

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</p> <p>Based on observation, review of facility policy and procedure, staff and resident interviews the facility failed to ensure a safe, clean, comfortable and sanitary environment for residents and failed to make necessary repairs inside of the facility for 2 (North and South) of 2 units observed.</p> <p>The findings included:</p> <p>The facility policy Equipment- Cleaning/Disinfecting effective 10/21 documented, The facility will take action to prevent resident care equipment and supplies from becoming sources of infection. A facility specific cleaning schedule will be developed for the routine cleaning of noncritical equipment.</p> <p>The facility policy and procedure Ice Machine documented, The ice machine, scoop and storage container will be maintained in a clean and sanitary condition. The ice machine will be cleaned once per month or more often as needed. The scoop and storage container will be cleaned once per day.</p> <p>On 5/6/24 at 12:03 p.m., during an initial tour of the facility, the following was observed:</p> <p>1. room [ROOM NUMBER]: Behind the oxygen concentrator, a large live brown insect was on its back with legs moving.</p> <p>Photographic evidence obtained.</p> <p>2. room [ROOM NUMBER]: A wash basin was stored on the floor of a shared bathroom.</p> <p>Photographic evidence obtained.</p> <p>3. room [ROOM NUMBER]: Exposed wires of the call light, and the closet was missing a drawer.</p> <p>Photographic evidence obtained.</p> <p>4. room [ROOM NUMBER] A: A large section of the vinyl flooring was missing near the head of the bed.</p> <p>Photographic evidence obtained.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. room [ROOM NUMBER]: The baseboard was missing at the entry to the room exposing cracked and missing drywall.</p> <p>Photographic evidence obtained.</p> <p>6. room [ROOM NUMBER] B: The vinyl flooring was bubbled and raised near the head of bed, making the floor uneven.</p> <p>Photographic evidence obtained.</p> <p>7. The ice Machine in the main dining room had a white substance on the front of the machine with white drip marks. The overflow tray contained a white film and there was dust on the top of the tray.</p> <p>Photographic evidence obtained.</p> <p>On 5/6/24 at 12:15 p.m., in an interview Licensed Practical Nurse (LPN) Staff A said the facility had bugs, the big ones. She said, We put it in a log when we see them and they spray, it helps for a while, but they come back.</p> <p>On 5/6/24 at 12:25 p.m., in an interview Resident #850 said, There are roaches in here all the time, they crawl on the walls. The nurses step on them, they are good at that, they crunch them.</p> <p>On 5/6/24 at 1:00 p.m., in an interview Resident #700's spouse said, There are big roaches in here every day. I killed two of them in the bathroom yesterday. I tell the nurse, they know.</p> <p>On 5/6/24 at 1:10 p.m., LPN Staff B said, There are roaches and bugs in here all the time. There is a list at the desk and you write where you see them and they are supposed to spray. Things are never fixed here. You place the problem in the electronic Work Order Request, and nothing is done for several weeks. The beds don't work and then we have to change beds or rooms trying to get one that works.</p> <p>On 5/6/24 at 1:20 p.m., in an interview Certified Nursing Assistant (CNA) Staff C said, I have seen big roaches and palmetto bugs in here usually after it rains. I let the nurse know and they notify the exterminator.</p> <p>On 5/6/24 at 1:30 p.m., in an interview LPN Staff D said, There are always bugs in here and not the flying ones. They are the big roaches. We put it on a piece of paper at the nurses station and they spray but it does not seem to be working. When we have a problem with equipment that needs repairs we put a work order in the computer, but it takes weeks if you are lucky to get it repaired, sometimes nothing is fixed.</p> <p>On 5/ 7/24 8:30 a.m., the observations made in rooms #59, #50, #15, #71, #70 and the main dining room were shared with the Director of Nursing (DON) and the Administrator. The Administrator declined to tour the facility to observe the concerns in the residents' rooms and main dining room.</p> <p>On 5/7/24 8:44 a.m., in an interview the Regional Nurse Consultant said she was informed of the concerns with pests, facility repairs and facility environment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/7/24 at 9:00 a.m., the Regional Director of Maintenance verified the missing closet drawer in Resident #24's room and the frayed wiring of the call light. He said he was not aware of the maintenance concerns in the building. He said, I am here once a month or so to meet with the maintenance director. I did not know repairs were not being completed. He added, When I'm here things get taken care of.</p> <p>The Regional Director of Maintenance said, No when asked to conduct a joint tour of the facility and walked out of Resident #24's room.