #73 had an (. inserted into the to drain). Diagnoses included a and insufficiency.</p> <p>The Care Area Assessment summary noted Resident #73 was addressed in the care plan.</p> <p>On at 10:30 a.m., Resident #73 said the</p>	N 072	<p>Preparation and/or execution of the Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>This plan represents the facility's credible allegation of compliance as of</p> <p>1. Urologist was contacted for progress notes for resident #73. Care plan for resident #73 was reviewed and revised to include and care.</p> <p>2. Care plans were reviewed for residents with an with revisions as indicated.</p> <p>3. MDS coordinator and IDT was reeducated regarding components of this regulation and development of a comprehensive care plan. New residents will be reviewed upon admission for the presence of an as well as current residents that have a new order for an If the is deemed clinically appropriate, a care plan will be implemented.</p> <p>4. Quality Review of 5 residents on each unit will be conducted by ADON/designee to ensure resident with have a comprehensive care plan weekly</p>		

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N 072	<p>Continued From page 2</p> <p>_____ was inserted at the hospital. He said he was seeing a urologist in the community for treatments.</p> <p>The care plan initiated on _____ noted to observe the skin surrounding the _____ for signs of _____. The care plan updated on _____ noted to observe _____ for sediment, cloudiness, odor, _____ and quantity; report abnormal findings to physician.</p> <p>The care plan did not provide instructions for the _____ care, including frequency of cleaning insertion site, and monitoring for obstruction.</p> <p>On _____, at 9:30 a.m., the Director of Nursing (DON) said Resident #73's daughter takes him to _____ clinical treatments but did not provide the facility with documents from the clinic. She said the resident's daughter dropped off a soap to clean the area before treatment but she did not have any information related to the outside treatments the resident was receiving.</p> <p>On _____ at 11:25 a.m., the DON verified the lack of a specific individualized care plan _____ care and coordination with _____ to ensure the resident's needs were met.</p> <p>Class III</p>	N 072	<p>for (4) four weeks then every (2) two weeks x (2) two months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>	
N 110 SS=D	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p>	N 110		

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N 110	<p>Continued From page 3</p> <p>59A-4.122(1) FAC</p> <p>The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and staff interviews the facility failed to ensure residents receive care and services safely for 1 Resident (Resident #69) of 5 residents observed.</p> <p>The findings included:</p> <p>On at 10:30 a.m., during an observation, Resident #69 was in bed receiving a treatment (turns liquid medication into a mist that can be inhaled). Resident #69 also had a (tube placed directly in the for feeding). Both machines were plugged into a power strip, connected to a wall outlet and wrapped around the pump. The machine was wedged between the board of the bed and the mattress.</p> <p>On at 3:42 p.m., Registered Nurse Staff Q confirmed the placement of the and the power strip. Staff Q said the power strip should not be hanging from the pole. Staff Q said he would notify maintenance and left the room leaving the wedged between the mattress and the headboard and the power strip attached to the pole.</p> <p>Class III</p>	N 110	<p>1. Resident #69, the power strip and extension cord were removed immediately at the time of survey. The machine was placed securely on the bedside table. feeding pump was plugged into the wall electrical outlet.</p> <p>2. Current resident rooms were reviewed for use of power strips, extension and placement of machines. Any identified power strips or extension were removed upon identification.</p> <p>3. Assigned Clinical staff for resident #69 at the time of identification was reeducated regarding use of power strips, extension in the LTC setting and placement of machines in resident rooms at the time of survey. Current facility staff reeducated regarding the components of this regulation and the use of power strips, extension in the Skilled Nursing facility setting and placement of machines in resident rooms. New employees will be educated during orientation.</p> <p>4. Quality review of 5 resident rooms on each unit for safe, clean, comfortable, and homelike environment will be conducted by the Director of Maintenance / designee</p>		

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N 110	Continued From page 4		N 110	weekly for (4) four weeks then every (2) two weeks x (2) two months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.	
N 201 SS=G	<p>400.022(1)(f), FS Right to Adequate and Appropriate Health Care</p> <p>(f) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, review of the policies and procedures, and staff and family interviews, the facility failed to implement appropriate interventions, including adequate supervision to prevent avoidable . . . , including . . . related major injuries for 1 (Resident #74) of 3 residents reviewed who sustained multiple . . . at the facility.</p> <p>The failure to implement appropriate interventions to prevent . . . and related injuries resulted in Resident #74 sustaining preventable . . . , including . . . with major injury requiring transfer to a higher level of care.</p> <p>The facility also failed to ensure 3 (Resident #73, #51, and #97) of 12 residents reviewed for adequate and appropriate health care received adequate healthcare.</p>		N 201	<p>1. Resident #74 . . . reduction /injury prevention interventions reviewed and revised.</p> <p>2. Current residents . . . Risk Evaluations scores were reviewed to determine level of risk. Residents identified as having risk for . . . was care planned and interventions implemented.</p> <p>3. New admissions and residents who sustain a . . . will have a Risk Evaluation completed. These residents will be reviewed in morning meeting to determine risk, with care plan and interventions as indicated. Current nursing staff will be educated on a . . .</p>	

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N 201	<p>Continued From page 5</p> <p>The findings included:</p> <p>1. The facility policy . . . -Clinical Protocol (revised) documented "The physician will help identify individuals with a history of . . . and risk for falling. Staff will ask the resident and the caregiver about a history of falling. . . . The staff and practitioner will review each resident's risk factors for falling and document in the medical record. . . . The staff and physician will continue to collect and evaluate information until either the cause of the falling is identified, or it is determined that the cause cannot be found or is not correctable. . . . Based on preceding assessment the staff and physician will identify pertinent interventions to try to prevent subsequent . . . and address the risks of clinically significant consequences of falling. The staff and the physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling."</p> <p>Review of the clinical record revealed Resident #74 had an admission date of with diagnoses including . . . of the left pubis, . . . , and</p> <p>The Admission Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of documented Resident #74 required of two persons with transfers and bed mobility. The MDS documented ambulation in the room and corridor did not occur.</p> <p>The MDS noted Resident #74's skills for daily decision making was moderately</p>	N 201	<p>Prevention Program with exam to determine competency. New employees will be also educated during orientation.</p> <p>4. Quality Review of 5 residents will be conducted by Director of Nursing / designee to ensure appropriate reduction / injury prevention interventions are in place weekly for (4) four weeks then every (2) weeks for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p> <p>1. Urologist was contacted for progress notes for resident #73. Care plan for resident #73 was reviewed and revised to include and care.</p> <p>2. Care plans were reviewed for residents with an with revisions as indicated.</p> <p>3. MDS coordinator and IDT was reeducated regarding components of this regulation and development of a comprehensive care plan. New residents will be reviewed upon admission for the presence of an as well as current residents that have a new order for an if the is deemed clinically appropriate, a care plan will be implemented.</p> <p>4. Quality Review of 5 residents on each unit will be conducted by ADON/designee to ensure resident with</p>		

