

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Savannas Park Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1655 SE Walton Road Port Saint Lucie, FL 34952	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33103</p> <p>Based on interview and record review, the facility failed to provide care and services per residents' request and choice for 2 of 2 sampled residents, as evidenced by failure to ensure showers as per preference and schedule for Resident #56, and failed to provide meals in the dining room per residents' request for Resident #56 and #78.</p> <p>The findings included:</p> <p>1. Review of the record revealed Resident #56 was admitted to the facility on [DATE]. Review of the MDS (Minimum Data Set) assessment for Admission/Medicare Part A Stay dated 01/29/24 revealed the Brief Interview for Mental Status (BIMS) score was 15, indicating cognition was intact. This MDS also documented the resident was Substantial / Maximal Assistance for showers.</p> <p>Review of the current care plan for Activities of Daily Living (ADL) self-care performance deficit related to paraplegia, and other clinical history, documented provide sponge bath when a full bath or shower cannot be tolerated.</p> <p>Review of the shower schedule revealed Resident #56 was scheduled for a shower on Tuesdays and Thursdays during the 3 PM to 11 PM shifts and is a 2-person assist.</p> <p>During an interview on 04/28/24 at 10:47 AM, Resident #56 stated he has only had 1 shower since he's been here. He said they do bed baths every day. Resident #56 stated when I asked for a shower they said, I don't fit in the chair, and they don't have the staff.</p> <p>Review of the tasks section of the electronic medical record for 03/31/24 through 04/29/24 documented no data found under the shower task. Review of the task Bathing PRN [as needed] resident request documented 5 days: 1 day dated Tuesday 04/02/24 is marked as having a shower; 3 days are marked as having a bed bath (Thursday 04/04/22, Monday 04/22/22, and Friday 04/26/24) and 1 as not applicable dated Monday 04/15/22.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 04/30/24 at 3:10 PM with Staff G, Certified Nursing Assistant (CNA), who when asked if she takes care of Resident #56 on the 3-11PM shift., acknowledged that she cares for him. She was asked about his showers and stated he refuses many times to take his shower. The task concerning the shower and bath schedule were reviewed. Staff G was asked if she ever tells the nurse when he refuses or if it was charted somewhere. Staff G stated she does not speak to the nurse about the resident refusal and if refuses she puts it under the 'not applicable' heading of the task.</p> <p>An interview was conducted with Staff H, Unit Nurse Manager, and task for showers were reviewed where the CNA documents for showers. Under Tasks where the CNA's document showers, there was a place to document if the resident refuses. There was no documentation found for this resident which identified him as refusing a shower. It was reviewed with the Nurse Manager about documentation, who stated, if it isn't documented then it wasn't done.</p> <p>An interview was conducted on 05/01/24 at 9:00 AM with Resident #56 who was asked if he had a shower yesterday. The resident stated, yes they gave me one. The CNA stated when she got done with the shower that I am going to recommend you for a bed bath, it's too much trouble to give you a shower. The resident stated they use a shower chair, and it is hard. When I ask them to shower me, they tell me I am not scheduled.</p> <p>During an interview on 05/01/24 at 1:33 PM with Director of Nursing (DON), she acknowledged that the CNA's go in the Point Click Care resident records under task and document the showers. The PRN task is when the resident is requesting a shower not on the scheduled shower day.</p> <p>2. An observation was conducted on Sunday 04/28/24 at 12:00 PM, of the main dining room and there were no residents in the main dining room. The Dietary Manager (DM) was asked at that time where all the residents were for lunch. The DM stated that since he has been here, it has been closed on the weekend for all 3 meals.</p> <p>During the Resident Council meeting on 04/30/24 at 10:08 AM, residents stated they can only eat in the dining room for lunch Monday through Friday. You have to eat in your room for breakfast and dinner during the week and on the weekends. We asked the residents and they said there were not enough staff. Resident #78 further stated that she spoke to the Administrator about opening up the dining room and he told her there were not enough staff.