</p> <p>On 5/8/24 at 10:00 a.m., a second facility tour was conducted and the following was observed:</p> <ol style="list-style-type: none"> 1. room [ROOM NUMBER]; Bedside table was rusted, dirty and grimy. Photographic evidence obtained. 2. room [ROOM NUMBER] A: The closet drawer was missing. Two wash basins were visible, stored on the floor. Photographic evidence obtained. 3. room [ROOM NUMBER] A: The closet was missing a drawer. Photographic evidence obtained. 4. room [ROOM NUMBER] A: The bedside table was rusted and grimy. Photographic evidence obtained. 5. room [ROOM NUMBER] A: The bedside table had a brown substance that had dripped and dried down the table leg. The table support legs were covered in a thick layer of grime. Photographic evidence obtained. 6. room [ROOM NUMBER] A: The bedside table was grimy, and dirty. Photographic evidence obtained. 7. room [ROOM NUMBER] B: The bedside table was rusted and dirty. Photographic evidence obtained. <p>On 5/7/24 at 10:10 a.m., in an interview the Administrator said he reviewed the list of environmental concerns but had not toured the facility to observe them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>He said the former Maintenance Director left two weeks ago. He explained in morning meetings he would give him the list of items needing repairs that were entered in the electronic log. He said, I just gave him the list and assumed he took care of it. The Administrator said he did not know who was responsible to ensure the Maintenance Director completed the repairs and said, I guess it would be me. He confirmed he did not check to ensure the repairs were made.</p> <p>The Administrator said the dietary staff were responsible for cleaning the ice machines and the ice coolers used by the CNA's, but he had no documentation the ice machine and ice coolers were being clean and sanitized. He said the management team does daily rounds of each room and looks at everything including cleanliness and broken furniture.</p> <p>On 5/7/24 at 11:25 a.m., in an interview the Certified Dietary Manager said dietary staff clean the ice machines and the ice cooler daily with a disinfectant and she had a schedule but did not have documentation it was actually completed.</p> <p>On 5/9/24 at 9:09 a.m., in an interview Housekeeper Staff I said she cleans the bedside tables with a rag and disinfectant every day and if they spill something she cleans it up. She said she wipes down the outside of the ice coolers, but not the inside. She said, I see roaches here every day, big ones and little ones. They are usually in the rooms of residents who have a lot of food. I let the nurse know. I have seen the guy spray in here for the bugs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>41155</p> <p>Based on review of facility records, review of facility policies and procedure and resident and staff interviews the facility failed to ensure appropriate corrective action to resolve the expressed concerns with broken furniture and call light for 1(Resident #24) of 3 residents reviewed for grievances.</p> <p>The findings included:</p> <p>The facility policy Grievance/Concerns Management effective 2/21, documented Residents/representative has the right to present concern on behalf of themselves, and/or others to the staff and or administrator of the facility, to government officials, or to any other person. The concern may be filed verbally or in writing, and the reporter may request to remain anonymous.</p> <p>On 5/6/24 at 10:26 a.m., in an interview Resident #24's representative said the resident's closet drawer was broken and the call light had frayed and exposed wires for several months. The representative said he had notified the facility Administrator of the concerns and work orders for maintenance were filed but the repairs were not completed. He said he voiced the grievances to the Administrator but nothing was done.</p> <p>On 5/6/24 at 5:30 p.m., during an observation of Resident #24's room, it was noted the closet drawer was missing.</p> <p>Photographic evidence obtained.</p> <p>Observation of Resident #24's call light revealed exposed wiring. The call light had been placed on the bed for the Resident to use.</p> <p>Photographic evidence obtained.</p> <p>On 5/7/24 9:00 a.m., in an interview the Regional Director of Maintenance said he was not aware of the maintenance concerns in the building. I am here once a month or so to meet with the maintenance director. I did not know repairs were not being completed. The Regional Director toured Resident #24's room with this surveyor and confirmed the closet drawer was missing. He was shown the frayed wiring of the call light and said When I'm here, things get taken care of. He removed the frayed call light, saying I can replace it right away. The closet drawer might take some time I will have to order replacements.</p> <p>Review of the Maintenance Log revealed the frayed/exposed call light wires for Resident #24 were reported on 2/21/24.