

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105805	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Radiant Nursing and Rehab at Palatka		STREET ADDRESS, CITY, STATE, ZIP CODE 501 S Palm Ave 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45576</p> <p>Based on record review and interview, the facility failed to inform the resident representative following a change in the resident's condition for 1 of 3 sampled residents, Resident #1.</p> <p>Findings include:</p> <p>Review of Resident #1's admission record revealed the resident was admitted to the facility on [DATE] with diagnoses including acute and chronic respiratory failure with hypercapnia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, acute kidney failure, chronic kidney disease, major depressive disorder, generalized anxiety disorder, and muscle weakness.</p> <p>Review of Resident #1's progress note completed by Staff A, Licensed Practical Nurse (LPN), dated 4/2/2024 at 1:26 PM read, Resident was transferring from bedside commode to wheelchair, and she states her legs gave out and she slide [Sic.] to the floor. CNA [Certified Nursing Assistant] was in the room assisting resident with the transfer and was able to lower resident to the floor. No apparent injury noted at that time no cuts or bruises. [Medical Doctor's name] was notified and family member phone states the number could not be dialed. DON [Director of Nursing] was made aware of incident. Resident denies injury and pain, she said she couldn't breathe rescuer puffer given at that time.</p> <p>During an interview on 5/2/2024 at 12:58 PM, Staff A, LPN, stated, I was assigned to [Resident #1's name] when she fell . I completed an assessment, notified the doctor, and attempted the family but the call would not go through. I don't remember what the message said. I did not inform the resident that I could not get her daughter and did not follow through to obtain a correct number for the records.</p> <p>During an interview on 5/2/2024 at 12:18 PM, the Director of Nursing stated, I was aware that the daughter could not be reached by the phone number recorded, but the resident is responsible for herself, so I did not attempt to get the correct phone number. I didn't ask the resident if she wanted us to call her daughter because I didn't think I had to inform the family since she is responsible for herself.</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 0580</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 procedures titled Change in a Resident's Condition or Status revised in February 2021 read, Policy Statement: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and /or status (e.g., changes in level of care, billing/payments, resident rights, etc.) Policy Interpretation and Implementation . 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. the resident is involved in any accident or incident that results in an injury including injuries of an unknown source; b. there is a significant change in the resident's physical, mental, or psychosocial status; c. there is a need to change the resident's room assignment.</p>		