

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Naples Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 12th Street N Naples, FL 34103	

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 facility policy and procedure, review of the clinical record and resident and staff interview, the facility failed to provide the necessary care and services to maintain personal hygiene for 3 (Resident # 899, #800 and #7) of 3 residents reviewed for ADL's (activities of daily living).</p> <p>The findings included:</p> <p>The facility policy Activities of Daily Living (ADL's) implemented 11/2020 (revised 11/22/21) documented Residents who are unable to carry out activities of daily living independently will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>1. Review of the clinical record revealed Resident #899 had a readmitted [DATE] with diagnoses including cerebral palsy, contracture of hands and left leg, and muscle wasting.</p> <p>The Quarterly Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) dated of 5/10/24 documented the resident was dependent on staff assistance for personal hygiene, dressing and bathing.</p> <p>The MDS noted Resident #899's cognitive skills for daily decision making were intact.</p> <p>The care plan initiated on 4/18/24 noted Resident #899 had an ADL self-care deficit due to cerebral palsy, weakness and contractures. The goal for Resident #899 was to have bathing, grooming, toileting, and ADL needs met with assistance from staff through next review.</p> <p>On 8/7/24 at 10:15 a.m., during observation and interview Resident #899 was observed in his room in bed. He was unshaven with approximately four days of facial hair growth. He said no one had shaved him in days and he was not receiving his scheduled showers. Resident #899 said he did not like facial hair, would like to be shaved and showered. He said had not received oral care in a week or so and when they do brush his teeth, they do it very quickly and harsh. Resident #899 said he was incontinent. He said he gets up and spends five hours sitting in his wheelchair every day. He said no one changes his incontinent briefs when he's up in the wheelchair for five hours.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at 10:00 a.m., in an interview Certified Nursing Assistant (CNA) Staff A said Resident #899 required the use of a mechanical lift for transfers and the assistance of two for turning and incontinent care. Staff A said Resident #899 refuses showers. When asked about incontinent care, Staff A declined to say how often she provided incontinent care to the resident.</p> <p>On 8/7/24 at 10:45 a.m., in an interview Licensed Practical Nurse (LPN) Staff B said staff are supposed to toilet residents every two hours and when they request it. Staff B said, I know sometimes he refuses showers; we document it.</p> <p>On 8/7/24 at 12:20 p.m., in an interview Registered Nurse (RN) Unit Manager Staff D said, Resident #899 refuses showers all the time. He said he does not want any water on his ears so she offered him a shower cap. They told him they could wash his hair in the sink and shower him and he refused. Staff D said they have had multiple care plan meetings with Resident #899 and his representatives and he refuses to be shaved.</p> <p>Staff D said Resident #899's showers are scheduled on Tuesdays and Fridays during the 7:00 a.m., to 3:00 p.m. shift. She said Resident #899 has had issues with staff and refused care from at least six Certified Nursing Assistants (CNAs). He will call them names and curse at them. She said she has told the CNAs repeatedly to document when a resident refuses care and find out the reason for the refusal.</p> <p>Review of the CNA documentation for June 2024 and July 2024 showed Resident #899 received a bed bath on 6/4/24, 6/7/24, 6/11/24, 6/14/24, 6/18/24, 7/2/24, 7/5/24, 7/19/24 and 7/26/24 in place of the scheduled shower. On 7/12/24 N/A (Not applicable) was entered for the shower. On 6/21/24, 7/16/24, 7/23/24 and 7/30/24, no documentation was entered for showers. There was no documentation in the CNA charting or nursing notes indicating the resident had refused the scheduled showers.