

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	

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, record review, residents and staff interviews, the facility failed to provide the necessary services to maintain personal hygiene for 3 (Residents #25, #68 and #12) of 4 dependent residents reviewed for activities of daily living (ADL).</p> <p>The findings included:</p> <p>The facility policy Activities of Daily Living (ADL's) implemented 11/3/20 (revised 11/29/22) documented Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>1. Review of the clinical record revealed Resident #12 had a readmitted [DATE] with diagnoses including dementia, depression and anxiety.</p> <p>The Quarterly Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of 4/30/24 documented the resident required substantial to maximum staff assistance for personal hygiene.</p> <p>The MDS noted Resident #12's cognitive skills for daily decision making were severely impaired.</p> <p>Review of the care plan initiated 8/8/22 identified Resident #12 had an ADL self-care deficit due to confusion and dementia. The care plan instructed staff to check nail length and trim and clean on bath day every Monday and Thursday and as necessary and report any changes to the nurse.</p> <p>On 7/29/24 at 9:55 a.m., Resident #12 was observed in his room, seated in a wheelchair. His fingernails were noted be very long approximately 1/2 inch in length with a brown substance under the nail beds. His left thumb nail was thick, black and was approximately 1 inch in length. Resident #12 had a strong body odor of urine.</p> <p>On 7/29/24 at 11:51 a.m., Resident #12 was observed in the main dining room awaiting the noon meal. The Regional Nurse Consultant handed the resident a wet wipe to clean his hands and commented that his nails were very long.</p> <p>During random observations on 7/30/24 at 12:02 p.m., and 8/1/24 at 9:23 a.m., Resident #12 was observed with his fingernails in the same condition and not trimmed or cleaned.</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: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	

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>2. Review of the clinical record revealed Resident #25 had a readmitted [DATE] with diagnoses including bi-polar disorder, depression, and anxiety.</p> <p>The Quarterly MDS dated [DATE] documented the resident required moderate staff assistance for personal hygiene.</p> <p>The MDS noted Resident #25's cognitive skills for daily decision making were moderately impaired.</p> <p>The care plan initiated on 9/4/22 identified Resident #25 had an ADL self-care performance deficit related to decreased ability to perform ADLS in grooming and personal hygiene. The goal for Resident #25 specified the resident will have bathing, grooming, toileting, and ADL needs met with assistance from staff.</p> <p>The care plan specified Resident #25's scheduled shower days were Tuesday and Friday on the 3:00 p.m., to 11:00 p.m., shift. The care plan instructed staff to check nail length and trim and clean on bath day and as necessary.</p> <p>On 7/29/24 at 10:07 a.m., Resident #25 was observed in his room in bed without clothing, wearing a disposable brief. He was unshaven with approximately 4 to 5 days growth of facial hair. His fingernails were long, approximately 1/2 inch in length with a brown and black substance under the nail beds. Resident #25 did not answer questions appropriately.</p> <p>On 7/29/24 at 3:26 p.m., Resident # 25 was observed in the television the South Unit room dressed in his own clothing. He remained unshaven, with long and dirty nails.</p> <p>On 7/30/24 at 8:33 a.m., Resident # 25 was observed in his room in bed wearing the same clothing as the previous day. He remained unshaven and his fingernails remained long and dirty. Resident # 25 did not respond when spoken to.</p> <p>On 7/31/24 at 11:23 a.m., in an interview CNA Staff C said Resident #25 required total care with his ADLS. He does refuse care sometimes. He likes to be showered at night and he will ask you to shower him. He asks to be shaved, if you try to do it when he does not want it, he will fight you. I try and talk him into it, asking him would he like me to shave him. We do nail care on shower days and as needed. Sometimes they don't want you to touch their nails.</p> <p>3. Review of the clinical record revealed Resident #68 had an admitted [DATE] with diagnoses including hemiparesis and hemiplegia (loss of movement on one side of the body) affecting the left side.</p> <p>The Quarterly MDS dated [DATE] documented the resident required moderate staff assistance for personal hygiene.</p> <p>The MDS noted Resident #68's cognitive skills for daily decision making were intact.</p> <p>The care plan initiated 4/11/24 identified Resident #68 had an ADL self-care performance deficit related to recent cerebral vascular accident (stroke) with left sided weakness.</p> <p>The goal for Resident #68 was to have bathing, grooming, toileting, and ADL needs met with assistance from staff.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	