</p> <p>During an interview on 05/01/24 at 1:44 PM the DON was asked why the dining room was closed on weekends and breakfast and dinner during the week. The DON stated it is not that we don't have staff, it's that we have to figure out who will be working there.</p> <p>During an interview on 05/01/24 at 2:00 PM, Resident #56 was asked about his grievance that he put in about wanting to eat in the Oasis dining room. He stated that he wanted to but it's too far for him to go and I don't wake up in time to eat in Oasis (Oasis is the rehab unit dining room). He stated if the dining room was open then everybody would eat in there.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/01/24 at 2:04 PM with the Social Service Director, she stated that Resident #56 was on the rehab unit when he came in and then went to a long-term care room. She said that the Restorative residents eats in the main dining room in the mornings and all other residents can eat breakfast in the rehab unit but not the main dining room. She stated she doesn't know why. She stated that during lunch, the rehab dining room is only open for rehab residents on that unit, and long term eats in main dining room for lunch.</p> <p>39026</p> <p>3. Resident #78 was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Dependence on Renal Dialysis and Depression. Review of the quarterly Minimum Data Set (MDS) with an assessment reference date of 04/03/24 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact.</p> <p>On 04/28/24 at 10:30 AM, an initial interview was conducted with the resident. The resident stated she eats lunch in the dining room, but breakfast and dinner were served in her room.</p> <p>On 04/28/24 at 12:00 PM, there were no residents observed in the main dining room. The Dietary Manager stated that since he has been here it has been closed on the weekends for all 3 meals.</p> <p>On 04/28/24 at 12:32 PM, an interview was conducted with Staff F, Registered Nurse / Weekend Supervisor, regarding using the dining room for lunch. She stated it is not used on the weekends. She stated she does not know why but you should ask dietary.</p> <p>An interview with Staff E, Licensed Practical Nurse / Infection Preventionist was conducted at the same time who stated that they are in the process of getting both dining rooms open on the weekends as well.</p> <p>On 05/01/24 at 1:48 PM, an additional interview was conducted with Resident #78. She stated she would like to have the dining room open 7 days a week for all meals. She is tired of eating in her room. She was aware that she can go to the OASIS dining room for breakfast, but she felt like she didn't belong there with the residents because it was by the rehab area. She stated this has been brought up in Resident Council, but the dining room is still only open Monday through Friday for lunch.</p> <p>On 05/01/24 at 2:00 PM, an interview was conducted with the Administrator. He stated he was aware that Resident #78 would like the dining room open for meals but he has not tried to open the dining room for a couple of months. He stated that there was poor interest at that time, and he did not try since then. He stated he was dragging his feet on reopening the dining room.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33103</p> <p>Based on observation and interview, the facility failed to ensure it provided a safe, clean comfortable homelike environment, as evidenced by damaged and dirty equipment, peeling paint, bathroom issues, and stained walls and doors.</p> <p>The findings included:</p> <p>Review of the Preventive Maintenance for wheelchairs, dated 11/03/20 with a revision date of 06/07/23, documented, in part; It is the practice of the facility to develop and implement a preventive maintenance program to ensure wheelchairs are maintained in a safe and operable manner.</p> <p>2. All staff have the responsibility to ensure that wheelchairs in need of repair are not used and are reported for repairs.</p> <p>3. The Maintenance Director is responsible for developing and maintaining a schedule of preventative maintenance services to ensure that equipment is maintained in a safe and operable manner.</p> <p>e. Check seats, backs, arm rests and cushions for tears, cracks or missing screws-replace or repair if present.</p> <p>5. If the wheelchair fails any element of the preventative maintenance check, the wheelchair should be identified for repair and taken out of service until the repair is completed.