</p> <p>The Maintenance Log revealed the missing closet drawer for Resident #24 was reported on 7/7/23, 7/10/23, 8/23/23, and 2/19/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/24 at 10:10 a.m., in an interview the Administrator said the Maintenance Director was no longer employed at the facility and had left two weeks ago. The Administrator said the process for repairs was in morning meetings I gave him the list of things requiring repair. The Administrator said he did not know who was responsible to ensure the Maintenance Director completed the repairs each day and said, I guess it would be me. He confirmed he did not check to ensure the repairs were made, I just gave him the list and assumed he took care of it.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</p> <p>Based on observation, review of the clinical record, and staff and resident interviews, the facility failed to provide the necessary care and services to maintain hygiene for 3 (Resident #24, #750 and #999) of 3 residents reviewed for activities of daily care (ADLs).</p> <p>The findings included:</p> <p>1. On 5/6/24 at 10:26 in a telephone interview, Resident #24's representative said the resident was not receiving her scheduled showers.</p> <p>Review of the clinical record revealed Resident #24 had an admitted [DATE] with diagnoses including depression, chronic obstructive pulmonary disease and type 2 diabetes mellitus.</p> <p>The Annual Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) dated 2/15/24 documented Resident #24 required partial to moderate assistance with bathing. The MDS noted Resident #24's cognitive skills for daily decision making were moderately impaired.</p> <p>Review of the Certified Nursing Assistant (CNA) documentation for March 2024 showed Resident #24 was scheduled for showers on the 7:00 a.m. to 3:00 p.m., shift on Mondays and Thursdays. The documentation revealed Resident #24 received a bed bath on 3/5/24 and 3/11/24. There was no documentation for scheduled shower days on 3/7/24, 3/14/24, 3/18/24 and 3/25/24. N/A (not applicable) was charted on 3/28/24. On 3/21/24 Resident #24 received a shower, the only one documented for the month of March.</p> <p>Review of the CNA documentation for April 2024 documented a bed bath was provided on 4/8/24 and 4/15/24. There was no documentation Resident #24's scheduled showers were provided on 4/1/24, 4/4/24, 4/11/24, 4/18/24, 4/22/24, 4/25/24 and 4/29/24. Resident #24 received no scheduled showers in April 2024.</p> <p>2. On 5/6/24 at 10:45 a.m., in a telephone interview, Resident #999's daughter said her mother was at the facility for two months and never received a shower.</p> <p>Review of the clinical record revealed Resident #999 had an admitted [DATE] and was discharged on [DATE].</p> <p>Diagnoses included Chronic Kidney Disease, stage 4 metastatic breast cancer and type 2 Diabetes Mellitus.</p> <p>The discharge MDS dated [DATE] documented Resident #999 required substantial to maximum assistance with bathing and showers. The MDS noted the residents cognitive skills for daily decision making were intact.</p> <p>Review of the CNA documentation for October 2023 revealed Resident #999 was to receive showers on the 7:00 a.m. to 3:00 p.m., shift on Tuesdays and Fridays.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/14/23 she received a partial bed bath.</p> <p>On 10/20/23 she received a bed bath.</p> <p>On 10/24/23 and 10/27/23 there was no documentation for bathing or showering.</p> <p>On 10/31/23 she received a partial bed bath.</p> <p>The documentation showed Resident #999 received no scheduled showers from the day of admission on 10/13/23 to 10/31/23.</p> <p>Review of the CNA documentation for November 2023 documented a partial bed bath was provided on 11/3/23, 11/7/23, 11/10/23 and 11/17/23 on the scheduled shower days.</p> <p>On 11/14/23 the resident received a bed bath.</p> <p>Resident #999 received no scheduled showers and there was no documentation that she refused her showers.</p> <p>3. On 5/6/24 at 12:37 p.m., Resident #750 said, I have been here since 4/29/24 and I have not received a single shower. I ask for one and I don't get it, nobody tells you why.</p> <p>Review of the clinical record revealed Resident #750 had an admitted [DATE] with diagnoses including morbid obesity, weakness and need for assistance with personal care.</p> <p>The Admission MDS dated [DATE] documented the resident required substantial to maximum assistance with showers/bathing. The MDS noted Resident #750's cognitive skills for daily decision making were intact.</p> <p>Review of the CNA shower schedule revealed the resident was to be showered on Mondays and Thursdays on the 7:00 a.m. to 3:00 p.m., shift.</p> <p>Review of the CNA documentation showed Resident #750 received no scheduled showers on 4/29/24 and 4/30/24.</p> <p>Review of the CNA documentation for May 2024 revealed no showers were provided to the resident from 5/1/24 to 5/7/24.