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 7/29/24 at 11:13 a.m., Resident # 68 was observed in his room in bed. He said sometimes he gets his showers and other times he gets a bed bath. The residents fingernails on the left hand were very long , approximately 1/2 inch in length with a brown substance under the nail beds. He said his brother is supposed to come with a pair of clippers and cut them for him. He said he did not know why the staff don't trim and clean them.</p> <p>During random observations on 7/30/24 at 8:32 a.m., and 8/1/24 at 8:58 a.m., Resident # 68's left hand fingernails remained in the same condition.</p> <p>On 8/1/24 at 9:31 a.m., in an interview Certified Nursing Assistant (CNA) Staff C said nail care is usually done weekly at shower times. Sometimes activities will do the nails and sometimes if I have time, I will do nail care for the residents in the TV lounge. I am not assigned to this resident, but I can do his nail care if you want, I don't mind.</p> <p>On 8/1/24 at 10:21 a.m., in an interview the Director of Nursing said the expectation is for nail care to be done on shower days as part of the care.</p> <p>On 8/1/24 at 10:27 a.m., in an interview and observation the South Unit Manager Licensed Practical Nurse (LPN) Staff B was with Resident #25 and said I'm aware of the residents need for nail care. Resident #25 looked at the LPN and showed her his long fingernails and said, I really need someone to trim them, they are bad. Staff B said she is one who usually does the nail care but she had been off for 2 weeks. She said we can't do toenails, podiatry does them, but I will take care of the fingernails today for Residents #12, #25 and #68.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38570</p> <p>Based on record review, review of facility's policy and procedure, and staff interviews, the facility failed to ensure medications were administered in accordance with professional standards of practice for 1 (Resident #63) of 7 residents reviewed by failing to follow physician's orders parameters for medication administration.</p> <p>The findings included:</p> <p>Review of facility policy titled Medication Administration dated 5/24/2023 showed, Policy Statement: Medications are administered by licensed nurses, as ordered by the physician and in accordance with professional standards of practice.</p> <p>Policy Compliance Guidelines:</p> <p>8. obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters .</p> <p>Clinical record review revealed Resident #63's diagnoses included Essential (Primary) Hypertension (High Blood Pressure).</p> <p>Review of the physician's orders revealed Resident #63's medication regimen included:</p> <p>Amlodipine Besylate 10 mg (milligrams) one tablet by mouth one time a day related to Essential (Primary) Hypertension.</p> <p>Hydrochlorothiazide 25 mg one tablet by mouth one time a day related to localized edema (swelling caused by fluid buildup in the tissues).</p> <p>Lisinopril 40 mg one tablet by mouth one time a day related to Essential (Primary) Hypertension.</p> <p>The physician's orders for the Amlodipine, the Hydrochlorothiazide and the Lisinopril specified to hold the medications for the systolic (top number) blood pressure below 140.</p> <p>Review of the Medication Administration Record (MAR) for May 2024, June 2024 and July 2024 revealed:</p> <p>In May 2024, the Amlodipine, Hydrochlorothiazide and the Lisinopril were administered 17 times when the documented systolic blood pressure was below 140.</p> <p>In June 2024, the Amlodipine, Hydrochlorothiazide and the Lisinopril were administered 18 times when the documented systolic blood pressure was below 140.</p> <p>In July 2024, the Amlodipine, Hydrochlorothiazide and the Lisinopril were administered 11 times when the documented systolic blood pressure was below 140.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/31/24 at 10:58 a.m., in an interview Licensed Practical Nurse (LPN) Staff F said if the blood pressure is out of the specified parameter, the nurse should hold the medication and document in the electronic record the medication was held due to the blood pressure being out of parameter. Staff F said if a resident receives blood pressure medication the physicians are supposed to review the vital signs (blood pressure and pulse) when they come in.</p> <p>On 7/31/24 at 11:18 a.m., in an interview LPN Staff G said if a blood pressure medication has parameters, she would take the blood pressure before administering the medication. If the blood pressure was outside of the specified parameter, she would hold the medication and document the medication was held because the medication was outside of the specified parameters.</p> <p>On 7/31/24 at 11:45 a.m., in an interview the Director of Nursing (DON) said the expectation is for the nurses to hold the medication if the blood pressure is outside the specified parameters. The DON said the physicians are able to and should monitor the residents' blood pressure through the system and adjust the medications if needed.</p> <p>The DON reviewed Resident #63's MARs for July 2024 and verified 11 times Resident #63's systolic blood pressure was lower than 140 and the resident was administered the Amlodipine, Hydrochlorothiazide and Lisinopril.</p> <p>On 7/31/24 at 2:10 p.m., in an interview Resident #63's attending physician said he expects the nurses to follow his orders as written. He expects the nurses to call him if they have any questions or if there are any issues. The physician said he did not notice in July 2024 the nurses administered all three blood pressure medications on 11 different occasions when the resident's systolic blood pressure was below 140 and did not notice on 16 occasions the resident's systolic blood pressure was below 140 and all three blood pressure medications were held.</p> <p>On 7/31/24 at 3:04 p.m., in an interview the Consultant Pharmacist said the monthly medication regimen review includes reviewing the blood pressure medications, the blood pressure readings obtained to verify the parameters are being followed. The Consultant Pharmacist said during his reviews, he did not notice staff administered the three blood pressure medications 46 times to Resident #63 when the blood pressure was outside of the specified parameters in the past three months. He said he did not notice Resident #63's systolic blood pressure was below 140 in 16 occasions resulting in all three blood pressure medications being held.