STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105859	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Solaris Healthcare Charlotte Harbor	4000 Kings Hwy Port Charlotte, FL 33980

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155 Based on observation, review of the clinical record, review of facility policy and procedures, staff and resident interviews the facility failed to provide the appropriate and necessary care and services to maintain personal hygiene for 3 (Resident #1, #900 and #999) of 4 residents reviewed for activities of daily living care. The findings included: The facility policy Activities of Daily Living (ADL), supporting (revised 1/30/24) documented, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: Hygiene (bathing, dressing, grooming and oral care). If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time, or having another staff member speak with the resident may be appropriate. 1. Review of the clinical record revealed Resident #1 had an admitted [DATE] with diagnoses including dementia, heart failure and acute respiratory failure. The Quarterly Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of 3/26/24 documented Resident #1 required moderate assistance with transfers and bathing. The MDS noted Resident #1's cognitive skills for daily decision making were moderately impaired. Review of the ADL care plan initiated on 4/12/23 identified Resident #1 had an alteration in ability to perform daily care tasks. The interventions included, encourage to assist with bathing and dressing self, encourage to be compliant with care, nail care weekly and as needed. On 5/9/24 at 11 :15 a.m., Certified Nursing Assistant (CNA) Staff A said the process for showers was, they are written on our daily assignment and there is a shower list at the desk. We offer the shower and if they refuse it, I try again and if the resident won't take it for me, I let the nurse know. It is documented in our charting; you can put refused. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/9/24 at 12:40 p.m., during an observation and interview, Resident #1 was noted with long fingernails extending approximately 1/2 inch with a brown substance under the nails. Resident #1 confirmed his fingernails were very long and said, I need to have someone cut them for me because I can't do it. He said he takes his showers when I need them but could not express when that would be. Resident #1 was noted to have difficulty providing appropriate responses to questions. On 5/9/24 at 12:52 p.m., in an interview, A Wing Unit Manager Licensed Practical Nurse Staff B said the expectations for showers was if a resident refused the CNA attempts two times, then informs the nurse. The nurse will go and try to encourage the resident and if he refuses then they document the refusal. The Unit Manager said Resident #1 was able to stand with assistance of one staff member and transfer but was not ambulatory. The observation of Resident #1's fingernails extending approximately 1/2 inch with a brown substance under the nails was shared with the Unit Manager. Review of the A Wing Shower Schedule revealed Resident #1's shower days were on Sundays and Fridays on the 7:00 a.m. to 3:00 p.m. shift. Review of the CNA shower report for April 2024 and May 2024 showed Resident #1 did not received a scheduled shower on 4/5/24, 4/12/24, 4/14/24, 4/21/24, 4/26/24 and 5/5/24. There was no documentation Resident #1 refused the scheduled showers. 2. Review of the clinical record revealed Resident #900 had an admitted [DATE] with Diagnoses including chronic kidney disease, end stage renal disease, anxiety disorder, and dementia. The Quarterly MDS dated [DATE] documented Resident #900 was dependent on staff for bathing. The MDS noted the resident's cognition for daily decision making was severely impaired. Review of the care plan initiated on 12/18/23 identified Resident #900 had an alteration in ability to perform daily care tasks and mobility. The interventions for the resident included: allow and encourage to pick out clothes to wear. Encourage to assist with bathing and dressing. Honor bathing preference of shower, sponge or bed bath 2 x's (two times) a week. On 5/9/24 at 10:52 a.m., Resident #900 was observed in bed. He was unshaven with approximately two days of facial hair growth. His fingernails were long approximately 1/2 inch in length with a brown substance under the nails. He responded when greeted but was not able to answer any questions regarding his care. Review of the shower schedule for the D wing showed Resident #900 was scheduled for showers on Mondays and Thursdays on the 3:00 p.m. to 11:00 p.m., shift. Review of the CNA documentation from 4/1/24 to 5/9/24 showed no documentation the scheduled showers were provided on 4/1/24, 4/15/24, 4/25/24, and 4/29/24. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 5/9/24 at 10:35 a.m., in an interview Resident #999 said, I am not getting my showers. I have only had one since my admission. I would like to get my showers. Yesterday the girl came in and said she would be back to give me a shower and she never returned. The staff said they checked the schedule, and it was documented I got my shower but I did not. If you can see about that for me I would love to get my showers. Review of the clinical record revealed Resident #999 had an admitted [DATE] with diagnoses including sacral fracture and was positive for COVID-19 at admission. The Admission MDS dated [DATE] documented Resident #999 required substantial to maximal assistance with bathing and showering. The MDS noted the residents cognitive skills for daily decision making were intact. Review of the care plan initiated on 5/3/24 identified Resident #999's self-care was impaired. The interventions instructed staff to divide all tasks into parts as indicated. Honor bathing preference of shower, sponge or bed bath two times a week, shampoo hair unless done in beauty shop. Review of the C Unit shower schedule documented Resident #999 was scheduled for showers on Wednesdays and Saturdays on the 7:00 a.m., to 3:00 p.m., shift. Review of the CNA Documentation from 4/26/24 to 5/9/24 showed resident #999 did not receive her scheduled shower on 5/1/24 and 5/4/24. On 5/8/24 it was documented a scheduled shower was provided, when the resident said she never received the shower. On 5/9/24 at 2:47 p.m., in an interview the Director of Nursing (DON) said, The Nursing Home Administrator wanted me to let you know we have taken the shower concern to QAPI (Quality Assurance and Performance Improvement) meetings after our last survey, and it is getting better but obviously we still have a problem. The DON confirmed there was no documentation resident's #1, #900 and #999 received the scheduled showers or refused their scheduled showers. The DON said I know they are receiving scheduled showers. The DON verified without documentation, it was not possible to say if Residents #1, #999 and #900 received their scheduled showers.