

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

PRINTED: 08/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105190</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRESTVIEW REHABILITATION CENTER, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1849 FIRST AVENUE EAST CRESTVIEW, FL 32539</b>		
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F 000	INITIAL COMMENTS  An unannounced recertification survey was conducted on _____ through _____ at Crestview Rehabilitation Center LLC in Crestview, FL. The facility was not in compliance with Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:  Based on observation, record review, staff interview, and policy review, the facility failed to provide treatment and care in accordance with professional standards and facility policy for 1 of 2 residents sampled for non-pressure related skin conditions. (Resident #27)  The findings include:  An observation of Resident #27 was conducted on _____ at 1:54 PM. The resident was observed to have an undated _____ on her left lower arm. Another observation of Resident #27 was conducted on _____ at 12:38 PM in the presence of Employee A (licensed practical nurse). The undated _____ remained on the resident's left lower arm. The nurse removed the	F 684	1. Resident #27 had physician notified of _____ with treatment orders received. Responsible party notified of Nursing provided treatment to _____ as ordered and _____ dated. 2. Skin evaluation will be completed on current residents. Residents with skin _____ identified without orders will have physician notified, treatment orders obtained, treatments applied as ordered, and responsible parties notified. 3. Clinical staff will be re-educated by DON/designee on skin evaluation and process to follow when new skin _____ are identified. 4. Random skin evaluation audits will be completed weekly by DON/Designee		

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 684	<p>Continued From page 1</p> <p>_____ and a small (approximately _____ inch) clean _____ was observed under the _____. The resident was not able to state how the _____ occurred. The nurse stated she was not aware the _____ was on the resident's arm and was not sure how the resident received the _____. She confirmed the _____ she removed was not dated. A review of Resident #27's electronic medical record revealed no documentation of the _____, no physician orders for care of the _____, and no documentation of how the _____ occurred.</p> <p>An interview was conducted with employee B (Registered Nurse Unit Manager) on _____ at 12:47 PM. Employee B stated she did not know where the _____ came from and was not aware of the _____ on Resident 27. She stated staff should obtain physician orders for the _____, let the physician know about the _____, and let the _____ care nurse know about the _____ so they can follow the area. An interview was conducted with the Director of Nursing (DON) on _____ at 1:49 PM. The DON confirmed the resident record contained no physician orders for the _____ or record of how the _____ occurred.</p> <p>Review of the facility policy _____ Management (SHCRC20001.04, revised _____) revealed, "_____ are managed by focusing on prediction and prevention. When a _____ does occur, the goal is to promote prompt healing and minimize the risk of Occurrence of a _____ is reported and is investigated by the clinical team. Follow physician's orders for treatment. In the progress notes, record: evaluation and cause of the _____, physician and family notifications, the</p>	F 684	<p>for 4 weeks, then monthly for 3 months, then quarterly until substantial compliance is met. Results of audits will be reviewed in monthly QA/PI meeting.</p>		

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F 684	Continued From page 2 treatment ordered and initiated, and progress or lack of progress in healing."	F 684			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §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  §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.  §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: Based on observation, record review, staff interviews, and facility policy review, the facility failed to provide appropriate treatment to prevent further decrease in range of motion for 1 of 2 residents reviewed for limited range of motion. (Resident #69)  The findings include:  An observation of Resident #69 was conducted on . . . . at 12:46 PM. The resident was in bed and . . . . were observed to the upper and lower extremities. A review of the quarterly	F 688	1. Resident #69 was referred to . . . . for evaluation ROM and mobility needs. 2. Residents currently receiving restorative services will have documentation reviewed. Residents identified with missing documentation, documentation of refusal, and documentation of task not completed, will be referred to . . . . for evaluation. 3. Clinical staff will be re-educated on the restorative process to include referring to . . . . if the resident is unable to complete the restorative tasks.		

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F 688	<p>Continued From page 3</p> <p>minimum data set, with an assessment reference date of _____, revealed the resident had functional limitation in range of motion to upper and lower extremities on both sides. The _____ discharge summary, dated _____, revealed the resident had _____ upper extremities. Review of the resident's electronic medical record revealed a current plan of care dated _____ for a passive range of motion restorative nursing program. The interventions included passive range of motion with stretching at the end of the range on _____ flexion, _____ extension as tolerated, to be completed every day 4 days per week. Review of the documentation of passive range of motion (PROM) for the time period of _____ revealed the PROM had been completed a total of 7 times on the following dates: _____, _____, _____, _____, _____, _____, and _____.</p> <p>An interview was conducted with Employee C (Restorative Licensed Practical Nurse) on _____ at 10:06 AM. Employee C stated she has trouble with restorative _____ getting completed because the staff are pulled to the floor. She stated, "It has been a constant battle since I took over the position, and, if the restorative aid is pulled to the floor, I try to complete the range of motion or restorative ordered." She confirmed that any zeros entered on the documentation meant the task was not completed. She stated the resident does not usually tolerate the range of motion well and her _____ have worsened in the last few months. She states that Resident #69 had been referred to _____ for an evaluation on _____.</p> <p>An interview was conducted with the</p>	F 688	<p>4. Randon audits will be completed weekly by DON/Designee on restorative documentation weekly for 4 weeks, then monthly for 3 months, and then quarterly until substantial compliance is met. Results of audits will be reviewed in monthly QA/PI meeting.</p>		