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N 201	<p>Continued From page 6</p> <p>The care plan initiated on _____ documented Resident #74 was at risk for _____ or _____ related injury related to _____ balance, unsteady gait, and poor safety awareness. The goal was to minimize the risk of _____ and related injury. The interventions included provided _____ on assistance with ambulation, observe for use of appropriate _____ ware and assist as needed, keep call light within reach, educate/remind resident to request assistance prior to ambulation/transfers as needed, report _____ to physician and responsible party as needed, _____ () and _____ () as indicated.</p> <p>A risk evaluation dated _____ documented a score of 11 indicating a risk for _____.</p> <p>On _____ a SBAR Communication Form (a tool for communication between health care team about a patient's condition) documented "Resident was sitting on side of bed leaning over to put shoes on when she lost her balance falling forward hitting her _____ on the arm of the wheelchair."</p> <p>The care plan documented _____ resident observed on floor in room. The care plan was updated with the intervention staff education to ensure resident has her shoes on when out of bed.</p> <p>On _____ the nursing progress note documented Resident #74 was found on the floor getting out of her room using a walker. The resident was sent to the local Emergency Room (ER) for evaluation.</p> <p>A CT (Computerized _____) scan was obtained in the ER and documented a new acute nondisplaced _____ of the right greater</p>	N 201	<p>have a comprehensive care plan weekly for (4) four weeks then every (2) two weeks x (2) two months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p> <p>1. Resident #51 was offered a shower and _____ trimmed at the time of survey.</p> <p>2. Review of current resident bathing preferences and frequency completed with revisions as indicated.</p> <p>3. Current Nursing staff reeducated regarding components of this regulation, bathing preferences, providing resident showers and completion of bathing documentation. New employees will be educated during orientation.</p> <p>4. Quality Review of 5 residents on each unit will be conducted by DON / designee for completion of bathing preference and documentation weekly for (4) four weeks then (2) two times weekly for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p> <p>1. Resident #97 _____ was applied at the time of survey.</p> <p>2. Review of current residents with _____ to ensure _____ applied per physician order.</p>

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N 201	<p>Continued From page 7</p> <p>..... (). Resident #74 returned to the facility on with conservative measures for the</p> <p>The care plan was updated on with the intervention "staff to assist resident with toileting upon arising, before and after and at bedtime."</p> <p>On at 8:49 a.m., in an interview registered Nurse Staff Q said Resident #74 had another last night and was found on the floor next to bed. He said Resident #74 had sun-downing (a state of occurring in the late afternoon and lasting into the night) behaviors starting around 4:00 p.m., each night and said staff are monitoring her.</p> <p>On at 9:24 a.m., Resident #74 was observed in her room sitting on the side of the bed eating morning meal. There was one floor mat on the left side of the bed, no floor mat on the right side. Resident #74 had to the right, and cheek and said she had at home and her and had since her admission to the facility and her</p> <p>On at 12:43 p.m., in an interview Resident #74 daughter said her mother had a at home and her and came to this facility for She said her mother had a on and her right but had no surgical repair. Resident #74's daughter said she had concerns with her mother's safety due to sun-downing and said reported today that her mother was not able to stand or ambulate and was unable to do tasks. She said she had asked the facility to place another floor mat on the left side of the bed.</p>	N 201	<p>3. Current nursing staff reeducated regarding the components of this regulation and applying per physician order and documentation of completion. New employees will be educated during orientation.</p> <p>4. Review of 5 residents with on each unit to ensure application per physician order will be conducted by the ADON / designee weekly for (4) weeks, then (2) times weekly for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>	

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N 201	<p>Continued From page 8</p> <p>On at 8:25 a.m., Resident #74's Power of Attorney (POA) was at her bedside and said her mother had another last night and is now complaining of increased right down to the</p> <p>The POA said her mother had sun-downing related to and will pack her things at night wanting to go home. She said the nurse called her to report the but was not able to tell her how the occurred.</p> <p>On at 9:11 a.m., Staff Q said he tries to keep a close on Resident #74. She is assisted with transfers and toileting and is on the left related to the She has sun downing and tries to get out, she wants to leave the facility. We educate her to use the call light, but she has The staff just keep a close on her, it is not documented, I try and keep my med cart outside of her room when I'm doing medications.</p> <p>On at 9:01 a.m., the Director of Rehab said Resident #74 was planning to discharge home before her on She said, we had the meeting with the family before discharge to provide education and to ensure they were able to provide the care for her at home. We are working on transfer training and balance with Resident # 74 was able to ambulate with supervision and transfer, she was doing very well. She required supervision because of her loss, she required constant verbal cues. The Director of Rehab said Resident #74 was not safe to ambulate or transfer unassisted. Resident #74 had a 2 days before the planned discharge and now she has declined significantly and is on the left She has been reporting</p>	N 201		

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N 201	<p>Continued From page 9</p> <p>increased . . . since the . . . and we recommended the nurse get an . . . of the right The . . . was obtained on but did not show any new She said all . . . are reviewed daily in the morning interdisciplinary team meeting and any new interventions are put on the care plan. The Director of Rehab said right now Resident #74 needs 24/7 supervision for safety and cues. She is not safe to ambulate or transfer on her own.</p> <p>On . . . at 11:18 a.m., the Director of Nursing (DON) said after Resident #74 had the first . . . she was working with The DON said we try and educate the resident and put interventions in place, but she is getting up no matter what. She packs her things daily and she has a guard on. We are meeting with family today to take her home. They want to take her home. On admission we had her as a high . . . risk, and we recommended call lights and floor mats, and she was receiving</p> <p>The first . . . here was at 10:45 p.m., leaning over to put shoes on and . . . forward hitting her . . . on the wheelchair arm. The DON said we reviewed the . . . the very next day, and the intervention was to encourage shoes when out of bed, if no shoes are on then, nonskid socks. A low bed was initiated but not updated on the care plan.</p> <p>The second . . . was on at 12:30 a.m., she was found on floor with walker, trying to go to the bathroom and prompted was initiated before and after meals, upon rising and bedtime.</p> <p>The third . . . was on at 4:12 in the p.m., she had no socks on, the floor mat was down, and she was sitting on floor mat. A new intervention for nonskid socks was added to the care plan.</p> <p>The DON said the root cause of Resident #74's</p>	N 201		

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N 201	<p>Continued From page 10</p> <p>... was bad ... , she came to us as a high risk, and she was packing her things everyday wanting to leave and we placed a ... guard on her at admission. The DON said the resident was a high score for elopement risk on admission. She is redirected but forgets what we say to her.</p> <p>I know she is walking. Her ... did not have any ... issues. The resident can get out of bed by herself, she is not safe. The DON said the facility had a falling star program, where the staff bring residents at risk for ... in to do activities, but this is not occurring daily. It depends on staffing. Resident #74 needs (one-to-one) supervision, but we have no staff to provide the ... supervision.</p> <p>On ... at 2:03 p.m., Certified Nursing Assistant (CNA) Staff P said Resident #74 required assistance with transfers and toileting and uses a walker but is not safe to ambulate on her own. The CNA said the resident was a risk, and she was instructed to an ... on her more often.</p> <p>2. The facility's policy titled, "Care Plans, Comprehensive Person-Centered" revised ... noted, "A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, ... and functional needs is developed and implemented for each resident. ..."</p> <p>Review of the clinical record for Resident #73 revealed an admission date of ... Diagnoses included history of ... and ... (obstructed ... flow, and</p>	N 201		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 85820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/09/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNSET LAKE HEALTHCARE AND REHABILITATION

**832 SUNSET LAKE BOULEVARD
VENICE, FL 34292**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 201	<p>Continued From page 11</p> <p>... up of ... into the ...).</p> <p>Review of the Admission Minimum Data Set (MDS) assessment with an assessment reference date of ... noted Resident #73 had an ... (... inserted into the ... to drain ...). Diagnoses included a ... and ... insufficiency.</p> <p>The Care Area Assessment summary noted Resident #73 ... was addressed in the care plan.</p> <p>On ... at 10:30 a.m., Resident #73 said the ... was inserted at the hospital. He said he was seeing a urologist in the community for treatments.</p> <p>The care plan initiated on ... noted to observe the skin surrounding the ... for signs of ... The care plan updated on ... noted to observe ... for sediment, cloudiness, odor, ... and quantity; report abnormal findings to physician.</p> <p>The care plan did not provide instructions for the ... care, including frequency of cleaning insertion site, and monitoring for obstruction.</p> <p>On ... at 9:30 a.m., the Director of Nursing (DON) said Resident #73's daughter takes him to ... clinical treatments but did not provide the facility with documents from the clinic. She said the resident's daughter dropped off a soap to clean the area before treatment but she did not have any information related to the outside treatments the resident was receiving.</p> <p>On ... at 11:25 a.m., the DON verified the lack of a specific individualized care plan</p>	N 201		

