		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY 'LETED
		105523	B. WING				C <b>27/2023</b>
	ROVIDER OR SUPPLIER  DRT REHABILITATION A	ND NURSING CENTER	•	69	TREET ADDRESS, CITY, STATE, ZIP CODE 940 OUTREACH WAY ORTH PORT, FL 34287		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
F 607 SS=D	Nursing Center, a skil Port, Florida.  This survey was conc complaint revisit surve Complaint #2023017* citation at FeO7, and I North Port Rehabilitat not in compliance with Regulations (CFR) 42 Requirements for Lor The following is the d noncompliance. Develop/implement CFR(s): 483.12(b)(1):	inducted on a lottle to the control of the control	F	507			
	§483.12(b) The facilit implement written pol §483.12(b)(1) Prohibi neglect, and misappropriation of re	t and prevent , of residents and					
	to investigate any suc	sh policies and procedures th allegations, and training as required at					
	paragraph §483.95,	sh coordination with the					

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

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.

		ID HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPL(ER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI		CONSTRUCTION	(X3) DATE COMP	LETED
		105523	B. WING			11/2	27/2023
NAME OF PE	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
HODELLO		NO MURONO OFFITER		69	940 OUTREACH WAY		
NORTHPO	ORT REHABILITATION A		,	N	ORTH PORT, FL 34287		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	tacilities in accordance Act. The policies and but are not limited to the second and the second act and the	reporting of crimes funded long-term care with section 1150B of the procedures must include the following elements.  Iting a conspicuous notice of efined at section 1150B(d)  hibiting and preventing at section 1150B(d)(1) and  is not met as evidenced ew, review of facility's policy and representative and staff ailed to implement their es, and immediately of staff to resident 3 residents reviewed for  s policy,", Neglect, priation, Mistreatment, and jinf, ANEMMI)" revision	F	607	1. LPN Staff S was re-educated on	on s to	

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION				(X3) DATE SURVEY COMPLETED		
		105523	B. WING				C 27/2023
	ROVIDER OR SUPPLIER ORT REHABILITATION A	ND NURSING CENTER		6940	EET ADDRESS, CITY, STATE, ZIP CODE OUTREACH WAY RTH PORT, FL 34287		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 607	Residents will be profinvestigation. Staff per of ANEMM will be suspending result of the Review of the facility' revealed on	report the event promptly. sected from harm during an srson or persons suspected spended immediately investigation.  s investigations (Monday) at approximately ficer came to the facility to	F 6		systematic process of reporting allegations of ANEMI per the federal regulation.  By current staff were educated by the Director of Nursing/Designee on the component F607 with an emphasis on reporting allegations of ANEMI per the federal regulation and the facilities policy. Newly hirds data will be educated on		

Review of the clinical record revealed Resident #1 was admitted to the facility on .......

"sometimes yesterday [Sunday . . . . ]

someone punched him in the ..."

Diagnoses included , Major ..., ..., Restlessness and Agitation, , Acute , Resident #1 required total

assistance for personal care. On Monday ...... Licensed Practical Nurse

(LPN) Staff T documented a statement noting on "Sunday afternoon" the nurse told her Resident #1's friend said someone hit him. She went to Resident #1 and asked what had happened. Resident #1 replied "nothing." The resident's friend again said Resident #1 told her someone hit him. LPN Staff T documented when she asked Resident #1 where he was hit, he said to the left side of his cheek, LPN Staff T documented she spoke to the Certified Nursing Assistant (CNA) who was taking care of the resident. The CNA said Resident #1 refused to be changed, was kicking at them, cursing them, kicking one of the CNAs on her ...., damaging her glasses.

On Monday ......, LPN Staff S wrote a statement noting the nurse for the 3:00 p.m., to 11:00 p.m., shift stated Resident #1's visitor said

Newly hired staff will be educated on the components of F607 with an emphasis on reporting allegations of ANEMI to the administrator per the federal regulation by the Director of Nursing/Designee at orientation as a part of the systematic changes.

4. The Administrator/Designee will conduct a weekly audit on 5 residents to ensure no allegations of ANEMI were pending reporting weekly x4 weeks then monthly for 2 months or until substantial compliance is achieved. The Administrator/Designee will conduct a weekly audit with 5 employees to ensure no allegations of ANEMI were reported to them, weekly x4 weeks then monthly for 2 months or until substantial compliance is achieved. Findings will be reported monthly at the QAPI Committee meeting until such a time substantial compliance has been determined.