</p> <p>On 5/7/24 at 9:00 a.m., in an interview CNA Staff G said, The shower schedule was at the desk. 7-3 and 3-11 shift shower the residents. If they refuse you tell the nurse. I document the shower in the CNA charting on the computer, everyone does. I have Resident #750 on my assignment today. I have not showered him and I did not know he requested one, no one said anything to me. Sometimes we are busy and we do a bed bath, we do what we can.</p> <p>On 5/7/24 at 10:10 a.m., in an interview the Director of Nursing said the facility had no policy on ADLs or bathing of residents. She said she has been employed at the facility for two weeks and was not certain who was responsible to ensure showers were completed as assigned.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>41155</p> <p>Based on observation, and resident and staff interviews, the facility failed to maintain an effective pest control program and a sanitary environment free from pests for residents residing in the skilled nursing facility.</p> <p>The findings included:</p> <p>On 5/6/24 at 12:30 p.m., during an initial tour of the facility one large live brown insect was observed on its back with legs moving in a resident's room next to an oxygen contractor.</p> <p>Photographic evidence obtained.</p> <p>On 5/6/24 at 12:10 p.m., Resident #900 said he had bugs in his room all the time and reported it to the nurse. He said, they are in here crawling on the walls at times, and the time of the day does not matter.</p> <p>On 5/6/24 at 12:15 p.m., in an interview Licensed Practical Nurse (LPN) Staff A said the facility has bugs, the big ones. We put it in a log when we see them and they spray. It works for a while, but they come back.</p> <p>On 5/6/24 at 12:25 p.m., in an interview Resident #850 said, There are roaches in here all the time, they crawl on the walls. The nurses step on them, they are good at that, they crunch them.</p> <p>On 5/6/24 at 12:37 p.m., Resident #750 said, There are bugs in here, they crawl on you at night, it is disgusting. I told the nurse about the bugs.</p> <p>On 5/6/24 at 1:00 p.m., in an interview Resident #700's spouse said, There are big roaches in here every day. I killed two of them in the bathroom yesterday. I tell the nurse, they know.</p> <p>On 5/6/24 at 1:10 p.m., LPN Staff B said, There are roaches and bugs in here all the time. There is a paper at the desk, and you write where you see them and they are supposed to spray.</p> <p>On 5/6/24 at 1:20 p.m., in an interview Certified Nursing Assistant (CNA) Staff C said, I have seen big roaches and palmetto bugs in here usually after it rains. I let the nurse know and they notify the exterminator.</p> <p>On 5/6/24 at 1:30 p.m., in an interview with LPN Staff D said, There are always bugs in here and not flying ones. They are big roaches. We put it on a piece of paper at the nurse's station and they spray but it does not seem to be working. LPN Staff D was not able to locate the pest log.</p> <p>On 5/ 7/24 at 8:30 a.m., the Director of Nursing (DON) and the Administrator were informed of concerns with the facility environment, and the pests.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rehab & Healthcare Center of Cape Coral		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Del Prado Blvd Cape Coral, FL 33904	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/7/24 at 9:10 a.m., in an interview the pest control exterminator said he has been working with the company for eight month but it was his first visit to the facility. He said the previous exterminator for the building did not provide him with a report of the pest activity, he was told everything was fine. He said, The big roaches the residents are telling you they see, usually come up from the old sewer lines because they hang out in the old copper pipes and they come up looking for food. We treat the outside mulch because they like to hide in there as well. I will spray but as soon as it rains, they will be back. I will talk to the Administrator about it after I have a look around the facility.</p> <p>Review of the Exterminator Log Book showed the last date of service was 4/25/24 and documented no pest activity found.</p> <p>On 3/28/24 documented no pest activity found.</p> <p>On 3/22/24 documented no pest activity found.</p> <p>On 2/28/24 documented no pest activity found.</p> <p>On 5/7/24 at 2:20 p.m., in an interview CNA Staff G said I have seen big bugs in here on the floor in resident rooms. I don't like them, they scare me, but you have to step on them. I tell the nurse.</p> <p>5/7/24 at 3:07 p.m., in an interview with Resident #650 he said, I have seen the big roaches all the time, they climb the walls, they don't fly but we have those too.</p> <p>On 5 /7/24 at 12:57 p.m., during an interview with the DON a small brown dead bug was observed on the conference room table. The DON removed the bug and used a disinfecting wipe to clean the table.</p> <p>On 5/9/24 at 9:30 a.m., in an interview Registered Nurse Staff H said I see little and big roaches in here every day. I just step on them, squish them and clean it up. What else can you do, you can't leave them there. I put a note in the log at the desk for the exterminator.</p>		