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N 201	<p>Continued From page 12</p> <p>... care and coordination with ... to ensure the resident's needs were met.</p> <p>3. The facility policy titled Activities of Daily Living (ADLs), Supporting revised ... stated Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out necessary ADLs. Residents who cannot carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of the clinical record revealed Resident #51 was admitted to the facility on ... The Quarterly Minimum Data Set (MDS) assessment with an assessment reference date of ... documented Resident #51's cognition was intact. The resident was totally dependent on one person physical assistance for bathing. Resident #51 did not have any behaviors and did not reject care.</p> <p>The plan of care initiated on ... documented Resident #51 had a self-care ... with ..., grooming, and bathing related to the diagnosis of ... of one side of the body). The goal is for the resident to have a neat appearance daily. Interventions included to gather and set up supplies for care, provide ...-on assistance with ..., grooming, and bathing, and staff to ... residents' needs with ADLS.</p> <p>The ADL flow sheets for ... and ... noted Resident #51 was scheduled on Mondays, Wednesdays and Fridays for a bath. The flow sheets specified Resident #51 preferred showers.</p>	N 201		

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N 201	<p>Continued From page 13</p> <p>On _____ at 9:41 a.m., Resident #51 stated his shower days are during the day on Mondays, Wednesdays, and Fridays. He said, "I generally only get showered once a week but really preferred three times a week." Resident #51 also stated he needed help to trim the _____ on his left _____.</p> <p>The ADL flow sheets for _____, and _____ documented Resident #51 received four of 13 scheduled showers in _____, six of 12 scheduled showers in _____, and two of the 12 scheduled showers through _____.</p> <p>There was no documentation the resident refused the showers.</p> <p>On _____ at 9:13 a.m., and _____ at 10:45 a.m., Resident #51 again said he wanted to shower more than once a week.</p> <p>On _____ at 1:35 p.m., Certified Nursing Assistant (CNA) Staff U stated if a resident refused care, then the process is to let the nurse know. She said she did not recall resident #51 refusing care.</p> <p>On _____ at 2:07 p.m., Unit Manager Staff Nurse L, reviewed the ADL flow sheets and verified Resident #51 wanted to have three showers weekly and only received only one shower a week.</p> <p>4. Review of the clinical record revealed Resident #97 had an admission date of _____ with diagnoses including _____ and _____ (_____ or _____) of the left side.</p> <p>The Quarterly Minimum Data Set (MDS)</p>	N 201		

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N 201	<p>Continued From page 14</p> <p>assessment (standardized tool that measures health status in nursing home residents) with an assessment reference date of _____ documented Resident #97 was dependent on staff for _____ and had functional limitations of range of motion in upper and lower extremities.</p> <p>The MDS noted Resident #97's _____ skills for daily decision making were intact. The physician's order dated _____ documented apply left _____ in the morning and remove at bedtime as tolerated.</p> <p>The Certified Nursing Assistant (CNA) resident care Kardex (provides instructions for care) documented to apply the left _____ in the morning and remove at bedtime and or as tolerated. Monitor skin integrity when applying and removing.</p> <p>On _____ at 2:35 p.m., observed a _____ on the wheelchair seat, across from the bed. Resident #97 said she had a _____ and is not able to move her left side. She said staff is supposed to apply the _____ to her left _____, but they do not consistently apply the _____.</p> <p>Review of the CNA documentation for _____ revealed no documentation on the day shift on _____ and the _____ was applied. The documentation showed not applicable on _____ and _____.</p> <p>The evening shift showed no documentation of _____ application or removal on _____ and _____.</p> <p>The documentation showed not applicable on _____.</p>	N 201		

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N 201	<p>Continued From page 15</p> <p>_____ and _____ Review of the CNA documentation for _____ revealed no documentation on the day shift _____ and not applicable on _____. The evening shift showed no documentation of _____ application or removal on _____ and not applicable on _____ and On _____ at 1:51 p.m., CNA Staff P said she did not apply the _____ to Resident #97's left She said the _____ applies the _____ for the residents.</p> <p>On _____ at 2:00 p.m., the _____ Director said the CNAs are responsible to apply the _____ to Resident #97's left _____, the instructions are posted on the inside of the resident's closet door.</p> <p>On _____ at 2:08 p.m., the Rehab Director provided a copy of a restorative nursing _____ program initiated on _____. The program documented "_____ to wear _____ daily to left upper extremity incidence of _____."</p> <p>On _____ at 2:56 p.m., the Director of Nursing said she did not have restorative staff and the CNAs were responsible to apply _____ for residents not on _____ caseload.</p> <p>Class II</p>	N 201			
N 917 SS=D	<p>400.147(8), FS Report _____, Neglect, & _____</p> <p>(8) _____, neglect, or _____ must be reported to the agency as required by 42 C.F.R. s. 483.13(c) and to the department as required by chapters 39 and 415.</p>	N 917			

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N 917	<p>Continued From page 16</p> <p>This Statute or Rule is not met as evidenced by: Based on records review, interviews, and review of facility policies the facility failed to file a federal report of an unwitnessed _____ which resulted in a _____ requiring hospitalization for 1 (Resident #16) of 4 reviewed for reporting requirements.</p> <p>The findings included:</p> <p>Review of facility policy titled, "Incident Report and Investigation Guidelines," dated _____, which stated, "Guidelines: All _____, injuries of unknown origin _____ Leading to harm or injury to a visitor or resident occurring in the facility or on the facility property will be documented and investigated and recorded on the incident report. Procedure : The facility shall initiate an investigation and notify federal, state, and local authorities as required. . . The findings of the investigation . . . will be reported as required by Federal and State law. . . The facility Risk Manager is responsible for ensuring the timely and accurate reporting and for recording reporting as appropriate . . ."</p> <p>Review of clinical records for Resident #16 documented resident originally admitted to facility _____, and readmitted on _____ with diagnosis of _____ of right pubis (bones that form the _____).</p> <p>The care plan noted Resident #16 was at risk for _____ and _____ related injury related to generalized _____ balance, unsteady gait. The resident required staff assistance with transfers and ambulation. Resident #16 was impulsive, attempts transfers, has poor safety awareness. The goal was to minimize risk of _____ related injuries with staff intervention.</p>	N 917	<p>1. Resident #16 no longer resides at the facility. An Immediate report was completed and submitted on _____.</p> <p>2. Review of resident _____ for the past (30) thirty days conducted with federal reporting completed if indicated.</p> <p>3. Director of Nursing was reeducated regarding components of this regulation, _____ investigation and federal reporting of _____, neglect, _____, and mistreatment.</p> <p>4. Quality Review of 5 resident investigations will be conducted by Director of Nursing /designee weekly for (4) four weeks then every (2) weeks for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>	

