

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105683	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Labelle Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Broward Ave Labelle, FL 33935	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</b></p> <p>Based on observation, review of facility policy and procedure, clinical record review, resident and staff interview, the facility failed to provide the necessary care and services to maintain personal hygiene for 3 (Residents #45, #57 and #63) of 4 residents reviewed for activities of daily living.</p> <p>The findings included:</p> <p>The facility policy Activities of Daily Living (ADL) implemented 11/2020 (revised 11/22/21) documented, The facility will, based on the residents comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable . Care and services will be provided for the following activities of daily living : bathing, dressing, grooming and oral care.</p> <p>A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good, nutrition, grooming and personal hygiene.</p> <p>1. Review of the clinical record revealed Resident #45 had an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease, seizures, anxiety and obesity.</p> <p>The Significant Change Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of 3/14/24 documented Resident #45 required partial to moderate assistance for personal hygiene, dressing and bathing. The MDS revealed Resident #45 did not demonstrate refusal of care.</p> <p>The MDS noted Resident #45's cognitive skills for daily decision making were intact.</p> <p>Review of the care plan initiated 8/19/23 specified Resident #45 required assistance with transfers, toileting, grooming, hygiene, dressing, and bathing.</p> <p>On 5/20/24 at 11:12 a.m., Resident #45 was observed in his bed wearing a blue T-shirt and shorts. He declined to answer any questions. He was unshaven with approximately one to two days of facial hair growth.</p> <p>On 5/21/24 at 9:22 a.m., Resident #45 was observed in bed wearing the same clothing as the previous day. He remained unshaven and his fingernails were noted to extend approximately 1/2 inch in length with a brown substance under the nails. Resident #45 did not respond when spoken to.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/21/24 at 11:30 a.m., Resident #45 was observed in bed, and able to answer simple questions. He said he was fine and said he takes himself from the wheelchair to the bed. He was unshaven and said, Yeah, I could use a shave. He said he thinks he was receiving his showers but was not certain. The resident was noted to have a slight foul body odor, and his hair was greasy.</p> <p>Review of the certified nursing assistant (CNA) daily documentation revealed Resident #45's scheduled shower days were Mondays, Wednesdays and Fridays on the 7:00 a.m., to 3:00 p.m., shift.</p> <p>The CNA documentation for April 2024 revealed Resident #45 refused scheduled showers on 4/3/24, 4/5/24, 4/8/24, 4/12/24, 4/15/24, 4/19/24, 4/24/24, 4/26/24. On 4/29/24 the documentation specified not applicable. The documentation showed Resident #45 received two scheduled showers on 4/1/24 and 4/22/24.</p> <p>Review of the CNA documentation for May 2024 documented on 5/1/24, 5/6/24, 5/10/24 and 5/20/24 documented Resident #45 refused his scheduled showers. On 5/3/24 the CNA documented the resident was not available. On 5/8/24 the CNA documented not applicable. Resident #45 received his scheduled showers on 5/15/24 and 5/17/24.</p> <p>2. Review of the clinical record revealed Resident #57 had a readmitted [DATE] with diagnoses including cerebral infarction with flaccid hemiplegia affecting the left side of the body.</p> <p>The Quarterly MDS dated [DATE] documented Resident #57 was dependent for bathing, toileting, dressing and personal hygiene. The MDS did not document rejection of care.</p> <p>The MDS noted Resident #57's cognitive skills for daily decision making were intact.</p> <p>On 5/20/24 at 10:44 a.m., Resident #57 was observed in his bed, he was unshaven approximately four days of facial hair growth. He said was not able to move his left hand and leg due to a stroke. His fingernails extended approximately 1/2 inch with a brown substance under the nails, and the skin surrounding the nail beds had a dry brown substance. The resident said, my nails need to be cut. He appeared unkempt; his hair was uncombed.</p> <p>On 5/21/24 at 8:44 a.m., Resident #57 was observed in his bed wearing a hospital gown. He said he gets up sometimes because he needs to use a lift to get into the wheelchair. He was unshaven, his fingernails remained with the brown substance under the nails and the skin surrounding the nails; he had a slight body odor of urine.