</p> <p>During the initial tour of the facility, including resident rooms, on 04/28/24 through 04/29/24, and a secondary tour completed on 05/01/24 at 11:22 AM with the Maintenance Director and the Housekeeping Manager, the following was observed and acknowledged by the Managers:</p> <p>a. room [ROOM NUMBER], the resident's call bell wire had wiring exposed, head of bed had the cork board splintered and the bump guard damaged behind the head of bed.</p> <p>b. room [ROOM NUMBER], the bathroom entryway on both sides of doorway were scuffed up and had peeling paint. The sink was backed up with soap suds. An Aide was observed washing her hands and stated she had to make it quick because the sink stays clogged.</p> <p>c. room [ROOM NUMBER], there was white caulking on the wall behind Bed-B that needed painting. The vinyl sideboard peeling away from wall. Bed A the bump guard behind bed on wall damaged.</p> <p>d. room [ROOM NUMBER]-A, the resident's high back wheelchair's bilateral arm rests were cracked.</p> <p>e. room [ROOM NUMBER]-A, the bilateral arm rests on the wheelchair were torn.</p> <p>f. room [ROOM NUMBER], the bilateral arm rests on the wheelchair were torn and had tape around the left arm rest.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>g. Hallway on high-200's, there was brown splatter on walls above and below the chair rail in the hallway.</p> <p>h. the sit-to-stand lift was dirty on the black pads and feet rests.</p> <p>Photographic Evidence Obtained.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893</p> <p>Based on observations, interviews, policy and record reviews, the facility failed to follow policies and procedures to ensure a safe smoking environment for residents that choose to smoke for 3 of 3 residents reviewed for smoking, Residents #60, 110 and 112.</p> <p>The findings included:</p> <p>The facility's policy, titled, Smoking Policy, (no reference date), documented, in part:</p> <p>This facility will establish and maintain safe resident smoking practices for all residents. To assure maximized safety, all residents who choose to smoke will be supervised smokers.</p> <p>Policy Interpretation and Implementation:</p> <p>2e. All smokers will be supervised during smoking without exception.</p> <p>4. Th designated smoking area will be staff-supervised at times posted at the entrance to the smoking area. Those who wish to smoke outside designated times designated time blocks will request assistance from staff who will provide supervision at the earliest convenience.</p> <p>15. All smoking materials will be kept in a lock box at the adjacent nurse's station. Residents who smoke will turn in all smoking materials and paraphernalia to the staff person in charge when leaving the smoking area. No resident may have or keep any smoking materials or paraphernalia, including cigarettes, tobacco, lighters, matches etc. in their possession outside the designated smoking area.</p> <p>19. All smoking materials and/or paraphernalia brought into the facility must be turned over to staff for securing in the lock box system.</p> <p>On 04/28/24 at 10:20 AM, 3 residents, that included Residents #110, #112 and a random resident were observed on the smoking patio with no supervision.</p> <p>a. Record review revealed Resident #60 was admitted to the facility on [DATE]. Review of the resident's most recent complete assessment, a Quarterly Minimum Data Set (MDS), dated [DATE], documented Resident #60 had a Brief Interview for Mental States (BIMS) score of 15, indicating the resident was cognitively intact.</p> <p>On 04/29/24 at 9:37 AM, Resident #60 was observed on the smoking patio, smoking with no supervision.</p> <p>b. Record review documented Resident #110 was admitted to the facility on [DATE]. Review of the resident's most recent complete assessment, a Medicare 5-day MDS, dated [DATE], documented Resident #110 had a BIMS score of 15.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/28/24 at 11:18 AM, Resident #110 was observed on the smoking patio, smoking with no supervision.</p> <p>During an interview, on 04/29/24 at 10:26 AM, with Resident #110, when asked about smoking materials, Resident #110 replied, normally they would be on me. Someone came in this morning and asked for all of my stuff, and I was sound asleep in my bed, and I couldn't remember where they were. The same thing happened to Resident #112 too. I used to keep them in my wheelchair. Resident #110 also stated that it was the first day that there had been supervision during smoking.