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N 917	<p>Continued From page 17</p> <p>Records documented resident had an unwitnessed at the facility on resulting in transfer to the hospital for a higher level of care.</p> <p>The hospital clinical record dated documented a to right pubis, , requiring admission to the hospital.</p> <p>On at 3:08 p.m., Licensed Practical Nurse (LPN) Staff M, caring for Resident #16 on said there was no one in the room with Resident #16 when she . Since the resident was complaining of , in her , she was sent to the hospital. The hospital contacted the facility and told them it was a , , and she informed the physician.</p> <p>On at 3:14 p.m., LPN Unit Manager Staff N, also confirmed Resident #16 had an unwitnessed on which resulted in a , and hospitalization. LPN Staff N said she completed the notifications of the event to the Director of Nursing (DON). She said the Director of Nursing (DON) or her supervisor would decide if a report needed to be filed.</p> <p>On at 3:20 p.m., the DON said she did not think Resident #16's unwitnessed resulting in a needed to be reported since they had interventions in place for prevention.</p> <p>On at 4:25 p.m., the Administrator confirmed Resident #16 sustained an unwitnessed and and required hospitalization. He said it was not a reportable event based on the facility policy since the resident had interventions in place and the was out of the facility control.</p> <p>On at 6:35 p.m., the Administrator he filed</p>	N 917		

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N 917	Continued From page 18 a Federal Day 1 report with the State Survey Agency for Resident #16's unwitnessed resulting in Class III	N 917		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105761	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2023
NAME OF PROVIDER OR SUPPLIER SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 832 SUNSET LAKE BOULEVARD VENICE, FL 34292		
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F 000	INITIAL COMMENTS An unannounced recertification with complaints survey for #2022005477, #2022005651, #2022015152, #2022015392, #2022016349, #2023000937, and #2023001104 was conducted through at Sunset Lake Healthcare and Rehabilitation Center, a skilled nursing facility in Venice, Florida. Complaint #2022005477 was substantiated without citation. Complaint #2022005651 was substantiated without citation. Complaint #2022015152 was unsubstantiated. Complaint #2022015392 was substantiated without citation. Complaint #2022016349 was substantiated without citation. Complaint #2023000937 was substantiated without citation. Complaint #2023001104 was substantiated without citation. Sunset Lake Healthcare and Rehabilitation Center is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities. The following is a description of the noncompliance.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	F 584			

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

TITLE

(X6) DATE

Electronically Signed

/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	<p>Continued From page 1</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) 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. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)();</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after _____, must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to ensure a safe environment for for 1 Resident (Resident #69) of 5 residents</p>	F 584	<p>Preparation and/or execution of the Plan of Correction does not constitute admission or agreement of the provider of</p>		

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F 584	<p>Continued From page 2 observed.</p> <p>The findings included:</p> <p>On at 10:30 a.m., during an observation, Resident #69 was in bed receiving a treatment (turns liquid medication into a mist that can be inhaled). Resident #69 also had a (tube placed directly in the for feeding). Both machines were plugged into a power strip, connected to a wall outlet and wrapped around the pump. The machine was wedged between the board of the bed and the mattress.</p> <p>On at 3:42 p.m., Registered Nurse Staff Q confirmed the placement of the and the power strip. Staff Q said the power strip should not be hanging from the pole. Staff Q said he would notify maintenance and left the room leaving the wedged between the mattress and the headboard and the power strip attached to the pole.</p>	F 584	<p>the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>This plan represents the facility's credible allegation of compliance as of</p> <p>1. Resident #69, the power strip and extension cord were removed immediately at the time of survey. The machine was placed securely on the bedside table. feeding pump was plugged into the wall electrical outlet.</p> <p>2. Current resident rooms were reviewed for use of power strips, extension and placement of machines. Any identified power strips or extension were removed upon identification.</p> <p>3. Assigned Clinical staff for resident #69 at the time of identification was reeducated regarding use of power strips, extension in the LTC setting and placement of machines in resident rooms at the time of survey. Current facility staff reeducated regarding the components of this regulation and the use of power strips, extension in the Skilled Nursing facility setting and placement of machines in resident rooms. New employees will be educated during orientation.</p> <p>4. Quality review of 5 resident rooms on each unit for safe, clean, comfortable, and</p>		

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F 584	Continued From page 3	F 584	homelike environment will be conducted by the Director of Maintenance / designee weekly for (4) four weeks then every (2) two weeks x (2) two months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of neglect, , , , or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving , , , or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the</p>	F 609			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105761	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/09/2023
NAME OF PROVIDER OR SUPPLIER SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 832 SUNSET LAKE BOULEVARD VENICE, FL 34292	
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F 609	<p>Continued From page 4</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review, interviews, and review of facility policies the facility failed to file a federal report of an unwitnessed . . . which resulted in a requiring hospitalization for 1 (Resident # 16) of 4 reviewed for reporting requirements.</p> <p>The findings included:</p> <p>Review of facility policy titled, "Incident Report and Investigation Guidelines," dated . . . , which stated, "Guidelines: All . . . injuries of unknown origin . . . Leading to harm or injury to a visitor or resident occurring in the facility or on the facility property will be documented and investigated and recorded on the incident report. Procedure : The facility shall initiate an investigation and notify federal, state, and local authorities as required. . . The findings of the investigation . . . will be reported as required by Federal and State law. . . The facility Risk Manager is responsible for ensuring the timely and accurate reporting and for recording reporting as appropriate . . ."</p> <p>Review of clinical records for Resident #16 documented resident originally admitted to facility . . . , and readmitted on . . . with diagnosis of . . . of right pubis (bones that form the . . .).</p> <p>The care plan noted Resident #16 was at risk for and related injury related to generalized . . . balance, unsteady gait. The resident required staff assistance with transfers and ambulation. Resident #16 was impulsive,</p>	F 609	<p>1. Resident #16 no longer resides at the facility. An Immediate report was completed and submitted on . . .</p> <p>2. Review of resident . . . for the past (30) thirty days conducted with federal reporting completed if indicated.</p> <p>3. Director of Nursing was reeducated regarding components of this regulation, . . . investigation and federal reporting of . . . , neglect, . . . , and mistreatment.</p> <p>4. Quality Review of 5 resident . . . investigations will be conducted by Director of Nursing /designee weekly for (4) four weeks then every (2) weeks for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>	

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F 609	<p>Continued From page 5</p> <p>attempts transfers, has poor safety awareness. The goal was to minimize risk of related injuries with staff intervention.</p> <p>Records documented resident had an unwitnessed at the facility on resulting in transfer to the hospital for a higher level of care.</p> <p>The hospital clinical record dated documented a to right pubis, , , requiring admission to the hospital.</p> <p>On at 3:08 p.m., Licensed Practical Nurse (LPN) Staff M, caring for Resident #16 on said there was no one in the room with Resident #16 when she . Since the resident was complaining of , in her , she was sent to the hospital. The hospital contacted the facility and told them it was a , , and she informed the physician.</p> <p>On at 3:14 p.m., LPN Unit Manager Staff N, also confirmed Resident #16 had an unwitnessed on which resulted in a , and hospitalization. LPN Staff N said she completed the notifications of the event to the Director of Nursing (DON). She said the Director of Nursing (DON) or her supervisor would decide if a report needed to be filed.</p> <p>On at 3:20 p.m., the DON said she did not think Resident #16's unwitnessed resulting in a needed to be reported since they had interventions in place for prevention.</p> <p>On at 4:25 p.m., the Administrator confirmed Resident #16 sustained an unwitnessed and required hospitalization. He said it was not a reportable</p>	F 609			

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F 609	Continued From page 6 event based on the facility policy since the resident had interventions in place and the was out of the facility control. On at 6:35 p.m., the Administrator he filed a Federal Day 1 report with the State Survey Agency for Resident #16's unwitnessed ... resulting in F 656 Develop/Implement Comprehensive Care Plan SS=D CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and , , needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and , , well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. ()In consultation with the resident and the	F 609			
		F 656			

