

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Centre Pointe Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2255 Centerville Road Tallahassee, FL 32308	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43857</p> <p>Based on record review and interviews, the facility failed to provide treatment to a pressure ulcer upon admission to the facility for 1 of 3 residents sampled (Resident #1).</p> <p>The finding include:</p> <p>On 4/30/24, a review of Resident #1's medical records was conducted. Records revealed Resident # 1 was discharged to hospital on 2/26/24 and readmitted to facility on 3/7/24 with a new diagnosis of an unstageable pressure ulcer of the sacral region. The resident was incontinent of bladder and bowel upon admission to the facility on [DATE]. Admission orders did not include treatment specific for the pressure ulcer until 3/9/24. A physician's order dated 3/9/24 stated Dakin's external solution (a dilute solution used as an antiseptic to cleanse wounds in order to prevent infection), apply to sacrum topically every day shift for wound care, cleanse wound area with Dakin's solution, pat dry, skin prep perimeter of wound and apply santyl ointment (a debriding ointment that contain an enzyme to allow for wound healing and growth of healthy tissue) to eschar (a dry, dark scab) of wound and hydrogel to redden area of wound, cover wound with foam dressing.</p> <p>On 4/30/24 at 12:52 PM, an interview was conducted with Staff A, a Physician Assistant (PA) and facility's wound care specialist. During the interview, she reviewed Resident #1's physician's orders and stated Resident #1 should have been admitted with orders for the care of the pressure ulcer. Staff A verified Resident #1 did not have orders for care of the unstageable pressure ulcer until 2 days after arrival to the facility.</p> <p>On 4/30/24 at 3:26 PM, an interview was conducted with Director of Nursing (DON). She was asked the reason Resident #1 did not receive treatments for the pressure ulcer upon arrival to the facility on [DATE]. The DON stated that Resident #1 had the wound cleaned and a barrier cream applied so he did have the skin treated on 3/7/24. Further review of the orders with the DON indicated an order of Barrier cream to scrotum/peri area every shift and as needed after each incontinence episode every shift for skin impairment dated 2/9/21 and re-started on 3/7/24. The DON stated this order was consistent with facility protocol for skin care for residents who were incontinent. The DON verified an order for Dakin's (1/2 strength) external solution, apply to sacrum topically every day shift for wound care cleanse wound area with Dakin's solution pat dry, skin prep perimeter of wound and apply santyl ointment to eschar of wound and hydrogel to redden area of wound, cover wound with foam dressing dated 3/9/24, two days after arriving to facility.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43857</p> <p>Based on interviews and record review, the facility failed to ensure that wound care documentation was completed for 2 of 3 residents sampled for wound care (Resident #2 and #3).</p> <p>The findings include:</p> <p>Resident #2</p> <p>On 4/30/24 at 10:05 am, an interview was conducted with Resident # 2. During the interview, she stated facility staff was not consistent with her wound care.</p> <p>On 4/30/24, a review of Resident #2's medical records was conducted. There was a physician's order for nystatin-triamcinolone cream twice a day for skin management with a start date of 4/24/24. The Medication Administration Record (MAR) was reviewed and revealed that, on the 4/25/24 evening shift and 4/27/24 day shift, the documentation was not completed. Another physician's order indicated to apply zinc barrier cream to the buttocks, groin and perineal area, clean with soap and water, pat it dry and apply zinc ointment two times a day for excoriation and skin breakdown with a start date of 3/24/24. The MAR was reviewed and revealed that, on 4/21/24 at 9:00 am and 6:00 pm, on 4/25/24 at 6:00 pm, and on 4/27/24 at 9:00 am, the documentation was not completed.</p> <p>Resident #3</p> <p>On 4/30/24 at 10:30 AM, an interview was conducted with Resident #3. During the interview, he stated the facility had missed some of his wound care treatments.</p> <p>On 4/30/24, a review of Resident #3's medical records was conducted. There was a physician's order for Triad Hydrophilic Wound Dress Paste, apply to sacrum and both buttock topically every shift for skin management, evaluate for pain prior to, during, and after treatment and medicate as needed, monitor site for signs and symptoms of infection and notify the Practitioner as needed with a start date of 4/4/2024. The MAR was reviewed and revealed that the documentation was not completed for the daytime applications on 4/16/24 and 4/21/24 and for the evening applications on 4/14/24, 4/15/24, 4/20/24, 4/21/24, and 4/25/24.</p> <p>On 4/30/24 at 3:26 PM, an interview was conducted with Director of Nursing (DON). During the interview, the DON reviewed Resident #2 and #3's MAR's. She stated there was facility protocols to document if treatment was given, if it was refused, or the reason it was not given. The DON further stated facility would educate staff that did not document the MARs.</p>		