

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Springs at Lake Pointe Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 3280 Lake Pointe Blvd Sarasota, FL 34231	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>37256</p> <p>Based on record review and interview, the facility failed to protect the right to be free from abuse for 1 (Resident #2) of 5 residents reviewed for abuse.</p> <p>The findings included:</p> <p>Review of the undated Facility policy titled Abuse, Neglect, Exploitation and Misappropriation noted, Abuse is the willful infliction of injury . with resulting physical harm, pain or mental anguish. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>Record review of Resident #2's clinical chart revealed a progress note dated 3/19/24 that indicated she had areas of bruising to her left forearm and complained of pain to the area.</p> <p>On 4/8/24 at 11:29 a.m., in an interview Certified Nurse Assistant (CNA) Staff A said he had tried to provide incontinent care to Resident #2. He said he was providing care alone without anyone to assist. He said Resident #2 became resistive to care and he had to grab her because he didn't want her to fall from the bed. He said he always called someone to help with her as she is often resistant to care, but that night he tried to do it by himself, because the other people were busy.</p> <p>On 4/8/24 at 12:41 p.m., an attempt to interview Resident #2 was made. Resident #2 is aphasic (difficulty communicating), however, when asked her how she felt the care was, she became restless, pointed to her left arm and appeared to be trying to communicate something.</p> <p>On 4/9/24 at 9:30 a.m., in an interview Resident #2's sister said Resident #2 indicated a staff member had been rough with her during care. The sister said she did not feel it was an accident but deliberate manipulation of her arm and that Resident #2 had been very upset at the time.</p> <p>On 4/9/24 at 11:17 a.m., the Director of Nursing (DON) said they had done an investigation into this incident, however they did not find the incident to be abuse as there was no intent to cause harm. The DON said Staff A had been holding Resident #2's arm so she would not put her hand in the bowel movement during incontinent care. The DON said at the time of the incident Resident #2 had been care planned for one person assist, but the care plan had been adjusted now to two people assist due to the resistive behaviors.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the care plan at this time revealed it had not been updated to two person assist with Activities of Daily Living. The DON agreed the care plan still indicated one person assist and it should be two.</p>		