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F 656	<p>Continued From page 7</p> <p>resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and _____-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, review of facility's policy and procedure, resident and staff interview, the facility failed to develop an individualized comprehensive care plan describing services to be furnished to meet the needs of 1 (Resident #73) of 2 sampled residents with an _____.</p> <p>The findings included:</p> <p>The facility's policy titled, "Care Plans, Comprehensive Person-Centered" revised _____ noted, "A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, _____ and functional needs is developed and implemented for each resident. ..."</p> <p>Review of the clinical record for Resident #73</p>	F 656	<p>1. Urologist was contacted for _____ progress notes for resident #73. Care plan for resident #73 was reviewed and revised to include _____ and _____ care.</p> <p>2. Care plans were reviewed for residents with an _____ with revisions as indicated.</p> <p>3. MDS coordinator and IDT was reeducated regarding components of this regulation and development of a comprehensive care plan. New residents will be reviewed upon admission for the presence of an _____ as well as current residents that have a new order for an _____. If the _____ is deemed clinically appropriate, a care plan will be</p>	

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F 656	<p>Continued From page 8</p> <p>revealed an admission date of</p> <p>Diagnoses included history of and</p> <p>and (obstructed flow, and up of into the).</p> <p>Review of the Admission Minimum Data Set (MDS) assessment with an assessment reference date of noted Resident #73 had an (. inserted into the to drain). Diagnoses included a, and insufficiency.</p> <p>The Care Area Assessment summary noted Resident #73 was addressed in the care plan.</p> <p>On at 10:30 a.m., Resident #73 said the was inserted at the hospital. He said he was seeing a urologist in the community for treatments.</p> <p>The care plan initiated on noted to observe the skin surrounding the for signs of The care plan updated on noted to observe for sediment, cloudiness, odor, and quantity; report abnormal findings to physician.</p> <p>The care plan did not provide instructions for the care, including frequency of cleaning insertion site, and monitoring for obstruction.</p> <p>On at 9:30 a.m., the Director of Nursing (DON) said Resident #73's daughter takes him to clinical treatments but did not provide the facility with documents from the clinic. She said the resident's daughter dropped off a soap to clean the area before treatment but she did not</p>	F 656	<p>implemented.</p> <p>4. Quality Review of 5 residents on each unit will be conducted by ADON/designee to ensure resident with have a comprehensive care plan weekly for (4) four weeks then every (2) two weeks x (2) two months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>		

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F 656	Continued From page 9 have any information related to the outside treatments the resident was receiving. On _____ at 11:25 a.m., the DON verified the lack of a specific individualized care plan _____ care and coordination with _____ to ensure the resident's needs were met.	F 656			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced	F 657			

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F 657	<p>Continued From page 10</p> <p>by:</p> <p>Based on record review, review of facility's policy and procedure, staff and resident interviews, the facility failed to ensure timely revision, and resident participation in care plan to meet the needs of 1 (Resident #39) of 5 residents reviewed for care plan.</p> <p>The findings included:</p> <p>The facility policy titled Care Planning-interdisciplinary team, revised _____, stated the facility's care planning team is responsible for the development of an individualized comprehensive care plan for each resident. A comprehensive care plan is developed for each resident within 7 days of completion of the resident assessment. The resident, resident family, and/or legal representative are encouraged to participate in the development and revision of the resident's care plan. The care plan must be updated when the resident has been readmitted to the facility from a hospital stay, and at least quarterly, in conjunction with the required quarterly MDS assessment.</p> <p>Clinical record review revealed resident #39 was admitted to the facility on _____</p> <p>Review of the Minimum Data Set (MDS) assessments revealed on _____ Resident #39 had an unplanned discharge to an acute care hospital. Resident #39 returned to the facility on _____. A Quarterly MDS assessment was completed on _____ and _____</p> <p>Complete review of the clinical record failed to show documentation Resident #39's care plan</p>	F 657	<p>1. Resident #39 had a care plan meeting held on _____ inviting both the resident and the resident representative (son). The care plan was revised and updated accordingly.</p> <p>2. An audit was completed of current residents last MDS dates. Care plan dates and revisions dates were matched to ensure compliance with Care Plan Timing and Revision requirements. Non-compliant findings were addressed by setting up individual care plan conferences and ensuring care plan revisions were completed as appropriate.</p> <p>3. MDS staff has been educated related to monthly care plan calendar will be generated by the MDS Coordinator based on MDS quarterly schedule. Care plan reviews will be conducted to coincide with the quarterly schedule.</p> <p>New admissions will be added to the calendar to complete comprehensive care plan conferences by invitation within 21-30 days of the admission date.</p> <p>4. Five day a week audits x 1 month will be completed by the MDS Coordinator in conjunction with the Interdisciplinary Team of care plan time frames and revision dates. Five day a week audits will be completed x 2 months and until 100 % compliance is achieved for 4 weeks consecutively. Audits will be presented to the QAPI Committee monthly x 3 months.</p>	

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F 657	Continued From page 11 was reviewed and revised since the last documented care conference dated . There was no documentation the care plan was reviewed and revised by the interdisciplinary team when Resident #39 was readmitted from the hospital on On at 2:29 p.m., resident # 39 's son stated he attended the first care conference when she was admitted and has not been contacted about a care plan conference since that time. On at 12:52 p.m., the Social Service Director (SSD) said she could not find any care plan conference notes for Resident #39 since She said she could not locate any care plan sign-in sheets or notes for the resident. She said she did not recall holding a care plan meeting or communicating with Resident #39 regarding a care plan conference. On at 1:03 p.m., Minimum data set coordinator (MDS) staff D said Resident #39 should have had a care plan conference within seven days of the MDS updates on , , and On at 3:00 p.m., the Regional Consultant said the only documentation available was from the conference held on F 677 SS=D ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced	F 657			
		F 677			

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F 677	<p>Continued From page 12</p> <p>by:</p> <p>Based on observation, record review, staff, and resident interview, the facility failed to provide the necessary assistance for showers for 1 (Resident #51) of 2 sampled dependent residents reviewed for Activities of Daily Living (ADL).</p> <p>The findings included:</p> <p>The facility policy titled Activities of Daily Living (ADLs), Supporting revised _____, stated Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out necessary ADLs. Residents who cannot carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of the clinical record revealed Resident #51 was admitted to the facility on _____. The Quarterly Minimum Data Set (MDS) assessment with an assessment reference date of _____ documented Resident #51's cognition was intact. The resident was totally dependent on one person physical assistance for bathing. Resident #51 did not have any behaviors and did not reject care.</p> <p>The plan of care initiated on _____ documented Resident #51 had a self-care _____ with _____, grooming, and bathing related to the diagnosis of _____ with _____ of one side of the body). The goal is for the resident to have a neat appearance daily. Interventions included to gather and set up supplies for care, provide _____ on assistance with _____, grooming, and bathing, and staff to _____ residents'</p>	F 677	<p>1. Resident #51 was offered a shower and _____ trimmed at the time of survey.</p> <p>2. Review of current resident bathing preferences and frequency completed with revisions as indicated.</p> <p>3. Current Nursing staff reeducated regarding components of this regulation, bathing preferences, providing resident showers and completion of bathing documentation. New employees will be educated during orientation.</p> <p>4. Quality Review of 5 residents on each unit will be conducted by DON / designee for completion of bathing preference and documentation weekly for (4) four weeks then (2) two times weekly for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>	