Event ID: U10411

		ID HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES	T				0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION	1	PLETED
		105523	B. WING			1	C 27/2023
NAME OF PE	ROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE		
					6940 OUTREACH WAY		
NORTH PO	ORT REHABILITATION A	ND NURSING CENTER			NORTH PORT, FL 34287		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 607	Continued From page that someone had hu did not observe any in On at 1:20 p interview, Resident # when she w room, two CNAs were He has on his causing a lot of ,	at him on the, but she jujury. m., in a telephone I's friend said on Sunday alked into the resident's providing care, so the said said that she providing care, so the CNAs and said that she pand pointed to just the CNAs and said that she pand pointed to just she of the CNAs said er in the as she was LA did not say that she hill temy hitting him either. She shill have the said she was cause he had never said she was cause he had never said she was cause the had never said she was cause the had never to said she would notify the arvisor came in, she looked and said she did not see any to side with the aides tended to get upset. She to the CNAs and get their dent #1's visitor said she anyone after that, the e in the room.		601	DEFICIENCY)		
	#1's friend said last w reported to her two C and one of them hit h described the staff to	S said on Resident eekend the resident's friend NAs were providing care, im in the The friend her, and what they were d the incident to the desk					

nurse, LPN Staff T who got up right away and looked for the staff described.

Facility ID: 85810

## PRINTED: 01/05/2024 DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES							
ENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039				
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED				
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		105523	B. WING			11/	27/2023
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
	ODT DELLA DU ITATION .	NO MURONIO OFFITER		6	940 OUTREACH WAY		
NURTHP	ORT REHABILITATION A	ND NUKSING CENTER		,	NORTH PORT, FL 34287		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
F 607	Continued From page	4	F	607			
	Staff T said when LP alleged incident to he speak to Resident #1. "nothing happened." Y an She said Resident #1. "nothing happened." Y he is being changed, who were providing cont notify anyone abopolice came to the fac On at 11:40 she was ass Resident #1. When the side, CNA Staff V was grabbed CNA Staff V was grabbed CNA Staff V hence the side, CNA Staff V was grabbed CNA Staff V was was in the room, behilk the providing c CNA Staff V was in the room, behil was well as the providing c CNA Staff V was in the room, behil they were providing c	r, she went in the room to At first, the resident said, When asked again, he d said someone hit him. d said someone hit him. would kick or punch when She identified the two CNAs are to the resident but did ut the allegation until the tillity a day or two later. arm, CNA Staff W said on isting CNA Staff W changing by turned Resident #1 to his in front ho him. He so and kicked her in the bre hanging on her shirt, and a.m., CNA Staff W providing esident #1. She said till the said to the said with the said to the said with the said to consider the condition of the said the her on his ter in the resident's friend the privacy cutarin when					
	they were providing canything.						

Facility ID: 85810

Event ID: U1Q411

		ID HUMAN SERVICES						APPROVED
		MEDICAID SERVICES				_		. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDE		NSTRUCTION		(X3) DATE SURVEY COMPLETED	
		105523	B. WING					27/2023
NAME OF P	ROVIDER OR SUPPLIER	•		STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
NODTUD		NO MUDONIO OFNITED		6940	OUTREACH WAY			
NURTHP	DRT REHABILITATION A	ND NORSING CENTER		NOF	RTH PORT, FL 34287			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE		(X5) COMPLETION DATE
F 607	Continued From page the facility on investigate and prote-during the investigate.  On at 11:00 (DON) said she was 1 staff to resident police officer came to called her that Sunda On at 1:25 p no one called her on allegation of staff to resident police came." Reporting of Alleged 1 CFR(s): 483.12(b)(5)( \$483.12(c) (1) In responsing the came of the came	a 5.  To immedialely report, ct Resident #1 from harm on.  a.m., the Director of Nursing not aware of the allegation of until 11/20/23 when the the facility. She said no one y.  b.m., the Administrator said to report the said she reported it to report the she she she she she she she she she s	Fi	607		PROPRIA	TE .	DATE
	the events that cause and do not res the administrator of the officials (including to the adult protective service for jurisdiction in long	the allegation do not involve ult in serious bodily injury, to						

