

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER North Campus Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 N Palmetto St Leesburg, FL 34748	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39371</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received appropriate respiratory care for 3 of 4 residents reviewed for respiratory care, Residents #21, #19, and #36.</p> <p>Findings include:</p> <p>1) During an observation on 11/3/2024 at 10:20 AM, Resident #21's nebulizer mask was stored on the resident's bedside table next to a soiled cushion (photographic evidence obtained).</p> <p>During and observation on 11/4/2024 at 10:45 AM, Resident #21's nebulizer mask was on the resident's bedside table open to air next to a soiled cushion.</p> <p>During and observation on 11/5/2024 at 12:08 PM, Resident #21's nebulizer mask was laying on the resident's bedside table open to air next to a soiled cushion.</p> <p>Review of Resident #21's admission record showed the resident was initially admitted on [DATE] with diagnoses to include chronic obstructive pulmonary disease, chronic pulmonary edema, dependence on supplemental oxygen, chronic diastolic (congestive) heart failure, and chronic pulmonary embolism.</p> <p>Review of Resident #21's physician order dated 6/5/2023, read, Albuterol Sulfate Nebulization Solution (2.5 mg/ 3ml) [2.5 milligram/3 milliliter] 0.083%. 3 ml inhale via nebulizer four times a day for shortness of breath related to chronic obstructive pulmonary disease.</p> <p>During an interview on 11/5/2024 at 12:30 PM, Staff A, Licensed Practical Nurse (LPN), stated, The mask should be stored in a clean bag.</p> <p>During an interview on 11/5/2024 at 1:00 PM, the Assistant Director of Nursing (ADON) stated that her expectation was to have the staff properly store masks in the plastic bags.</p> <p>2) During an observation on 11/3/2024 at 10:00 AM, Resident #36 was receiving oxygen via nasal cannula at 3.5 liters per minute (photographic evidence obtained).</p> <p>During an observation on 11/4/2024 at 10:40 AM, Resident #36 was receiving oxygen via nasal cannula at 3.5 liters per minute.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #36's admission record showed the resident was admitted on [DATE] with diagnosis to include congestive heart failure, and presence of aortocoronary bypass graft.</p> <p>Review of Resident #36's physician order dated 4/11/2024 read, Oxygen at 2 liters/minute Via -NC [nasal cannula] with no humidification.</p> <p>During an interview on 11/5/2024 at 1:00 PM, the Assistant Director of Nursing (ADON) stated, [Resident #36' name] should be set at what the physician orders are. [Resident #36's name] order reads O2 [oxygen] at 2 liters.</p> <p>49444</p> <p>3) During an observation on 11/3/2024 at 8:40 AM, Resident #19's nebulizer mouthpiece and tubing was uncovered on the table in her room.</p> <p>Review of Resident #19's physician order dated 8/23/2024 read, Albuterol Sulfate Inhalation Nebulization Solution 2.5 mg/3 ml. 2.5 mg inhale orally via nebulizer every 6 hours as needed for wheezing or shortness of breath.</p> <p>During an interview on 11/5/2024 at 8:45 AM, the Regional Registered Nurse confirmed Resident #19's nebulizer mouthpiece and tubing were improperly stored.</p> <p>Review of the facility policy and procedure titled Respiratory Care with the last review date of 1/23/2024, read, Policy: It is the policy of this facility to provide respiratory care and safe oxygen administration to meet the needs of the residents. Procedure: 1. Verify that there is a physician's order for respiratory procedures or oxygen use. Review the physician's orders for oxygen administration, nebulizer treatments, inhalers, trach care, chest tube/PleurX care, BiPap, CPAP or medication administration . 10. Oxygen, trach and nebulizer tubing is changed weekly and dated as verification that the tubing was changed. Tubing change may be recorded in the clinical record but is not required. Tubing should be store appropriately when not in use.</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>15234</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored properly and kitchen equipment were kept in a safe and sanitary manner in the main kitchen and 3 of 3 nourishment rooms.</p> <p>Findings include:</p> <p>During an observation on 11/3/2024 beginning at 9:24 AM while conducting the initial tour of the kitchen, there were white substance buildup on the exterior of the ice machine, one package of pork that was wrapped in foil that was gapped open, shredded cheese wrapped in plastic wrap that was not sealed, one undated and unlabeled plastic container of red sauce, one undated container of pancakes in the reach-in refrigerator. The exterior surface of the oven was discolored and splattered with black and brown substances. There was a black substance caked on the gas stove top grates.</p> <p>During an interview on 11/4/2024 at 8:42 AM, the Certified Dietary Manager confirmed there were undated and unlabeled food items in the reach-in refrigerator. She confirmed the ice machine, oven and gas stove top needed cleaning.</p> <p>During an observation on 11/4/2024 at 8:48 AM with the Regional Certified Dietary Manager, the ceiling above the dishwasher was cracked, flaking and missing paint. There was paint missing from both sides of the overhead light in front of the dishwasher.</p> <p>During an interview on 11/4/2024 at 8:48 AM, the Regional Certified Dietary Manager confirmed there was missing, flaking and cracked ceiling paint over the dishwasher that needed repair.</p> <p>During an observation on 11/4/2024 beginning at 8:52 AM, there were one undated and unlabeled blue lunch bag that contained bottled water, juice packets, and one undated and unlabeled plastic container of food in the East Nourishment Room refrigerator.</p> <p>During an interview on 11/4/2024 beginning at 8:52 AM, the Regional Certified Dietary Manager confirmed foods and beverages stored in the nourishment room refrigerators should be labeled and dated.</p> <p>During an observation in on 11/4/2024 beginning at 8:58 AM, there were one undated and unlabeled 32-ounce thermos of liquid in the refrigerator, and one 64-ounce plastic container of peanut butter with an unsecured lid and one undated and unlabeled 16-ounce cup of liquid in the cabinet in the [NAME] Nourishment Room.</p> <p>During an interview on 11/4/2024 beginning at 8:52 AM, the Regional Certified Dietary Manager confirmed foods and beverages stored in the nourishment room refrigerators should be labeled, sealed and dated.</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>During an observation on 11/4/2024 beginning at 9:04 AM in the South Nourishment Room, there were one undated tray of cookies, and three thawed supplements stored in the refrigerator with no thawed-on date noted on the containers. The cartons of the supplements contained directions that the product should be used within 14 days of thawing.</p> <p>Review of the facility policy and procedure titled Food Delivery and Storage with the last review date of 1/23/2024 read, Policy: It will be the policy of this facility that foods shall be received and stored in a manner that complies with safe food handling practices. Procedure: 1. Dietary/Food Services, or other designated staff, will maintain clean food storage areas at all times . 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated.</p> <p>Review of the facility policy and procedure titled Foods Brought in From the Outside with the last review date of 1/23/2024 read, Policy: It will be the policy of this facility to provide safe and sanitary storage, handling, and consumption of all food including food and beverages brought to residents by family and other visitors . Procedure . 4) Food Receiving and Storage a) Upon receiving food and beverages products brought in for residents nursing staff will complete the following . ii) Inspect containers for tight fitting lids, iii) Wrapped items will be inspected to assure the wrapping seals tightly, iv) Label containers with food item name and date received . 6) Any item noted without a label and/or date will be discarded . 9) Leftover trays and/or meals will not be kept on the unit. They will be returned to the Food Services Department and disposed - for example: (Resident at an outside appointment such as a follow up and or dialysis and the like).</p>		