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F 677	<p>Continued From page 13 needs with ADLS.</p> <p>The ADL flow sheets for _____, and noted Resident #51 was scheduled on Mondays, Wednesdays and Fridays for a bath. The flow sheets specified Resident #51 preferred showers.</p> <p>On _____ at 9:41 a.m., Resident #51 stated his shower days are during the day on Mondays, Wednesdays, and Fridays. He said, "I generally only get showered once a week but really preferred three times a week." Resident #51 also stated he needed help to trim the _____ on his left _____.</p> <p>The ADL flow sheets for _____, and documented Resident #51 received four of 13 scheduled showers in _____, six of 12 scheduled showers in _____, and two of the four scheduled showers through _____.</p> <p>There was no documentation the resident refused the showers.</p> <p>On _____ at 9:13 a.m., and _____ at 10:45 a.m., Resident #51 again said he wanted to shower more than once a week.</p> <p>On _____ at 1:35 p.m., Certified Nursing Assistant (CNA) Staff U stated if a resident refused care, then the process is to let the nurse know. She said she did not recall resident #51 refusing care.</p> <p>On _____ at 2:07 p.m., Unit Manager Staff Nurse L. reviewed the ADL flow sheets and verified Resident #51 wanted to have three showers weekly and only received only one shower a</p>	F 677			

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F 677	Continued From page 14 week.	F 677			
F 688 SS=D	<p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review and resident and staff interviews the facility failed to provide care and services, including application of _____ to prevent a decline in range of motion for 1 (Resident #97) of 1 dependent resident with limited range of motion.</p> <p>The findings included:</p> <p>Review of the clinical record revealed Resident #97 had an admission date of _____ with diagnoses including _____ and _____ (_____ or, _____) of the left side.</p>	F 688	<p>1. Resident #97 _____ was applied at the time of survey.</p> <p>2. Review of current residents with _____ to ensure _____ applied per physician order.</p> <p>3. Current nursing staff reeducated regarding the components of this regulation and applying _____ per physician order and documentation of completion. New employees will be educated during orientation.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105761	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2023
NAME OF PROVIDER OR SUPPLIER SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 832 SUNSET LAKE BOULEVARD VENICE, FL 34292		
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F 688	<p>Continued From page 15</p> <p>The Quarterly Minimum Data Set (MDS) assessment (standardized tool that measures health status in nursing home residents) with an assessment reference date of documented Resident #97 was dependent on staff for _____ and had functional limitations of range of motion in upper and lower extremities.</p> <p>The MDS noted Resident #97's _____ skills for daily decision making were intact.</p> <p>The physician's order dated _____ documented apply left _____ in the morning and remove at bedtime as tolerated.</p> <p>The Certified Nursing Assistant (CNA) resident care Kardex (provides instructions for care) documented to apply the left _____ in the morning and remove at bedtime and or as tolerated. Monitor skin integrity when applying and removing.</p> <p>On _____ at 2:35 p.m., observed a _____ on the wheelchair seat, across from the bed. Resident #97 said she had a _____ and is not able to move her left side. She said staff is supposed to apply the _____ to her left _____, but they do not consistently apply the _____.</p> <p>Review of the CNA documentation for _____ revealed no documentation on the day shift on _____ and _____ the _____ was applied.</p> <p>The documentation showed not applicable on _____ and _____.</p> <p>The evening shift showed no documentation of _____ application or removal on _____ and _____.</p>	F 688	<p>4. Review of 5 residents with _____ on each unit to ensure application per physician order will be conducted by the ADON / designee weekly for (4) weeks, then (2) times weekly for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>		

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F 689	<p>Continued From page 17</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, review of the policies and procedures, and staff and family interviews, the facility failed to implement appropriate interventions, including adequate supervision to prevent avoidable, including related major injuries for 1 (Resident #74) of 3 residents reviewed who sustained multiple at the facility.</p> <p>The failure to implement appropriate interventions to prevent, and related injuries resulted in Resident #74 sustaining preventable, including, with major injury requiring transfer to a higher level of care.</p> <p>The findings included:</p> <p>The facility policy -Clinical Protocol (revised ...) documented "The physician will help identify individuals with a history of and risk for falling. Staff will ask the resident and the caregiver about a history of falling. . . The staff and practitioner will review each resident's risk factors for falling and document in the medical record. . . The staff and physician will continue to collect and evaluate information until either the cause of the falling is identified, or it is determined that the cause cannot be found or is not correctable. . . Based on preceding assessment the staff and physician will identify pertinent interventions to try to prevent subsequent, and address the risks of clinically significant consequences of falling. The staff and the physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling."</p>	F 689	<p>1. Resident #74 reduction /injury prevention interventions reviewed and revised.</p> <p>2. Current residents Risk Evaluations scores were reviewed to determine level of risk. Residents identified as having risk for, was care planned and interventions implemented.</p> <p>3. New admissions and residents who sustain a, will have a, Risk Evaluation completed. These residents will be reviewed in morning meeting to determine risk, with care plan and interventions as indicated. Current nursing staff will be educated on a Prevention Program with exam to determine competency. New employees will be also educated during orientation.</p> <p>4. Quality Review of 5 residents will be conducted by Director of Nursing / designee to ensure appropriate, reduction / injury prevention interventions are in place weekly for (4) four weeks then every (2) weeks for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>		

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F 689	<p>Continued From page 18</p> <p>Review of the clinical record revealed Resident #74 had an admission date of _____ with diagnoses including _____ of the left pubis, _____, and _____.</p> <p>The Admission Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of _____ documented Resident #74 required _____ of two persons with transfers and bed mobility. The MDS documented ambulation in the room and corridor did not occur.</p> <p>The MDS noted Resident #74's _____ skills for daily decision making was moderately _____.</p> <p>The care plan initiated on _____ documented Resident #74 was at risk for _____ or related injury related to _____ balance, unsteady gait, and poor safety awareness. The goal was to minimize the risk of _____ and _____ related injury. The interventions included provided _____ on assistance with ambulation, observe for use of appropriate _____ ware and assist as needed, keep call light within reach, educate/remind resident to request assistance prior to ambulation/transfers as needed, report _____ to physician and responsible party as needed, _____, _____ () and _____, _____ () as indicated.</p> <p>A _____ risk evaluation dated _____ documented a score of 11 indicating a risk for _____.</p> <p>On _____ a SBAR Communication Form (a tool for communication between health care team about a patient's condition) documented "Resident was sitting on side of bed leaning over</p>	F 689			

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F 689	<p>Continued From page 19</p> <p>to put shoes on when she lost her balance falling forward hitting her on the arm of the wheelchair."</p> <p>The care plan documented resident observed on floor in room. The care plan was updated with the intervention staff education to ensure resident has her shoes on when out of bed.</p> <p>On the nursing progress note documented Resident #74 was found on the floor getting out of her room using a walker. The resident was sent to the local Emergency Room (ER) for evaluation.</p> <p>A CT (Computerized) scan was obtained in the ER and documented a new acute nondisplaced of the right greater (.....). Resident #74 returned to the facility on with conservative measures for the</p> <p>The care plan was updated on with the intervention "staff to assist resident with toileting upon arising, before and after and at bedtime."</p> <p>On at 8:49 a.m., in an interview registered Nurse Staff Q said Resident #74 had another last night and was found on the floor next to bed. He said Resident #74 had sun-downing (a state of occurring in the late afternoon and lasting into the night) behaviors starting around 4:00 p.m., each night and said staff are monitoring her.</p> <p>On at 9:24 a.m., Resident #74 was observed in her room sitting on the side of the bed eating morning meal. There was one floor mat on the left side of the bed, no floor mat on</p>	F 689			

