

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Harbour Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 23013 Westchester Blvd Port Charlotte, FL 33980	

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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review, review of facility policy and procedures, resident and staff interviews, the facility failed to protect the resident's right to be free from physical abuse for 1 (Resident #899) of 3 residents reviewed for abuse. The findings included: A review of the facility policy Identifying Types of Abuse documented, Abuse of any kind against residents is strictly prohibited. Abuse prevention includes recognizing and understanding the definitions and types of abuse that can occur. It is understood by the leadership in this facility that preventing abuse requires staff education, training, and support, and a facility wide culture of compassion and caring. Possible indicators of physical abuse include an injury that is suspicious because the source of the injury is not observed, the extent or location of the injury is unusual or because of the number of injuries either at a single point in time or overtime. Examples of injuries that could indicate physical abuse include but are not limited to: fractures, sprains or dislocations. Review of the facility's incident investigations revealed on 6/25/25 Resident #899 reported that on 6/23/25 Certified Nursing Assistant (CNA) Staff A handed her the call light and then tried to take it back. Resident #899 did not want to give the call light back. She alleged that the CNA tore the call light out of her hand, twisted her fingers around and pulled the call light out of her hands. The investigation noted Resident #899 left hand with bruising to the left 4th and 5th fingers. The facility interviewed CNA Staff A who stated on 6/25/25 she took care of Resident #899 and did not recall any issues with the resident who was on her regular assignment. CNA Staff A said Resident #899 asked for a pain pill that morning and to talk to the nurse. She advised the nurse of the resident's request. Around 1:00 p.m., Resident #899 asked to get out of bed for her care plan meeting. The resident's representative showed her that she had a bruise on her left hand. The representative and the resident did not say that anyone had hurt the resident. On 6/25/25 at 4:07 p.m., CNA Staff A wrote on a witness statement, On 6/25/25 at 1:30 p.m., I got her out of bed to get into her w/c so I can take her to the care plan meeting. The caregiver showed me she had a bruised hand. She did not say anything else or tell me anyone hurt her, only that look that the bruise is there. Licensed Practical Nurse (LPN) Staff B said Resident #899 requested to speak with a nurse. The resident stated that the nurse last night was rough and twisted my hand. Resident #899 showed her left hand to LPN Staff B who observed swelling and bruising of the resident's left 5th finger. Resident #899 could not recall the name or provide a description of the staff who was rough and twisted her hand. LPN Staff B notified the Administrator and Director of Nursing (DON). The facility's investigation documented on 7/7/25 the analysis of the incident (apparent cause): This injury was found to be an injury of unknown origin. All allegations have been unsubstantiated. Review of the clinical record for Resident #899 revealed an admission date of 5/6/25. Diagnoses included history of breast cancer, malignant neoplasm of lung and brain. Resident #899 was admitted to hospice services on 6/9/25. Review of the admission Minimum Data Set (MDS) assessment with a target date of 6/15/25 documented Resident #899 required partial to moderate assistance with bed mobility and hygiene. The MDS noted the resident scored 8 on the Brief Interview for Mental Status, indicating the residents' cognitive skills for daily decision making were moderately impaired. On 7/8/25 at 8:45 a.m., in an interview Resident #899 said a Certified Nursing Assistant (CNA) grabbed the call light out of her hand. She said she did not know the name of the CNA but she was very strong. Resident #899 pointed to her left hand. Dark bruising was observed on the dorsal area of the resident's left hand, and the palmar area of the 4th and 5th fingers. Resident #899 said, She (the CNA) was angry and was very strong. I was very upset that day about it. I think I was telling her to stop when she was trying to get the call light out of my hand, and she let up after a couple of minutes. It happened so fast, I think I was yelling. She was trying to get the wires out of my hand, and I was being grabbed. I don't know why she was trying to take it from me. They removed her and she has not been back since. When I use the call light now, they come. The facility did an x-ray and they took pictures of my hand and I have a fractured finger on the pinky finger of the left hand. The resident said, I felt and still feel when caring for people who have disabilities that you should treat them well. On 6/25/25 the Physician documented in a progress note, Chief Complaint: Per nursing, left small finger swelling and pain, and abdominal rash. The nurse reports today that there is some swelling and pain of the left little finger. Apparently, the patient is reporting that her hand may have been twisted and states she was trying to use a remote by a caregiver. When seen in her room, she was enjoying an éclair dessert using her left arm. There is swelling and an area of ecchymosis (bruising). She said that she did have some pain with movement but was able to use her hand. Otherwise, she was alert and enjoying her dessert. She does have some forgetfulness. The left hand</p>		