

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Palatka Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Kay Larkin Dr Palatka, FL 32177	

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 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>49777</p> <p>Based on observation, interview and record review, the facility failed to provide a clean and homelike environment in 1 of 2 wings in the facility.</p> <p>Findings include:</p> <p>During an observation while conducting the facility tour on 8/12/2024 beginning at 10:00 AM, there were one blanket on the floor near the window and one plastic cup under the resident's bedside table in Resident #10's room, one medication cup on the floor in Resident #6's room, one plastic cup on the floor and one blue glove on the floor in the bathroom in Resident #7 and Resident #8's room, dried brown substance in the front of the toilet from the seat of the toilet down to the floor and one towel under sink on the floor in Resident #9's room.</p> <p>During an interview on 8/12/2024 at 10:19 AM, Staff B, Housekeeper, confirmed the items observed on the floor and stated, I work 7 AM to 3 PM. There is no 3 PM -11 PM or 11 PM- 7 AM shifts for housekeeping.</p> <p>During an interview on 8/12/2024 at approximately 10:25 AM, Staff C, Certified Nursing Assistant (CNA), confirmed the items observed on the floor and stated, Housekeepers work only days. When I work 3-11 shift, it is up to the CNAs to clean up after the patients in their rooms. CNAs do need to clean up rooms first thing in the morning and housekeeping works 7 AM- 3 PM.</p> <p>During an interview on 8/12/2024 at 11:30 AM, the Housekeeping Supervisor stated, The housekeepers work on 7 AM -3 PM shift and there is one housekeeper who works 8 AM -4 PM.</p> <p>During an interview on 8/12/2024 at 5:15 PM, the Director of Nursing confirmed the findings.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39185</p> <p>Based on observation, record review, and interview, the facility failed to ensure comprehensive person-centered care plans were developed and implemented for 1 of 3 residents reviewed, Residents #5.</p> <p>Findings include:</p> <p>1. Review of Resident #5's admission record revealed the resident was most recently admitted on [DATE] with diagnoses including unspecified dislocation of left hip, non-pressure chronic ulcer of right thigh, stage 2 pressure ulcer of sacral region, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, contracture of right and left hips and knees, and Methicillin susceptible Staphylococcus aureus infection (with onset date of 6/24/2024).</p> <p>Review of Resident #5's care plan with the last review date of 7/17/2024 showed it read, Focus: Falls- The resident is at risk for falls r/t [related to] impaired functional mobility, sleeps on edge of bed, incontinence, bilateral knee contractures . Interventions: 2/19/24: Fall Mats.</p> <p>During an observation on 8/12/2024 at 11:15 AM, Resident #5 was in bed. There were no fall mats by the resident bed on the floor.</p> <p>During an observation with Staff A, Licensed Practical Nurse (LPN), on 8/12/2024 at 2:22 PM, Resident #5 was in bed. There were no fall mats by the resident bed on the floor.</p> <p>During an interview on 8/12/2024 at 2:22 PM, Staff A, LPN, confirmed that the resident was fall risk and there were no fall mats on the floor.</p> <p>During an interview regarding fall mats for Resident #5 on 8/12/2024 at 3:25 PM, the Director of Nursing stated that the care plan interventions need to be implemented.</p> <p>2. Review of Resident #5's physician order dated 6/27/2024 showed it read, Contact isolation related to MRSA [Methicillin-Resistant Staphylococcus aureus], All services to be provided in patient room secondary to contact isolation precautions related to MRSA every shift.</p> <p>During an observation on 8/12/2024 at 12:09 PM, there was a signage on Resident #5's room that read, STOP. Contact Precautions. Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit.</p> <p>Review of Resident #5's care plan with the last review date of 7/17/2024 revealed no care plan focus for contact isolation precautions.</p> <p>During an interview on 8/12/2024 at 3:24 PM, the Director of Nursing verified that there was no care plan entry for contact isolation precautions and stated, He [Resident #5] got enhanced barrier precautions on care plan only. They are different.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy and procedure titled Person Centered Care Planning revised in December 2016 showed it read, An individualized comprehensive care plan will be person centered, and must include measurable objectives and timetables that meet the resident's medical, nursing, and psychosocial needs. This care plan will consider the whole person, taking into account each resident's unique qualities, abilities, interests, preferences, and needs.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39185</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff used appropriate personal protective equipment while providing direct care to the residents on contact precautions to prevent the possible spread of infection and communicable diseases (Photographic evidence obtained).</p> <p>Findings include:</p> <p>Review of Resident #5's admission record revealed the resident was most recently admitted on [DATE] with diagnoses including unspecified dislocation of left hip, non-pressure chronic ulcer of right thigh, stage 2 pressure ulcer of sacral region, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, contracture of right and left hips and knees, and Methicillin susceptible Staphylococcus aureus infection (with onset date of 6/24/2024).</p> <p>Review of Resident #5's physician order dated 6/27/2024 showed it read, Contact isolation related to MRSA [Methicillin-Resistant Staphylococcus Aureus], All services to be provided in patient room secondary to contact isolation precautions related to MRSA every shift.</p> <p>During an observation on 8/12/2024 at 12:09 PM, there was a signage on Resident #5's room that read, STOP. Contact Precautions. Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Staff A, Licensed Practical Nurse (LPN), was in Resident #5's room, preparing the food for the resident. Staff A did not have gloves or gown while assisting with food preparation.</p> <p>During an interview on 8/12/2024 at 12:12 PM, Staff A, LPN, stated, I didn't have gown and gloves. I was preparing food for her. I will put gown and gloves if I provide direct care. He has MRSA.</p> <p>During an interview on 8/12/2024 at 12:26 PM, the Director of Nursing stated, The staff are supposed to follow the contact precautions when the residents are on specific isolation. They have to use gown and gloves.</p> <p>Review of the facility policy and procedure titled Isolation- Categories of Transmission-Based Precautions revised in September 2022, showed it read, Policy Statement: Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or had a laboratory confirmed infection; and is at risk of transmitting the infection to other residents . Contact Precautions . 7. Staff and visitors wear gloves (clean, non-sterile) when entering the room . 8. Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p>		