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F 689	<p>Continued From page 20</p> <p>the right side. Resident #74 had _____ to the right _____, and cheek and said she had _____ at home and _____ her _____ and had _____ since her admission to the facility and her _____.</p> <p>On _____ at 12:43 p.m., in an interview Resident #74 daughter said her mother had a _____ at home and _____ her _____ and came to this facility for _____. She said her mother had a _____ on _____ and _____ her right _____ but had no surgical repair. Resident #74's daughter said she had concerns with her mother's safety due to sun-downing and said _____ reported today that her mother was not able to stand or ambulate and was unable to do tasks. She said she had asked the facility to place another floor mat on the left side of the bed.</p> <p>On _____ at 8:25 a.m., Resident #74's Power of Attorney (POA) was at her bedside and said her mother had another _____ last night and is now complaining of increased right _____ down to the _____.</p> <p>The POA said her mother had sun-downing related to _____ and will pack her things at night wanting to go home. She said the nurse called her to report the _____ but was not able to tell her how the _____ occurred.</p> <p>On _____ at 9:11 a.m., Staff Q said he tries to keep a close _____ on Resident #74. She is assisted with transfers and toileting and is _____ on the left _____ related to the _____. She has sun downing and tries to get out, she wants to leave the facility. We educate her to use the call light, but she has _____.</p> <p>The staff just keep a close _____ on her, it is not</p>	F 689			

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F 689	<p>Continued From page 21</p> <p>documented, I try and keep my med cart outside of her room when I'm doing medications.</p> <p>On _____ at 9:01 a.m., the Director of Rehab said Resident #74 was planning to discharge home before her _____ on _____. She said, we had the meeting with the family before discharge to provide education and to ensure they were able to provide the care for her at home. We are working on transfer training and balance with _____. Resident # 74 was able to ambulate with supervision and transfer, she was doing very well. She required supervision because of her _____ loss, she required constant verbal cues. The Director of Rehab said Resident #74 was not safe to ambulate or transfer unassisted. Resident #74 had a _____ 2 days before the planned discharge and now she has declined significantly and is _____ on the left _____. She has been reporting increased _____ since the _____ and we recommended the nurse get an _____ of the right _____. The _____ was obtained on _____ but did not show any new _____. She said all _____ are reviewed daily in the morning interdisciplinary team meeting and any new interventions are put on the care plan. The Director of Rehab said right now Resident #74 needs 24/7 supervision for safety and cues. She is not safe to ambulate or transfer on her own.</p> <p>On _____ at 11:18 a.m., the Director of Nursing (DON) said after Resident #74 had the first _____ she was working with _____. The DON said we try and educate the resident and put interventions in place, but she is getting up no matter what. She packs her things daily and she has a _____ guard on. We are meeting with family today to take her home. They want to take her home. On _____</p>	F 689			

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F 689	<p>Continued From page 22</p> <p>admission we had her as a high risk, and we recommended call lights and floor mats, and she was receiving</p> <p>The first here was at 10:45 p.m., leaning over to put shoes on and forward hitting her on the wheelchair arm. The DON said we reviewed the the very next day, and the intervention was to encourage shoes when out of bed, if no shoes are on then, nonskid socks. A low bed was initiated but not updated on the care plan.</p> <p>The second was on at 12:30 a.m., she was found on floor with walker, trying to go to the bathroom and prompted was initiated before and after meals, upon rising and bedtime.</p> <p>The third was on at 4:12 in the p.m., she had no socks on, the floor mat was down, and she was sitting on floor mat. A new intervention for nonskid socks was added to the care plan.</p> <p>The DON said the root cause of Resident #74's was bad she came to us as a high risk, and she was packing her things everyday wanting to leave and we placed a guard on her at admission. The DON said the resident was a high score for elopement risk on admission. She is redirected but forgets what we say to her.</p> <p>I know she is walking. Her did not have any issues. The resident can get out of bed by herself, she is not safe. The DON said the facility had a falling star program, where the staff bring residents at risk for in to do activities, but this is not occurring daily. It depends on staffing. Resident #74 needs (one-to-one) supervision, but we have no staff to provide the supervision.</p> <p>On at 2:03 p.m., Certified Nursing</p>	F 689			

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F 689	Continued From page 23 Assistant (CNA) Staff P said Resident #74 required assistance with transfers and toileting and uses a walker but is not safe to ambulate on her own. The CNA said the resident was a risk, and she was instructed to an _____ on her more often.	F 689			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-_____ and _____ tubes, both _____, and _____ endoscopic _____, and _____ fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body _____ or desirable body _____ range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, interviews, and facility policy review the facility failed to ensure effective coordination for implementation of timely intervention to prevent _____ loss for 1 (Resident #16) of 5 residents reviewed for nutrition.	F 692	1. Resident #16 no longer resides at the facility. 2. Current resident _____ reviewed for _____ loss.		

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F 692	<p>Continued From page 24</p> <p>The findings included:</p> <p>Review of facility policy titled, " _____ Assessment and Intervention" revised _____ which stated, "The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable _____ loss for our residents. Assessment 1. The nursing staff will measure resident _____ on admission, if no concern noted at this point, _____ will be measured monthly thereafter. 2. _____ will be recorded in each individual's medical record. 3. Any _____ % or more since the last _____ assessment will be retaken the next day for confirmation. If the _____ is verified, nursing will immediately notify the dietitian. 4. The Dietitian will respond upon notification. 5. The Dietitian will review the unit _____. Record by the 15th of the month to follow individual _____ trends over time. Negative trends will be evaluated by the treatment team whether or not the criteria for "significant" _____ change has been met. 6. The threshold for significant unplanned and undesired _____ loss will be based on the following criteria: a. 1 month- 5% _____ loss significant; greater than 5% is severe. b. 3 month- 7.5% _____ loss is significant; greater than 7.5% is severe. c. 6 month- 10% _____ loss is significant; greater than 10% is severe."</p> <p>Review of clinical records for Resident #16 revealed diagnoses including adult _____, history of _____ of the _____, and _____.</p>	F 692	<p>3. A revision to the _____ Assessment and Intervention Policy was made to include _____ upon admission and thereafter for the next 3 weeks for a total of four weeks. The _____ and Vitals Exception Report will be generated from the Electronic Medical Record weekly by the DON or designee to screen for significant _____ loss. Any residents identified will be reviewed during the weekly Standard of Care meeting for follow up. Current Nursing staff reeducated regarding components of this regulation and obtaining, entering and communicating resident _____. New employees will be educated during orientation.</p> <p>4. Quality review of 5 residents on each unit for _____ loss will be conducted by Director of Nursing / designee weekly for (4) four weeks then every (2) weeks for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>		

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F 692	<p>Continued From page 25</p> <p>Resident #16 initial admission date to facility was on _____ and most recent admission after a 7-day hospitalization.</p> <p>_____ documented on _____ was _____. The resident did not have a _____ documented in records for _____ or _____. On _____ two _____ were documented _____ and _____ with repeat _____ of _____ measuring a severe _____ % in 3 months. On _____ was documented as _____ showing additional _____ loss.</p> <p>Review of Annual Nutrition Risk Assessment completed 11/ 17/22 documented resident was not at risk for _____. Readmission Nutritional Risk Evaluation completed _____ after 7 days at the hospital, documented a _____ and normal nutritional status.</p> <p>This assessment was later identified as having been based on _____ taken in _____.</p> <p>The care plan initiated on _____ and revised _____ documented resident has potential for an alteration in nutrition with interventions including _____ as ordered and as needed. Notify physician of significant _____ changes if noted. No nursing or dietary progress notes or change in condition physician notification notes regarding _____ loss in clinical record for Resident #16. No new orders or intervention to address _____ loss in the clinical record. Orders reviewed and Resident was on a _____ diet, regular consistency thin consistency fluids. Certified Nursing Assistant task list showed resident was an independent eater with set up assist for meals.</p> <p>On _____ at 3:30 p.m., interviewed Certified</p>	F 692			

