STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105538	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbour Health Center	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, record review, resident and staff interviews, the facility failed to ensure 1 (Resident #7) of 3 residents reviewed, received care and services in accordance with the care plan and physician's orders to maintain skin integrity.The findings included:Review of the clinical record for Resident #7 revealed a readmission date of 6/8/23. Diagnoses included dementia, heart failure and type 2 diabetes.The Quarterly Minimum Data Set (MDS) with an assessment reference date of 1/15/26 revealed Resident #7 scored 13 on the Brief Interview for Mental Status, indicating intact cognition.The care plan initiated on 6/12/23 and revised on 12/08/25 revealed Resident #7 had a potential for impaired skin integrity related to impaired mobility, fragile skin, diabetes, neuropathy (damage to peripheral nerves), edema (swelling), impaired cognition, incontinence. The care plan noted that Resident #7 has a history of noncompliance with Geri sleeve (protective sleeve).On 10/7/25, the care plan was updated to reflect a skin tear to the resident's left hand and on 12/8/25, a skin tear to the resident's left lower leg.The interventions included:Apply/maintain Geri sleeves to bilateral upper and lower extremities as tolerated. Document refusal as needed.Apply /maintain offload heel boots to bilateral feet while in bed as tolerated. The current physician's orders included:Apply/maintain offload heel boots to bilateral feet while in bed as tolerated, every shift for skin protection (Start date 7/14/23).Apply/maintain Geri sleeves to bilateral upper extremities as tolerated, every shift for protection. Document refusal as needed (Start date 4/28/25).Apply/maintain Geri legs to bilateral lower extremities as tolerated, every shift for skin protection. Document refusal as needed (Start date 7/22/25).On 3/23/26 at 12:03 p.m., and on 3/24/26 at 2:00 p.m., Resident #7 was observed in her wheelchair. The Geri sleeves were not applied to the resident's upper and lower extremities.On 3/25/26 at 12:01 p.m., Resident #7 was observed in bed. She was not wearing the Geri sleeves to her upper or lower extremities. The resident did not have the offloading heel boots on as ordered. In an interview, Resident #7 said she did not know why the staff did not apply the Geri sleeves or the offloading heel boots.On 3/26/26 at 10:12 a.m., Resident #7 was observed in her wheelchair. She was not wearing the Geri sleeves to her upper or lower extremities as ordered.On 3/26/26 at 10:15 a.m., in an interview Certified Nursing Assistant (CNA) Staff A said she was assigned to Resident #7. She said she had just provided morning care to the resident and transferred her to the wheelchair with the assistance of another CNA. Staff A said when she is assigned to Resident #7, the resident never refuses care. CNA Staff A verified that Resident #7 was not wearing Geri sleeves to her arms or legs. She said that Resident #7 did not have Geri sleeves for her arms or legs and had never seen heel boots for the resident's feet.On 3/26/26 at 10:20 a.m., review of the Treatment Administration Record (TAR) for March 2026 revealed the licensed nurses signed the TAR on 3/23/26, and 3/24/26 verifying the Geri sleeves were applied to the resident's arms and legs for the day shift. On 3/25/26, the TAR noted that the offloading heel boots were applied as ordered for the day shift. On 3/26/26, Registered Nurse (RN) Staff B signed the TAR, verifying the Geri Sleeves were applied to Resident #7's arms and legs for the morning shift. On 3/26/26 at 10:27 a.m., the Director of Nursing (DON) verified through observation that Resident #7 was not wearing the Geri sleeves to her arms and legs as ordered. She said she could not locate Geri sleeves or heel boots in the resident's room.On 3/26/26 at 10:40 a.m., in an interview, RN Staff B confirmed she signed the (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	TAR on 3/26/26 verifying that the Geri sleeves were applied to Resident #7's arms and legs. When asked about signing the TAR when the Geri sleeves were not applied, RN Staff B did not explain and replied, I know.