</p> <p>c. Record review documented Resident #112 was admitted to the facility on [DATE]. Review of the resident's most recent complete assessment, a Medicare 5-day MDS, dated [DATE], documented Resident #112 had a BIMS score of 15.</p> <p>During an interview, on 04/29/24 at 10:28 AM, Resident #112 confirmed that facility staff had taken the smoking paraphernalia that she had kept in her room until that time. Resident #112 further stated that it was Staff F, RN/Weekend Supervisor who had removed the items.</p> <p>Resident #112 also stated that it was the first day that there had been supervision during smoking.</p> <p>On 04/29/24 at 1:30 PM, Staff J, Cook, was observed providing supervision on the smoking patio with Residents #110 and #112, when asked about providing supervision to the residents, Staff I replied, they changed it today to have me out here. I am normally in the kitchen, and I am on light duty from an injury in November. Normally, I work with the menus, I set up the dining room, I do what I am told and what I can do while I am on light duty.</p> <p>On 04/29/24 at 2:55 PM, the surveyor requested a copy of the smoking schedule from the Administrator. The Administrator stated, we were forced to liberalize the smoking schedule to be open because the residents were grossly noncompliant with the smoking schedule, and we caught a couple trying to smoke in their rooms. We instituted an open schedule and have somebody available to supervise. I know that we had a couple of misses yesterday (referring to not providing supervision).</p> <p>On 04/29/24 at 3:22 PM, Staff K, Housekeeping, was observed providing supervision on the smoking patio, with Residents #60, 110, 112 and a random resident. When asked how often he provides supervision to the residents that smoke, stated, I have never done it before. My supervisor called me and asked me to relieve Staff I .</p> <p>On 04/30/24 at 7:49 AM, Staff L, Dietary Aide, was observed on the smoking patio providing supervision to Residents #60, 112, while Resident #110 was arriving to the patio. When asked about providing supervision, Staff K replied, today is my first day. I went to the laundry today to do my light duty and they said that I had to come out here and watch the residents. I have to do it today and tomorrow. Staff K further stated that he came to the patio at 7:00 AM and will be here until 12:00 PM.</p> <p>During an interview, on 04/30/24 at 10:26 AM with Staff F, RN / Weekend Supervisor, when asked about removing the smoking paraphernalia from the residents' rooms, Staff F replied, because we keep it in here in a locked box, since we have been doing this for a year. I asked for them and they willingly gave them to me.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/30/24 at approximately 10:30 AM, a copy of a schedule for staff to provide supervision on the smoking patio was provided to the surveyor. During an interview with Staff M, Licensed Practical Nurse / Unit Manager, when asked about the schedule, Staff M replied, the Administrator made a schedule for staff to supervise smokers that started a couple of days ago.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893</p> <p>Based on observations, interviews and record reviews, the facility failed to provide nutrition via enteral means as ordered by physicians for 1 of 1 sampled resident, Resident #108, reviewed for tube feeding.</p> <p>The findings included:</p> <p>Record review revealed Resident #108 was admitted to the facility on [DATE]. Review of the resident's most recent complete assessment, an Admission Minimum Data Set (MDS), dated [DATE], documented Resident #108 had a Brief Interview for Mental Status (BIMS) score of 06, indicating the resident had severe cognitive impairment.</p> <p>Resident #108's dietary orders included:</p> <p>a. On 04/19/24, CCHO (Controlled Carbohydrate) diet, Mechanical Soft texture, Thin consistency.</p> <p>b. On 04/19/24, Enteral Feed - in the afternoon for NUTRITION OFF AT 10AM - ON 2PM Glucerna 1.5 at 40 milliliters per hour (ml/hr).</p> <p>Resident #108's care plan for tube feeding dated 04/28/24, documented, Resident requires an enteral feeding tube to meet nutrition and hydration needs related to: Cerebrovascular Accident) and Dysphagia.</p> <p>The goal of the care plan was documented as, Will tolerate enteral feeding without signs or symptoms of aspiration throughout next review date 04/28/24 with a target date of 07/22/24.</p> <p>Interventions included: Provide tube feeding as ordered, Date Initiated: 04/28/24, Created on 04/28/24.