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F 692	<p>Continued From page 26</p> <p>Nursing Assistant (CNA) Staff B about monitoring process at the facility. CNA Staff B said are done monthly except some residents have orders for once a week. Said there was a list in the nurses' station of who is once a week. She writes the on the paper and tells the nurse who documents the in the computer. Said she was not aware that Resident #16 had a loss.</p> <p>On at 3:39 p.m., interviewed CNA Staff C about obtaining resident . Confirmed routine is to weigh residents monthly. The CNA writes down the when done and communicates to the nurse for charting.</p> <p>On at 11:00 a.m., interviewed Licensed Practical Nurse (LPN) Staff A about process. LPN Staff A said most patients have monthly . The CNAs obtain the and give the information to the nurse for review and charting. As a nurse if we see a big difference then I ask for a reweigh before I chart the information. If there really is a significant change we document on the 24 hour report, notify the physician, notify the family and the oncoming Assistant Director of Nursing (ADON) or Director of Nursing (DON). LPN Staff A said she was unaware of the loss experienced by Resident and #16 and said after reviewing the documented, "It should have been identified and documented."</p> <p>On at 11:39 a.m., interviewed Registered Dietician (RD) about monitoring at facility. RD said she only works 16 hours a week at the facility. Said she depends on the nursing team to inform her if there is a concern for changes and does not have time to review all</p>	F 692			

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F 692	<p>Continued From page 27</p> <p>... done at facility. RD said she was not currently monitoring anyone for ... loss. Confirmed that the facility does have ... meetings and participates in ... meeting, "If I am here that day and if I am invited." RD asked to review clinical records for Resident #16. Confirmed resident did not have a ... done and ... saying, "I don't know why she was not ... for ... or ..." RD confirmed severe ... loss documented saying, "I don't have an answer for that one either. It would be a good question for the director of nursing." RD said she does a nutritional reassessment after a readmission to the facility. RD said she looks for a reentry ... and if it is not available, she uses the most recent ... available in the record. Confirmed she used the ... from ... for her readmission assessment completed ... for resident #16. Asked about documented ... loss and said, "It is concerning now that I am aware of it. I was not informed so I was not aware." RD confirmed no new interventions had been implemented for Resident #16 since RD was unaware of the ... loss. RD said, "I will have to look thru the whole charts again to determine interventions."</p> <p>On ... at 12:36 p.m., interviewed Director of Nursing (DON) about Resident #16 ... loss. DON said she was unaware that resident had lost ... and the dietician should have picked up on it. DON said, "We have ... meetings on Thursdays, but they have been inconsistent." DON unable to provide ... meeting minutes for review. The DON confirmed the physician should have been contacted and informed of the ... loss for Resident #16. The DON said the process is to weigh, if needed reweigh and if a</p>	F 692			

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F 692	Continued From page 28 significant loss or gain contact physician, contact dietician and document. On at 8:33 a.m., the Facility Medical Director who confirmed he was not aware of the loss experienced by Resident #16. The Medical Director said he should have been notified and expected to be notified so they could discuss, as part of the interdisciplinary team meeting, additional interventions.	F 692			
F 700 SS=E	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and . §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, records	F 700	1. Resident #28 no longer resides at the		

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F 700	<p>Continued From page 29</p> <p>review, and facility policy review the facility failed to review the risks and benefits of bed rails or to attempt alternative interventions prior to bed rail (side rail) installation with the resident/representative for 4 residents, (#1, #66, #74, and #28) of 4 residents reviewed for bed rails.</p> <p>The findings included:</p> <p>Review of the facility policy titled, Proper Use of Side rails, revised _____ which stated, "Purpose: The purpose of these guidelines are to ensure the safe use of side rails as resident mobility _____ and to prohibit the use of side rails as _____ unless necessary to treat a resident's medical symptoms. General Guidelines: 7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks ...While the resident or family (representative) may request a _____, the facility is responsible for evaluating the appropriateness of that request."</p> <p>1. Review of clinical records for Resident #1 documented Side Rail Evaluation completed on _____. No documented alternative measures prior to the installation of the side rails were present in the clinical record. On _____ at 9:20 a.m., observed Resident #1 in bed with _____ 1/8th raised side rails in place on bed. On _____ the facility provided a consent signed and dated _____ by resident #1.</p> <p>2. Review of clinical records for Resident #66</p>	F 700	<p>facility. Resident #1, #66 and #74 bedrail and alternate intervention evaluations were completed.</p> <p>2. All current residents were evaluated for bedrails and alternate interventions.</p> <p>3. Prior to initiation and installation of a bedrail, the rehab team will evaluate and attempt alternative measures first. IDT and Current Nursing staff were reeducated regarding components of this regulation and bedrail with alternate intervention evaluation. New employees will be educated during orientation.</p> <p>4. Quality Review of 5 residents on each unit for bedrail and alternative evaluation will be completed by ADON/ designee weekly for (4) four weeks then every (2) weeks for (2) months then monthly until 100% compliance is achieved for 2 consecutive months. Findings will be reported to the QAPI committee monthly until the committee determines compliance.</p>	

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F 700	<p>Continued From page 30</p> <p>documented Side Rail Evaluation completed on _____, and a consent signed by resident on _____. The consent form documented "per resident request" for initiating side rails. No documented alternative measures were present in the clinical record.</p> <p>On _____ at 11:30 a.m., _____ at 10:05 a.m., Resident #66 was observed in bed with raised 1/3rd side rails in place on bed.</p> <p>On _____ at 3:30 p.m., Certified Nursing Assistant (CNA) Staff B said, "We don't use side rails unless the patient requests them."</p> <p>On _____ at 11:00 a.m., Licensed Practical Nurse Staff A said a physician's order is needed for side rails.</p> <p>On _____ at 1:00 p.m., the Director of Nursing (DON) said _____ does an assessment and "we make sure everyone has a consent for the grab bars". The DON said she was not sure what alternative measures _____ used prior to placing the grab bars.</p> <p>On _____ at 3:00 p.m., the Director of Rehabilitation confirmed _____ screens residents for the use of enablers or side rails. The Director of Rehabilitation said they had documentation of a screen for the use of the side rails but did not have documentation an alternative was attempted prior to the use of the enabler side rails.</p> <p>On _____ at 3:47 p.m., a _____ interview was conducted with the Administrator and Regional Nurse Consultant. The Regional Nurse Consultant said she did not have any additional documentation regarding the use of the side rails for Resident #1 and #66.</p>	F 700			

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F 700	<p>Continued From page 31</p> <p>3. Review of the clinical record revealed Resident #28 had an admission date of _____ with diagnoses including _____, _____, and _____ of upper end of left _____. The Admission Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of _____ documented Resident #28 required limited assistance with bed mobility. The MDS noted Resident #28's _____ skills for daily decision making was moderately _____. </p> <p>The clinical record showed a side rail evaluation dated _____, which documented side rails were recommended as an enabler to assist with bed mobility/transfers. Alternatives to side rails have been discussed with resident. The side rail evaluation form did not document the alternate interventions attempted prior to the use of the side rails.</p> <p>On _____ at 1:36 p.m., Resident #28 was observed in bed with grab bars (side rails) on both sides of the bed in the raised position. Resident #28 said she did not request the grab bars, but she used them.</p> <p>4. Review of the clinical record revealed Resident #74 had an admission date of _____ with diagnoses including _____ of right _____ and _____. The Admission Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of _____ documented Resident #74 required extensive</p>	F 700			

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F 700	<p>Continued From page 32</p> <p>assistance of two persons with transfers and bed mobility.</p> <p>The MDS noted Resident #69's skills for daily decision making was moderately</p> <p>The clinical record showed no documentation of a side rail evaluation or alternate interventions attempted prior to the use of the grab bars.</p> <p>On at 9:24 a.m., Resident #74 was observed in her room sitting on the side of the bed with grab bars on both sides of the bed in raised position.</p> <p>On at 11:50 a.m., the Director of Nursing said the grab bars were not considered side rails and no alternate interventions were attempted.</p>	F 700			