

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
NAME OF PROVIDER OR SUPPLIER Winter Haven Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 202 Ave O NE Winter Haven, FL 33880	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40775</p> <p>Based on interviews and record reviews, the facility failed to ensure care for gastrostomy tubes was provided in accordance with professional standards for one (#2) of three residents sampled for gastrostomy tubes.</p> <p>Findings included:</p> <p>A review of Resident #2's medical record revealed Resident #2 was admitted to the facility on [DATE] with a diagnosis of intestinal obstruction. Resident #2 was discharged from the facility on 8/24/2024.</p> <p>A review of Resident #2's physician orders revealed the following orders:</p> <ul style="list-style-type: none"> - An order dated 8/11/2024 indicating Resident #2's gastrostomy tube (GT) site may be left open to air if clean and no drainage and to monitor for skin integrity and changes every shift. - An order dated 8/14/2024 to evaluate for displacement of the GT every shift by observing for abdominal distension, nausea, vomiting, and pain. If displacement is suspected, clamp GT and call the physician. <p>A review of Resident #2's Treatment Administration Record (TAR) for August 2024 revealed the following:</p> <ul style="list-style-type: none"> - Monitoring of Resident #2's GT site for drainage, cleanliness, and skin integrity changes was not completed for the Day (7 AM to 3 PM) shift on 8/15, 8/16, 8/17, 8/19, 8/22, 8/23, or 8/24/2024 and was not completed on the Evening (3 PM to 11 PM) shift on 8/18/2024. - Evaluation of Resident #2's GT for displacement and observation of signs of abdominal distension, nausea, vomiting, and pain was not completed for the Day (7 AM to 3 PM) shift on 8/15, 8/16, 8/17, 8/19, 8/22, 8/23, or 8/24/2024 and was not completed on the Evening (3 PM to 11 PM) shift on 8/18/2024. <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 10/28/2024 at 3:37 PM with Staff A, Registered Nurse (RN) and Unit Manager (UM) and the facility's Director of Nursing (DON). The DON stated when a resident with a GT was admitted to the facility a set of batch orders were put into the resident's order set by the admitting nurse. Staff A, RN UM stated GT's were normally left open to air unless there was drainage present around the GT site. The DON stated if a resident with a GT had an order in place to assess the GT site every shift for drainage, the order should be signed off as directed in the physician order to signify the assessment was completed. If drainage was identified during the assessment, the nurse should notify the resident's physician and follow the physician orders.</p> <p>A follow up interview was conducted on 10/28/2024 at 4:35 PM with the DON. The DON reviewed the missing documentation in Resident #2's TAR related to monitoring the GT site for drainage and evaluation of the resident's GT every shift. The DON was not able to state why the orders were not signed off as completed in Resident #2's TAR but stated the resident's nurse might have interpreted the order differently and might have thought the order did not need to be signed off if the resident's GT site had no drainage that day. The DON stated it would not be acceptable for nursing staff to not sign off orders related to wound care or medication administration. A request for a policy related to the maintenance of gastrostomy tubes was made to the DON following the interview. The DON stated the facility did not have a policy related to the maintenance of gastrostomy tubes and staff were to follow the physician orders.</p>		