Facility ID: 85810

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/05/2024 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105523	B. WING		C 11/27/2023	
	ROVIDER OR SUPPLIER ORT REHABILITATION A	ND NURSING CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 OUTREACH WAY NORTH PORT, FL 34287	1 17272020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICENCY)	DBE COMPLETION	
F 609	designated represent accordance with State Survey Agency, within incident, and if the all		F 609			
	by: Based on record reviand procedure, residifacility failed to ensur allegation of staff to n Survey Agency, and within the specified tin	esident to the State Adult Protective Services meframe for 1 resident sidents reviewed for		LPN Staff S was re-educated on , by the Administrator/Designee on the components of F609 with an emphareporting allegations of ANEMI to the administrator per the federal regulation LPN Staff T was re-educated on , by the Administrator/Designee on the	on.	
	Misappr injury of unknown origing of unknown origing of unknown originated with the control of t	ater than 2 hours after the he events that cause the OR result in bodily injury e noted, "any and all staff about such events must adiately to the Administrator, r AND one of the following:		components of F609 with an empha- reporting allegations of ANEMI to the administrator per the federal regulati  2. By the Administrator/Designee completed a audit on the past 60 days of reportat ensure timely reporting was complete per the federal regulation. No like incidents were noted.  3. On the Administrator of the Director of Nursing were educate the Regional Nurse Consultant on the systematic process of reporting allegations of ANEMI per the federal regulation. By current staff were educated by the Director of	on.  n les to ed  did by e	

Nursing/Designee on the components of

DEPARTMENT OF REALTRAN	ID HUMAN SERVICES			FORM	1 APPROVED		
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391		
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				(			
	105523	B. WING		11/3	27/2023		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
	NO MUDONIO OFNITED	- 1	6940 OUTREACH WAY				
NORTH PORT REHABILITATION A	ND NURSING CENTER		NORTH PORT, FL 34287				
	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION		(305)		
	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE		
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA	ATE :	DATE		

DEFICIENCY F 609 Continued From page 7 F 609 F609 with an emphasis on reporting Review of the facility's investigations allegations of ANEMI per the federal revealed on (Monday) at approximately regulation. 3:20 p.m., a police officer came to the facility to Newly hired staff will be educated on the interview Resident #1, Resident #1 stated. components of F609 with an emphasis on "sometimes yesterday [Sunday reporting allegations of ANEMI to the someone punched him in the ..... administrator per the federal regulation by the Director of Nursing/Designee at ....., Licensed Practical Nurse On Monday orientation as a part of the systematic (LPN) Staff T documented a statement noting on changes. "Sunday afternoon" the nurse told her Resident #1's friend said someone hit him. She went to 4. The Administrator/Designee will Resident #1 and asked what had happened. conduct a weekly audit on reportables to Resident #1 replied "nothing." The resident's ensure timely reporting was completed x 4 friend again said Resident #1 told her someone weeks; then monthly for 2 months or until hit him. LPN Staff T documented when she asked substantial compliance is achieved. Resident #1 where he was hit, he said to the left Findings will be reported monthly at the side of his cheek, LPN Staff T documented she QAPI Committee meeting until such a spoke to the Certified Nursing Assistant (CNA) time substantial compliance has been determined who was taking care of the resident. The CNA said Resident #1 refused to be changed, was kicking at them, cursing them, kicking one of the CNAs on her ..... damaging her glasses. On at 1:20 p.m., in a telephone interview, Resident #1's friend said on Sunday ..... when she walked into the resident's room, two CNAs were providing He has ... on his ... His ... got bumped causing a lot of . and agitated him. He was yelling and cursing at the CNAs and said that she

had hit him in the left , and pointed to just below the left .... One of the CNAs said Resident #1 had hit her in the as she was bending over. The CNA did not say that she hit him, but she did not deny hitting him either. She did not say anything either way. She said she was concerned about it because he had never accused anyone of hitting him ever. She reported

## PRINTED: 01/05/2024 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES STA

CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039					
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED					
			С					
	105523	B. WING	11/27/2023					
***** *** *** *** *** *** *** ***		ARREST TRANSPORT OF THE PROPERTY OF THE PROPER						