</p> <p>On 8/1/24 at 11:14 a.m., in an interview the Administrator said she expects the nurses to follow the physician ordered parameters for blood pressure medications. She expects the Consultant Pharmacist to notice and notify the facility in a timely manner of any issues related to medications being given outside of specified parameters or medications being held.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>38570</p> <p>Based on clinical record review, review of facility's policies and procedures and staff interviews, the facility failed to ensure the medication regimen review identified medications administered without adequate monitoring for 1 (Resident #63) of 7 residents reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>Review of the facility's policy and procedure titled, Medication Regimen Review with a date reviewed/ revised of 1/2022 noted, The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident's medical chart . Medication Regimen Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medications. The MMR includes:</p> <p>a. Review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities.</p> <p>b. Collaboration with other members of the interdisciplinary team .</p> <p>Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</p> <p>Clinical record review revealed Resident #63's diagnoses included Essential (Primary) Hypertension (High Blood Pressure).</p> <p>Review of the physician's orders revealed Resident #63's medication regimen included:</p> <p>Amlodipine Besylate 10 mg (milligrams) one tablet by mouth one time a day related to Essential (Primary) Hypertension.</p> <p>Hydrochlorothiazide 25 mg one tablet by mouth one time a day related to localized edema (swelling caused by fluid buildup in the tissues).</p> <p>Lisinopril 40 mg one tablet by mouth one time a day related to Essential (Primary) Hypertension.</p> <p>The physician's orders for the Amlodipine, the Hydrochlorothiazide and the Lisinopril specified to hold the medications for the systolic (top number) blood pressure below 140.</p> <p>Review of the Medication Regimen Review and the Medication Administration Record (MAR) for May 2024, June 2024 and July 2024 revealed:</p> <p>In May 2024, the MAR showed 29 times the resident's systolic blood pressure was below 140. The Amlodipine, Hydrochlorothiazide and the Lisinopril were administered 17 times when the documented systolic blood pressure was below 140.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Medication Regimen Review performed between 5/20/24 and 5/21/24 showed Resident #63 was included in the list of Patients with no irregularities noted.</p> <p>In June 2024, the MAR showed 28 times the resident's systolic blood pressure was below 140. The Amlodipine, Hydrochlorothiazide and the Lisinopril were administered 18 times when the documented systolic blood pressure was below 140.</p> <p>The Medication Regimen Review performed between 6/23/24 and 6/24/24 showed Resident #63 was included in the list of Patients with no irregularities noted.</p> <p>In July 2024, 27 times Resident #63's systolic blood pressure was below 140. The Amlodipine, Hydrochlorothiazide and the Lisinopril were administered 11 times when the documented systolic blood pressure was below 140.</p> <p>On 7/31/24 at 10:58 a.m., in an interview Licensed Practical Nurse (LPN) Staff F said if a resident receives blood pressure medication the physicians are supposed to review the vital signs (blood pressure and pulse) when they come in.</p> <p>On 7/31/24 at 11:45 a.m., in an interview the Director of Nursing (DON) said the expectation is for the nurses to hold the medication if the blood pressure is outside the specified parameters. The DON said the physicians are able to and should monitor the residents' blood pressure through the system and adjust the medications if needed.</p> <p>The DON reviewed Resident #63's MARs for July 2024 and verified 11 times Resident #63's systolic blood pressure was lower than 140 and the resident was administered the Amlodipine, Hydrochlorothiazide and Lisinopril.</p> <p>On 7/31/24 at 2:10 p.m., in an interview Resident #63's attending physician said he expects the nurses to follow his orders as written. He expects the nurses to call him if they have any questions or if there are any issues. The physician said he did not notice in July 2024 the nurses administered all three blood pressure medications on 11 different occasions when the resident's systolic blood pressure was below 140 and did not notice on 16 occasions the resident's systolic blood pressure was below 140 and all three medications were held.</p> <p>On 7/31/24 at 3:04 p.m., in an interview the Consultant Pharmacist said the monthly medication regimen review includes reviewing the blood pressure medications, the blood pressure readings obtained to verify the parameters are being followed. The Consultant Pharmacist said during his reviews, he did not notice staff administered the Amlodipine, Hydrochlorothiazide and the Lisinopril 46 times to Resident #63 when the blood pressure was outside of the specified parameters in the past three months. He said he did not notice Resident #63's systolic blood pressure was below 140 in 16 occasions resulting in all three medications being held.</p> <p>On 8/1/24 at 11:14 a.m., in an interview the Administrator said she expects the nurses to follow the physician ordered parameters for blood pressure medications. She expects the Consultant Pharmacist to notice and notify the facility in a timely manner of any issues related to medications being given outside of specified parameters or medications being held.</p>		