</p> <p>Resident #108's care plan for nutrition, dated 04/11/24 with a revision date of 04/29/24, documented, Resident has a nutritional problem r/t Hx [related to / history] of CVA w/ [Cerebral Vascular Accident with] Dysphagia requiring a GTube [Gastrostomy Tube] for meeting needs. Hx of ESRD {End Stage Renal Disease} (HD[hemodialysis] discontinued 04/17/24) Resident has a preference to avoid pork and an allergy to shrimp, Date Initiated: 04/11/24.</p> <p>Goals:</p> <p>One of the goals of the care plan was documented as, The resident will maintain adequate nutritional status as evidenced by maintaining weight within (95)% of (146), no signs/symptoms of malnutrition, and tolerating TF [tube feeding] through review date. Date Initiated: 04/11/24 Created on 04/11/24, Revision on: 04/11/24, Target Date: 07/22/24.</p> <p>Review of a patient transfer form from an Acute Care Hospital, dated 03/29/24, documented the resident with an NPO (nothing by mouth) diet order.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident #108's record revealed the resident received nutrition via enteral methods upon admission.</p> <p>On 04/30/24 at approximately 7:30 AM, Resident #108 was observed in the Main dining room having breakfast.</p> <p>On 04/30/24 at 8:20 AM, the resident was being assisted by staff back to the unit and left the resident at the nurse's station on the Transitions Unit. Resident #108 stated I was having breakfast in the Dining Room.</p> <p>On 04/30/24 at 9:43 AM, Resident #108 was observed in therapy in a wheelchair actively participating in therapy.</p> <p>On 04/30/24 at 10:30 AM, Resident #108 was assisted back to her room by staff. Upon being returned to her room, Resident #108 was noted to not have the tube feeding restarted since being observed in the Main Dining Room during breakfast.</p> <p>During an interview, on 04/30/24 at 2:15 PM, with Staff N, Licensed Practical Nurse (LPN), when asked about stopping Resident #108's tube feeding, Staff N replied, She was already disconnected before I walked in and before my shift [7AM-3PM]. I did my round. She was in her room when I gave her medication at 10:37 AM. Staff N confirmed that Resident #108 did not have the tube feeding regimen started again until the next scheduled start time (2:00 PM).</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>38893</p> <p>Based on observations interviews and record reviews, the facility failed have nurse staffing information posted daily and failed to update the nursing staff information, including names of staff providing care to the residents and residents' census on 2 of 3 units.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Upon entering the facility, on 04/28/24 at 8:30 AM, it was noted that the nurse staffing hours were not able to be located by members of the survey team. <p>During a tour of the facility, on 04/28/24, beginning at 9:26 AM, the staffing data was again not able to be located.</p> <p>On 04/28/24 at approximately 10:30 AM, the staffing data was on the reception desk in the Main Lobby, where the information was not available during the previous observations.</p> <ol style="list-style-type: none"> 2. During a unit by unit tour of the facility, on 04/28/24 at 9:26 AM, the following were noted: <ol style="list-style-type: none"> a. On the Reflections Unit, 200 unit and rooms 309-316, the white board that was used to list the names of the nursing staff providing care to the residents was dated Friday, 04/26/24. b. On the Oasis Unit (400 unit), the white board that was used to list the names of the nursing staff providing care to the residents was dated Saturday, 04/27/24. <p>During an interview, on 05/01/24 12:58 PM, the Administrator stated the Unit Mangers are responsible for ensuring that staffing is posted.</p> <p>During an interview, on 05/01/24 12:59 PM, with Staff I Registered Nurse / Unit Manager, when asked about the staffing information not being updated, Staff K replied, we are working on a system to make sure that the staff on the weekends are updating them (referring to the white boards used to list the names of nursing staff providing care to the residents). During the interview, Staff K confirmed that the staff listed on were from previous days' shifts. Staff K stated, It has been a problem on the weekends.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Savannas Park Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1655 SE Walton Road Port Saint Lucie, FL 34952	