		105523	B. WING			11/2	7/2023
NAME OF PROVIDER OR SU		ND NURSING CENTER	•	6	TREET ADDRESS, CITY, STATE, ZIP CODE 940 OUTREACH WAY ORTH PORT, FL 34287		
PREFIX (EACH	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	(X5) COMPLETION DATE
Sundays, L. supervisor. Shortly affe at Resident redness. SI because the said she we side of the enver heard supervisor.  On LPN Staff \$\frac{1}{2}\$ we see the policy of the policy of the providing or providing or control of the staff of the policy of the poli	to LPN S to	taff S who works on said she would notify the ervisor came in, she looked and said she did not see any to side with the aldes tended to get upset. She to the CNAs and get their ident #1's visitor said she m anyone after that, the lee in the room.  o.m., in a telephone interview the worked on Sunday 18 esident #1's friend ent #1 said two CNAs were ne of them hit him in the incident to the desk nurse, up right away and looked for LPN Staff S reported friend said two CNAs were ne of them hit him in the elicities of the control of the said two CNAs were ne of them to this min the sid do not notify anybody until effective the said two CNAs were the of them hit him in the sid into notify anybody until effective facility anybody until facility anybody until efacility anybody until	F	609			

Facility ID: 85810

### PRINTED: 01/05/2024 DEPARTMENT OF HEALTH AND HUMAN SERVICES 91 ST

DEPARTMENT OF HEALTH AND HUMAN SERVICES						
ENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039			
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
	105523	B. WING	11/27/2023			

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6940 OUTREACH WAY NORTH PORT REHABILITATION AND NURSING CENTER NORTH PORT, FL 34287 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 609 Continued From page 9 F 609 staff to resident ..... until 11/20/23 when the police officer came to the facility. She said no one called her that Sunday. On at 1:25 p.m., the Administrator said apparently on when two CNAs were taking care of Resident #1, he hit CNA Staff V in . She said Resident #1's friend visited every Sunday and mentioned the resident reported to the staff nurse that someone hit him. She said no one called her on . . . to report the allegation of . She said she reported it to the appropriate authorities on "Once the police came."

AN

PRINTED: 01/05/2024 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_ B MING 85810 11/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6940 OUTREACH WAY NORTH PORT REHABILITATION AND NURSING CENT NORTH PORT, FL 34287 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) N 000 INITIAL COMMENTS N 000 An unannounced complaint survey for #2023017140 was conducted on through at North Port Rehabilitation and Nursing Center, a skilled nursing facility in North Port, Florida. This survey was conducted in conjunction with a complaint revisit survey. Complaint #2023017140 was substantiated with a citation at N0040. The following is a description of the deficiencies. N 040 59A-4.106( ) FAC Facility Policies Required N 040 SS=D (2) Each nursing home licensee must adopt, implement, and maintain written policies and procedures governing all services provided in the facility. (3) All policies and procedures must be reviewed at least annually and revised as needed with input from the facility Administrator, Medical Director, and Director of Nursing. This Statute or Rule is not met as evidenced by: Based on record review, review of facility's policy 1. LPN Staff S was re-educated on and procedure, resident representative and staff ...., by the Administrator/Designee interview, the facility failed to implement their on the components of N040 with an policies and procedures, and immediately emphasis on reporting allegations of address an allegation of staff to resident ANEMI to the administrator per the federal

injury of unknown origin( ANEMMI)" revision LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

, Misappropriation, Mistreatment, and

for 1 (Resident #1) of 3 residents reviewed for

The findings included:

Review of the facility's policy, "

TITLE (X6) DATE Electronically Signed 123

. Neglect.

regulation and facility policy. LPN Staff T

components of N040 with an emphasis on reporting allegations of ANEMI to the

, by the

was re-educated on

Administrator/Designee on the

regulations and facility policy.