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F 688	Continued From page 4 Rehabilitation Director on ..... at 10:30 AM. She stated the resident declined and really fast. She was last discharged from ..... on ..... She did not recall the resident being referred backed to ..... by restorative staff in the last 30 days. An interview was conducted with the Director of Nursing (DON) on ..... at 10:55 AM. The DON stated she was aware that staff get pulled to the floor from restorative, but she was not aware restorative tasks were not being completed.  Review of the facility policy for Restorative Nursing Program (SHCRC 3006.01) revealed it is the policy of the center to assist each Resident to attain and or maintain their individual highest most practicable functional level of independence and well-being, in accordance to State and Federal Regulations. The center's restorative program will include, but not be limited to, hygiene, mobility, elimination, dining-eating, and communication. The programs will be documented on the center's designated restorative care forms/tools in the resident's electronic medical record.	F 688			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide	F 755			

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F 755	<p>Continued From page 5</p> <p>pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and record reviews, the facility failed to provide medications in a timely manner for 2 of 5 residents sampled for medication administration. (Residents #85 and #30)</p> <p>The findings include:</p> <p>On _____ at approximately 9:30 AM, an observation was made of Resident #85's medication administration by Nurse F, a Licensed Practical Nurse (LPN). Nurse F was scheduled to administer a _____ injection, 1000 micrograms _____, but could not as it was not available from pharmacy. Nurse F stated she would notify the Nurse Practitioner and the</p>	F 755	<p>1. Physician was notified for resident #85 and resident #30 and orders were received to hold medications until medication was available to administer. Medications were re-ordered, and pharmacy was notified of medications needed from _____-up pharmacy. Medications were received from _____-up pharmacy and administered.</p> <p>2. An audit was completed of current residents' medication orders and compared to medications available. No other residents were affected.</p> <p>3. Current licensed staff will be re-educated by DON/designee on the process for ordering and re-ordering</p>		

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F 755	<p>Continued From page 6</p> <p>pharmacy to have this medication delivered from the -up pharmacy.</p> <p>On . . . . . at approximately 2:00 PM, an observation was made of Nurse D, a Registered Nurse. Nurse D was scheduled to administer the medication . . . . . 10 milligrams to Resident #30 but could not as it was not available from the pharmacy. The nurse stated she would notify the physician or Nurse Practitioner and the pharmacy and have the medication delivered.</p> <p>On . . . . . at approximately 2:10 PM an interview was conducted with Nurse B, a Registered Nurse and Unit Manager. Nurse B stated that the medications should be re-ordered when the current supply was down to one week's supply to ensure medications are received in a timely manner. Nurse B was observed to re-order the missing medications while the surveyor observed. Nurse B confirmed that the empty medication card had not been pulled to be faxed to the pharmacy for a refill.</p> <p>On . . . . . at approximately 5:09 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that it was her expectation that all medications should be reordered from pharmacy when the medication is down to one week's supply in order to receive the refill medications from the pharmacy in a timely manner. The DON stated that the injection for Resident #85 was incorrectly listed as "on . . . . ." in the medication record, which is why it was not delivered from the pharmacy. The DON confirmed that Resident #30's . . . . . had not been re-ordered electronically until today at 2:00 PM.</p>	F 755	<p>medications.</p> <p>4. Randon audits will be conducted by DON/Designee to compare residents medication orders to medication available with adequate amounts of medications weekly for 4 weeks, then monthly for 3 months, then quarterly until substantial compliance is met. Results of audits will be reviewed in monthly QA/PI meeting.</p>	

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F 755	Continued From page 7  On . . . . ., a review was conducted of the Policy titled, "4.5 Reordering, changing, and Discontinuing Orders" (last revised . . . . .). Under procedure number 2, it states "Reorder/Refill Orders: Facilities are encouraged to re-order medications electronically or by fax whenever possible."  On . . . . . at approximately 12:41 PM, a follow up interview was conducted with the DON and the Corporate Nurse concerning the time frame for re-ordering medications. The DON confirmed that the policy 4.5 did not state what time frame to re-order medications, but stated that the nurses are trained during orientation on when to re-order medications.	F 755			