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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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>38893</p> <p>Based on observation, interview and record review, the facility failed to follow the approved menu for meals, for French Dip on a Roll, that was to be served for lunch on 04/30/24 from the Main Kitchen and the satellite kitchen on the Oasis Unit (400 unit). This regular menu could potentially affect 113 residents, including residents receiving the puree diet, of the 117 residents in the facility.</p> <p>The findings included:</p> <p>Review of the approved menu documented that residents were to be served 'French Dip on a Roll' for lunch on 04/30/24.</p> <p>The recipe for the 'French Dip on a Roll' was as follows:</p> <ol style="list-style-type: none"> 6. slice each roll into bottom and top halves. 7. Assemble each sandwich by portioning 2.5 oz of meat on bottom roll of half roll using tongs. Top with second half. 8. Standard portion: Serve one assembled sandwich or serve per menu/tray card. Place 1 fl. Oz. (Fluid ounce) of Au jus in a souffle cup using a ladle and serve on the side with the sandwich. <p>During the follow up kitchen tour, on 04/30/24 at 10:56 AM, the Food Service Director was observed using tongs to place the sliced meat directly on the plate and passing it to Staff C, Dietary Aide, who used a ladle to pour 'au jus' onto the sliced meat and finish plating the rest of the hot items from the steam table and passing it on to staff to complete the tray. The surveyor asked the Food Service Director (FSD) about serving, as a sandwich, as menu had documented. The Food Service Director immediately went to a rack that had assorted rolls on it. The Food Service Director began cutting the rolls in half diagonally and then cutting again to create a top bun and a bottom bun and placed 2.5 ounces of the sliced meat between them and then passed them to Staff C who used a ladle to pour the 'au jus' directly on the meat instead of portioning in a souffle cup as the approved recipe dictated.</p> <p>During an observation of lunch being served on the Oasis unit, on 04/30/24 at 12:11 PM, Staff O, Dietary Aide, was observed assembling the 'French Dip on a Roll' by cutting rolls to make a top and bottom roll. Staff O then placed 2.5 ounces of sliced meat on the bottom of the roll. It was noted that Staff O did not cut the roll diagonally as they did in the main kitchen and the sandwich appeared to be a whole sandwich as opposed to the half that was being served from the Main Kitchen. It was noted that staff again were not portioning the 'au jus' in a souffle cup as the approved recipe dictated.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>38893</p> <p>Based on observation, interview and record review, the facility failed to prepare and provide meals in a manner to conserve the nutritive value of pureed vegetables.</p> <p>The findings included:</p> <p>The facility's policy, titled, General Food Preparation and Handling, with a reference date of 2005, documented, in part:</p> <p>15. Food items shall be prepared to conserve maximum nutritive value, develop and enhance flavor and to be free of injurious organisms and substances.</p> <p>Procedure:</p> <p>15. Leftovers must be cooled to <40 degrees F within 4 hours (or cooled to 70 degrees F within 2 hours and then down to 40 degrees F within another 4 hours) .Leftovers are not to be used for as pureed food.</p> <p>The facility's approved recipe for Pureed Buttered Broccoli Florets (no reference date) frozen broccoli pieces lightly seasoned with margarine then pureed to a pudding texture was as follows:</p> <p>2. Prepare Broccoli according to the attached/printed sub recipe (referring to the recipe for broccoli to be steamed from frozen florets).</p> <p>3. drain vegetables and place in food processor, add margarine, then puree.</p> <p>During the initial kitchen tour, on 04/28/24 at 8:51 AM accompanied by the Food Service Director (FSD), Staff A, Dietary Aide, was observed handling a 6-inch deep container of sliced carrots and a 6-inch deep container of broccoli. When asked about the vegetables in the containers, Staff A stated that they will be used for making puree vegetables later in the week. Staff A confirmed that the vegetables would have to be reheated and then pureed and then placed in the hot holding unit for service.</p> <p>During an interview with the Food Service Director at the time of the observation, the FSD acknowledged that reheating the vegetables that had already been cooked would significantly diminish the nutritional value of the vegetables.