administrator per the federal/state

PRINTED: 01/05/2024 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 85810 11/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6940 OUTREACH WAY NORTH PORT REHABILITATION AND NURSING CENT NORTH PORT, FL 34287 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 040 Continued From page 1 N 040 2.By . . . . the ..... noted ..... included, "Hitting, slapping, pinching, and kicking." Administrator/Designee completed an The policy listed several criterias, including "any audit on the past 60 days of reportables to resident or family complaint of physical harm, ensure timely reporting was completed per or mental anguish resulting from willful the federal/state regulations and facility infliction from others." will be considered as policy. No like incidents were noted. nossible ANEMMI The policy specified any employee having either , the Administrator and direct or indirect knowledge of any event that the Director of Nursing were educated by mighty consitute , Neglect, the Regional Nurse Consultant on the Misappropriation, Mistreatment, and injury of systematic process of reporting unknown origin must report the event promptly. allegations of ANEMI per the federal/state Residents will be protected from harm during an regulations. investigation. Staff person or persons suspected Ву , current staff were of ANEMM will be suspended immediately educated by the Director of pending result of the investigation. Nursing/Designee on the components of N040 with an emphasis on reporting Review of the facility's investigations allegations of ANEMI per the federal revealed on ...... (Monday) at approximately regulation and the facilities policy. 3:20 p.m., a police officer came to the facility to Newly hired staff will be educated on the interview Resident #1. Resident #1 stated, components of N040 with an emphasis on sometimes vesterday (Sunday reporting allegations of ANEMI to the someone punched him in the . . . . administrator per the federal regulation by the Director of Nursing/Designee at Review of the clinical record revealed Resident orientation as a part of the systematic #1 was admitted to the facility on changes.

Resident #1 where he was hit, he said to the left

Diagnoses included , , Major

(LPN) Staff T documented a statement noting on

"Sunday afternoon" the nurse told her Resident

#1's friend said someone hit him. She went to

Resident #1 and asked what had happened.

Resident #1 replied "nothing." The resident's

friend again said Resident #1 told her someone

hit him. LPN Staff T documented when she asked

assistance for personal care.

On Monday

, Restlessness and Agitation, ... Acute ... Resident #1 required total

. Licensed Practical Nurse

STATE FORM cnso 1110411 If continuation sheet 2 of 5

4. The Administrator/Designee will conduct

a weekly audit on 5 residents to ensure no

allegations of ANEMI were pending reporting weekly x4 weeks then monthly

Administrator/Designee will conduct a

weekly audit with 5 employees to ensure

no allegations of ANEMI were reported to

them, weekly x4 weeks then monthly for 2

months or until substantial compliance is

monthly at the QAPI Committee meeting

achieved. Findings will be reported

for 2 months or until substantial

compliance is achieved. The

PRINTED: 01/05/2024 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_ c B MING 85810 11/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6940 OUTREACH WAY NORTH PORT REHABILITATION AND NURSING CENT NORTH PORT, FL 34287 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 040 | Continued From page 2 N 040 side of his cheek. LPN Staff T documented she until such a time substantial compliance spoke to the Certified Nursing Assistant (CNA) has been determined. who was taking care of the resident. The CNA said Resident #1 refused to be changed, was kicking at them, cursing them, kicking one of the CNAs on her , damaging her glasses. On Monday , LPN Staff S wrote a statement noting the nurse for the 3:00 p.m., to 11:00 p.m., shift stated Resident #1's visitor said that someone had hurt him on the ..., but she did not observe any injury. On at 1:20 p.m., in a telephone interview, Resident #1's friend said on Sunday when she walked into the resident's room, two CNAs were providing ..... care. on his , His got bumped causing a lot of ... and agitated him. He was velling and cursing at the CNAs and said that she had hit him in the left . , . and pointed to just below the left , . One of the CNAs said Resident #1 had hit her in the . . . . as she was bending over. The CNA did not say that she hit him, but she did not deny hitting him either. She did not say anything either way. She said she was concerned about it because he had never accused anyone of hitting him ever. She reported the incident to LPN Staff S who works on Sundays, LPN Staff S said she would notify the supervisor. Shortly after, the supervisor came in, she looked

said she would go

never heard

at Resident #1's ... and said she did not see any redness. She tended to side with the aides because the resident tended to get upset. She

side of the story. Resident #1's visitor said she

supervisor never came ... in the room.

to the CNAs and get their

from anyone after that, the

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at 11:40 a.m., CNA Staff W said on she was assisting CNA Staff V changing Resident #1. When they turned Resident #1 to his side. CNA Staff V was in front ho him. He grabbed CNA Staff V's and kicked her in the .... Her glasses were hanging on her shirt, and he broke them.

not notify anyone about the allegation until the police came to the facility a day or two later.

at 11:46 a.m., CNA Staff V verified ..... she helped CNA Staff W providing

care for Resident #1. She said Resident #1 was violent and required two CNAs and two nurses when providing care to him. She said, "I do not . . . . people." CNA Staff W said she rolled Resident #1 to one side, he does not like that, he wants it done quickly. She said she turned to him and put her on his

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AHCA Form 3020-0001