</p> <p>Review of the CNA documentation for April 2024, and May 2024 showed Resident #57's scheduled shower days were on Tuesdays and Fridays during the 3:00 p.m., to 11:00 p.m., shift.</p> <p>On 4/2/24, 4/16/24, 5/10/24, 5/14/24, and 5/17/24, the CNA documented not applicable. On 4/5/24, 4/9/24, 4/12/24, 4/19/24, 4/23/24, 4/26/24, 4/30/24, 5/3/24, and 5/7/24, the CNA documented the resident refused scheduled showers.</p> <p>Resident #57 received no scheduled showers in April 2024, or from May 1, 2024, to May 17, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/22/24 at 10:14 a.m., in an interview CNA Staff C said Resident #57 does refuse showers. She said, If a resident refused I tell the nurse first and then I go back and offer it again. I try 3 times and if they refuse, I tell the nurse and I document it on the skin sheet that the resident refuses.</p> <p>On 5/22/24 at 10:27 a.m., in an interview Unit Manager Licensed Practical Nurse Staff A said all residents are offered a bed bath on each shift and the CNAs document it. Staff A retrieved Resident #57's electronic record of bed baths showing Resident #57 did not receive any bed baths. Staff A said, Well, it is documented as prn (as needed), not each shift but he received none. Staff A confirmed the lack of documentation that the resident received the scheduled showers for the month of April 2024, and from 5/1/24 to 5/17/24. The Unit Manager said, Well, he refuses, he is alert and oriented and it's his right.</p> <p>3. Review of the clinical record revealed Resident #63 had an admitted [DATE] with diagnoses including Alzheimer's, dementia, hemiplegia and hemiparesis following cerebral infarction affecting the right side of the body and mixed expressive and receptive language disorder.</p> <p>Review of the Quarterly MDS with a target date of 4/4/24 documented the resident was dependent for toileting, dressing and bathing.</p> <p>The MDS noted Resident #63's cognitive skills for daily decision making were moderately impaired and documented no rejection of care.</p> <p>On 5/20/24 at 11:05 a.m., in an interview, Resident #63's family member said, My mother is not being showered. I know she likes to refuse but her hair has been greasy like this for three weeks now. I told the nurse, but nothing was done. Her nails have not been cut or cleaned. Resident #63's fingernails were observed to be approximately jagged, extended approximately 1/2 inch in length with a brown substance under the nails. Her hair was long and greasy. Resident #63 did not respond to any questions. Her daughter said the resident rarely speaks anymore.</p> <p>On 5/21/24 at 8:57 a.m., Resident #63 was observed in the activity room watching the television. Resident #63 had her hair pulled back in a hair clip. Her hair was greasy and her fingernails had not been cleaned or trimmed.</p> <p>Review of the CNA documentation showed the residents shower days were Tuesdays and Fridays on the 7:00 a.m., to 3:00 p.m., shift.</p> <p>Review of the CNA documentation for April 2024 documented not applicable on 4/5/24 and 4/9/24. On 4/16/24 and 4/19/24 the documentation specified the resident refused the scheduled showers. On 4/12/24 and 4/30/24 the resident received a bed bath in place of her shower. The documentation showed the resident received her scheduled showers on 4/2/24, 4/23/24 and 4/26/24.</p> <p>Review of the CNA documentation for May 1, 2024, to May 17, 2024, documented Resident #63 received a scheduled shower on 5/10/24 and 5/14/24.</p> <p>On 5/22/24 at 9:21 a.m., in an interview the Director of Nursing (DON) explained the codes on the CNA shower sheets and said if a resident refuses a shower they are offered it again. The DON was not able to provide documentation the residents were offered showers once they refused.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/22/24 at 9:25 a.m., Staff A said, I spoke with her daughter, she knows her mother refuses showers. The resident does not smell and when her hair looks greasy then I say ok it's time. Her nails are long because sometimes she lets me trim them and sometimes, she doesn't. Staff A said, The CNAs complete the skin sheets for each scheduled shower and turn them in everyday even if the resident refuses.</p> <p>This writer requested to review the shower sheets for April to May 22, 2024, and Staff A provided a total of four CNAs shower sheets.</p> <p>Review of the form identified as skin check form showed on 4/ 2/24 a shower was provided. On 4/5/25 and 5/9/24 documented not applicable. On 4/12/24 a bed bath was documented. On 4/16/24 and 4/19/24 documented refusal. On 4/23/24 and 4/26/24 a shower was documented. On 4/30/24 a bed bath was documented.</p> <p>Review of CNA documentation with Staff A confirmed Resident #63 received only five scheduled showers from 4/1/24 to 5/17/24.</p>		