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893</p> <p>Based on observation, interview and record review, the facility failed to provide foods per residents' religious preferences for 1 of 4 sampled residents reviewed for food concerns, Resident #108.</p> <p>The findings included:</p> <p>Record review revealed Resident #108 was admitted to the facility on [DATE]. Review of the resident's most recent complete assessment, an Admission Minimum Data Set (MDS), dated [DATE], documented Resident #108 had a Brief Interview for Mental Status (BIMS) score of 06, indicating that the resident had severe cognitive impairment.</p> <p>Resident #108's dietary orders included:</p> <p>a. CCHO (Controlled Carbohydrate) diet, mechanical Soft texture, thin consistency - dated 04/19/24.</p> <p>Review of Resident #108's electronic health record (EHR) showed that the resident was allergic to pork.</p> <p>During an interview, on 04/29/24 at 7:40 AM, with Resident #108, when asked about the food served in the facility, Resident #108 replied, the food is terrible. They keep serving me food that I don't like. I don't like pork (including sausage, bacon, ham). Resident #108 further stated that she did not eat pork products as she is of a specific religion.</p> <p>During an observation of breakfast being served to the residents in their rooms, on 04/29/24 at 8:31 AM, Resident #108 was served mechanical soft (ground) pork. Review of the tray ticket that accompanied the meal revealed the resident's preference for not having pork was not documented on the tray ticket.</p> <p>During an interview, on 04/29/24 at 8:43 AM, with the Food Service Director and the Registered Dietitian, when informed that the resident's allergies and dislikes were not included on the tray ticket, the Food Service Director stated, If we don't put it in the system, it will not show up on the tray ticket. An observation of the sausage products that were stored in the walk in freezer at the conclusion of the interview confirmed that all of the sausage that was served to the residents in the facility were pork based sausage.</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893</p> <p>Based on observations, interviews and record reviews, the facility failed to provide assistive devices to enable residents to improve or maintain their ability to eat or drink independently for 1 of 28 sampled residents, Resident #267.</p> <p>The findings included:</p> <p>Record review revealed Resident #267 was admitted to the facility on [DATE]. Review of the resident's most recent complete assessment, an Admission Minimum Data Set (MDS), dated [DATE], documented Resident #267 had a Brief Interview for Mental Status (BIMS) score of 13, indicating the resident was cognitively intact. Resident #267's diagnoses at the time of the MDS included: Arthritis, Malnutrition, Rhabdomyolysis, Dysarthria following non-traumatic intracerebral hemorrhage, altered mental status, Muscle weakness, Dysphagia, and Cognitive communication deficit.</p> <p>Review of Resident #267's physician orders included:</p> <p>a. NAS (No Added Salt) diet regular texture, thin consistency, lip plate with meals for diet - dated 04/19/24.</p> <p>During an observation of lunch being served to the residents in their rooms, on 04/28/24 12:32 PM, it was noted that Resident #267 was served the lunch meal on a traditional plate that did not have an elevated or extended lip. It was noted that the resident spilled some of the meal on himself from the utensil that he was using.</p> <p>Review of the tray ticket that accompanied the meal revealed that the order for the lip plate was not included on the tray ticket.</p> <p>During an observation of breakfast being served to the residents in their rooms, on 04/29/24 at 8:18 AM, it was noted that Resident #267 was served the meal on a traditional plate that did not have an elevated or extended lip. It was noted that the resident spilled some of the meal on himself from the utensil that he was using.</p> <p>Review of the tray ticket that accompanied the breakfast meal revealed that the order for the lip plate was not included on the tray ticket.</p> <p>During an interview, on 04/29/24 at 8:43 AM, with the Food Service Director and the Registered Dietitian, while in the Main Kitchen, when informed that the resident had an order for a lip plat with meals, the Food Service Director stated, If we don't put it in the system, it will not show up on the tray ticket.</p> <p>At the time of the interview, it was observed that there was a tub with lip plates that had not been used during the breakfast meal.