</p> <p>The clinical record lacked documentation personal hygiene was provided on 6/16/24, 6/19/24, 6/21/24, 6/22/24, 6/24/24, 7/1/24, 7/16/24, 7/20/24, 7/23/24, 7/24/24, 7/25/24, 7/28/24 and 7/30/24 during the day shift (7:00 a.m., to 3:00 p.m.), or on 6/8/24, 6/16/24, 6/18/24 and 6/30/24 during the evening shift (3:00 p.m., to 11:00 p.m.).</p> <p>2. Review of the clinical record revealed Resident #800 had an admitted [DATE] with diagnoses including chronic kidney disease stage 3, type 2 diabetes and muscle weakness.</p> <p>The care plan initiated on 5/26/23 and revised on 12/13/23 documented the resident was at risk for decreased ability to perform ADLS in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion and toileting related to impaired mobility. The interventions noted Resident #800 prefers a shower and, Assist of 1 staff with bathing.</p> <p>On 8/8/24 at 9:45 a.m., in an interview Resident #800 said, Sometimes I don't get my showers, I don't know why but I never complained about it. I don't complain about anything ask anybody they will tell you.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/8/24 at 11:00 a.m., CNA Staff C was observed dressing Resident #800 to get her out of bed. In an interview during the observation, Staff C said sometimes Resident #800 doesn't want the shower. She likes to stay outside and smoke all day. She never refuses care and never complains about anything. CNA Staff C said, Sometimes it is just easier to give her a bed bath so she can get outside and smoke.</p> <p>Review of the CNA documentation revealed Resident #800's preferred showers. The showers were scheduled on Wednesdays and Saturdays during the 7:00 a.m., to 3:00 p.m., shift.</p> <p>The CNA documentation for June 2024, and July 2024 revealed on 6/1/24, 6/5/24, 6/8/24, 6/12/24, 6/15/24, 6/19/24, 6/22/24, 6/26/24, 6/29/24, 7/3/24, 7/6/24, 7/10/24, 7/13/24, 7/17/24, 7/20/24, 7/24/24 and 7/31/24 Resident #800 received a bed bath in lieu of the scheduled shower. On 7/27/24 no documentation was entered for the scheduled shower.</p> <p>The clinical record lacked documentation Resident #800 refused showers or requested a bed bath on 6/1/24, 6/5/24, 6/8/24, 6/12/24, 6/15/24, 6/19/24, 6/22/24, 6/26/24, 6/29/24, 7/3/24, 7/6/24, 7/10/24, 7/13/24, 7/17/24, 7/20/24, 7/24/24 and 7/31/24.</p> <p>3. Review of the clinical record revealed Resident #7 had an admitted [DATE]. Diagnoses included chronic back pain, anxiety and multiple sclerosis.</p> <p>The care plan initiated on 4/26/23 and revised on 5/25/23 documented Resident #7 was at risk for decreased ability to perform ADLS in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion and toileting related to multiple sclerosis and pain.</p> <p>The care plan interventions noted Resident #7 preferred showers and, Assist of 1 with bathing.</p> <p>On 8/8/24 at 10:20 a.m., in an interview Resident #7 said, I have no complaints here except for showers not being given. I'm lucky I have my motorized chair and once they get me in it, I can go to the bathroom sink and wash up. Resident #7 said, Would I like to be showered, hell yes. Bathing at the sink can only do so much, I need a good washing.</p> <p>Review of the CNA shower schedule showed Resident #7 was scheduled for showers on Mondays and Thursdays during the 7:00 a.m., to 3:00 p.m., shift.</p> <p>Review of the CNA documentation for June 2024, and July 2024 showed Resident #7 received a bed bath on 6/3/24, 6/6/24, 6/10/24, 6/20/24, 6/24/24, 6/27/24, 7/1/24, 7/4/24, 7/8/24, 7/11/24, 7/15/24, 7/18/24, 7/25/24 and 7/28/24 in place of her scheduled showers. On 6/13/24 and 7/1/24, no documentation was entered for the scheduled showers.</p> <p>On 8/8/24 at 11:15 a.m., in an interview Licensed Practical Nurse (LPN) Staff E said the CNAs are to go back and try different times to encourage the residents to shower. If the resident continues to refuse, then they'll document it.</p> <p>There was no documentation in Resident #7's clinical record indicating the resident had refused the scheduled showers or requested bed baths instead of the showers.</p>		