

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER West Altamonte Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1099 West Town Parkway Altamonte Springs, FL 32714	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32131</p> <p>Based on interview and record review the facility failed to provide showers as scheduled, and as per resident's preference for 2 of 2 dependent residents reviewed for Activities of Daily Living (ADL), of a total sample of 6 residents, (#1, and #5).</p> <p>Findings:</p> <p>Resident #1, a 72 -year-old male was admitted to the facility on [DATE], with his most recent readmission on 11/25/22. His diagnoses included traumatic subdural hemorrhage, peripheral vascular disease, diabetes type II, hemiplegia/ hemiparesis following cerebral infarction affecting left non dominant side, and dementia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment with Assessment Reference Date (ARD) of 2/27/24 revealed the resident's cognition was severely impaired with a Brief Interview for Mental Status (BIMS) score of 03 out of 15. The assessment indicated the resident was dependent on staff assistance for toileting hygiene, shower /bathe, and personal hygiene.</p> <p>The resident's care plan for ADL self-care performance deficit related to history of stroke, Transient Ischemic attack, and weakness initiated on 1/28/20 revealed the resident required the assistance by 1 staff for transfer, personal hygiene, and bathing/showering.</p> <p>Review of the Certified Nursing Assistant (CNA) task for bathing, revealed the resident's scheduled shower days were Tuesday, and Saturday in the evenings. Review of the Point of Care (POC) documentation for the period 3/01/24 through 5/28/24 indicated resident #1 was provided with a shower on 3/16/24, and on 4/16/24. There was no documentation to indicate showers were provided to the resident on any of his other scheduled shower days during this 3-month period. No documentation could be identified to indicate the resident refused his showers on the dates mentioned.</p> <p>On 5/29/24 at 3:09 PM, the Director of Nursing (DON) stated showers were scheduled for residents two days per week, and as per resident preference. She stated that in the morning clinical meeting following the resident's admission, showers would be scheduled and added to the CNA's task, then would be adjusted/changed to accommodate the resident preference. The DON stated the facility had a preprinted schedule, and residents in the A Bed- were scheduled to have their showers during the day shift. Residents in the B-Bed were scheduled to receive their showers during the evening shift, but if resident wanted to change their schedule, their preference would be accommodated and honored.</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>The resident's Documentation Survey Report for the period from March 2024 through May 2024 were reviewed with the DON. She acknowledged the documentation indicated the resident received a shower on 3/16/24, and on 4/16/24 and not again for the month of May. She acknowledged there was no documentation to indicate the resident refused his showers, and a care plan for refusal of showers was not identified. The DON confirmed that based on the records reviewed, showers were not provided for resident #1 as scheduled. She stated if a resident refused showers, the CNA should notify the nurse, and any refusals should be documented. If the resident's preference was for bed baths, the task should be changed to reflect the resident's preference.</p> <p>On 5/29/24 at 4:33 PM, CNA A stated she worked on the 3 PM to 11 PM shift every other weekend, and sometimes picked up shifts during the week. The CNA confirmed she had resident #1 in her assignment sometimes, and stated he did not refuse showers. The resident's Documentation Survey Report was reviewed with CNA A. She acknowledged documentation indicated resident #1 received two showers for the periods reviewed. CNA A stated she could not recall why she provided a bed bath for the resident instead of a shower on his scheduled shower days.</p> <p>On 5/29/24 at 4:44 PM, CNA B recalled providing care for the resident previously, and stated the resident showers were scheduled on the afternoon shift. The resident's Documentation Survey Report was reviewed with CNA B, she acknowledged her signature, but could not recall why she did not provide a shower for the resident on his scheduled shower days.</p> <p>On 5/29/24 at 4:55 PM, CNA C stated if the resident refused showers, she would notify the resident's nurse, and document refusal in the POC. CNA C said resident #1 did not refuse his showers, however, sometimes when the resident was in bed, she provided him with a bed bath, instead of his showers. The CNA said the resident required the assistance of two persons and sometimes there was no one available to assist her.</p> <p>2. Resident #5, an 82- year-old female was admitted to the facility on [DATE], with diagnose including mitochondrial metabolism disorders, functional quadriplegia, and generalized anxiety disorder.</p> <p>The resident's quarterly MDS assessment with ARD of 2/14/24, revealed the resident's cognition was moderately impaired with a BIMS score of 11 out of 15.</p> <p>Review of the facility's Grievance Log for the period March 2024 to current revealed an entry pertaining to the resident on 3/21/24. Resident #5's responsible party verbalized the resident was scheduled for showers in the PM, and the preference was for showers in the AM. The facility's resolution was for the, Resident to continue to receive accommodation when possible, to have her showers in AM on scheduled days.</p> <p>Review of the CNA tasks revealed she was scheduled for showers on Monday and Wednesday on the 3 PM-11 PM shift. Documentation read, prefers early shower. Review of the resident's Documentation Survey Report for the periods March 2024, April 2024, and May 2024 revealed the resident received showers on 3/02/24 documented at 2:59 PM, 4/08/24, 4/14/24, 4/15/24 documented between 9:15 PM and 10:59 PM, 5/04/24 documented 5:42 PM, and 5/10/24 documented 9:15 PM. There was no documentation to indicate the resident received showers per the resident/responsible party's preference on her scheduled shower days on 3/04/24, 3/06/24, 3/11/24, 3/13/24, 3/18/24, 3/20/24, 3/25/24, 3/27/24, 4/01/24, 4/03/24, 4/17/24, 4/22/24, 4/24/24, 4/29/24, 5/01/24, 5/06/24, 5/13/24, 5/15/24, 5/20/24, and 5/27/24.</p> <p>(continued on next page)</p>		

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