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38893</p> <p>Based on observations, interviews and record reviews, the facility failed to store, prepare and serve foods in a sanitary manner in accordance with professional standards for food safety. The census at the time of the survey was 117 residents.</p> <p>The findings included:</p> <p>The facility's policy, titled, Use and Storage of Food Brought in by Family or Visitors, with a reference date of 11/03/20 and a revision date of 03/20/23, documented, in part:</p> <p>It is the right of the residents of this facility to have food brought in by family or other visitors, however, the food must be handled in a way to ensure the safety of the resident.</p> <p>The facility staff will assist residents in accessing and consuming food that is brought in by resident and family or visitors if the resident is not able to do so. On their own.</p> <p>The facility's policy, titled, General Food Preparation and Handling, with a reference date of 2005, documented, in part:</p> <p>Food items shall be prepared to conserve maximum nutritive value, develop and enhance flavor and to be free of injurious organisms and substances.</p> <p>Procedure:</p> <p>2. The kitchen and equipment are clean.</p> <p>15. Leftovers must be cooled to <40 degrees F [Fahrenheit] within 4 hours (or cooled to 70 degrees F within 2 hours and then down to 40 degrees F within another 4 hours).</p> <p>1. During the initial kitchen tour, on 04/28/24 at 8:51 AM, accompanied by the Food Service Director (FSD), the following were noted:</p> <p>a. the FSD was observed handling open foods without the use of a restraint to cover facial hair.</p> <p>b. Staff B, Dietary Aide, was observed removing single use and disposable gloves and then don new gloves without performing hand hygiene at the hand washing sink. Staff B then picked up some trays, utensils and knives before reaching for single use bags for cookies. The surveyor intervened and instructed the Dietary Aide to remove the gloves and perform hand hygiene.</p> <p>c. there were 3 drink cups on top of the food preparation table that Staff B was using to portion cookies into bags. Staff B confirmed that the cups were of her personal drinks and removed them from the food preparation table.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>d. the handles of knives that were stored in the preparation area were damaged to a point of creating a non-food contact surface that were uncleanable.</p> <p>e. inside of the walk-in freezer, there was an open case of garlic bread on the floor. The case of garlic bread was directly on top of ice that had accumulated on the floor.</p> <p>f. there was an accumulation of ice on the ceiling of the walk-in freezer over boxes of foods.</p> <p>g. inside of the walk-in cooler, there was a full sized 6-inch deep pan of a chicken and vegetable mixture that was to be used for the lunch meal on this day. The FSD confirmed that the chicken and vegetable mixture was in the process of cooling from the previous day. The surveyor requested the temperature of the item. The FSD took a digital metal stemmed probe-style thermometer to a sink and rinsed it. The FSD did not use any method to disinfect the probe of the thermometer prior to attempting to insert the probe into the food.</p> <p>h. the internal temperature of a full sized 6 inch deep hotel pan of a chicken mixture to be used for lunch today was in the process of cooling from the previous day was at 58 degrees F. The FSD confirmed that the food was cooked the previous day and was in the process of cooling. It was noted that the food was tightly covered with foil and plastic under the foil.</p> <p>2. During a follow up tour of the Main Kitchen, on 04/30/24 at 10:56 AM, the internal temperature of containers of yogurt was 50 degrees F. It was noted that the 4 ounce containers of yogurt were on the top of a tub containing cartons of milk, shakes and juices that were covered in ice and the containers of yogurt were positioned on top of the ice.</p> <p>3. During an observation of the Transitions Unit pantry (100 unit and 301 to 308) on 04/30/24 at 12:11 PM, it was noted that there was a platter of quiche in the reach-in cooler. During an interview with Staff D, Certified Nursing Assistant, when asked about reheating the quiche for the resident, Staff D replied, I put it in the microwave for a minute or 30 seconds and then bring it to the resident. Staff D was not able to demonstrate knowledge of safely reheating foods using a thermometer. It was noted that there was no thermometer available for staff to use to safely reheat items for the residents.</p>