

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Citrus County		STREET ADDRESS, CITY, STATE, ZIP CODE 3325 W Jerwayne LN Lecanto, FL 34461	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49777</p> <p>Based on interview and record review, the facility failed to transmit accurate and complete Minimum Data Sets (MDS) for 2 of 3 discharged residents, Residents #117 and #118).</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #117 documented the resident was discharged on [DATE] to short term general hospital.</p> <p>Review of Resident #117's MDS (Minimum Data Set) Discharge-Return Not Anticipated, dated 7/29/2024, read, (Section A 0310 Discharge assessment- return not anticipated).</p> <p>Review of Resident 117's physician orders read, Physician order Late entry 7/30/24 at 6:34 AM send resident to ER [emergency room] for eval/tx [evaluation/treatment]</p> <p>During an interview on 9/11/24 at 12:07 PM the MDS Coordinator stated, There is an error with the discharge assessment. It should have been return anticipated.</p> <p>40559</p> <p>2. Review of the medical record for Resident #118 documented the resident was admitted to the facility on [DATE] and discharged on [DATE] to [Name of Hospital].</p> <p>Review of Resident #118's physician order dated 6/21/24 read, D/C [discharge] to [Name of Hospital] per residents request for 6/24/2024.</p> <p>During an interview on 09/11/24 at 12:54 PM, the Director of Nursing confirmed Resident #118 had an order per her choice to discharge to [Name of Hospital].</p> <p>Review of Resident #118's Minimum Data Set (MDS) Assessment discharge return not anticipated dated 6/21/24 documented resident as an unplanned discharge to inpatient rehab facility.</p> <p>During an interview on 09/11/24 at 12:07 PM the MDS Coordinator, stated, Resident #118's MDS Assessment was inaccurately coded as unplanned and due to Resident #118 having a physician order for discharge, it should have been coded as a planned discharge. A copy of the policy and procedure was requested. The MDS Coordinator stated, we follow the RAI [Resident Assessment Instrument].</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>15234</p> <p>Based on record review and interview the facility failed to ensure the physician/prescriber documented a rationale for declining a pharmacist's recommendation in a timely manner for 1 of 5 residents, Resident #20, reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>Review of Resident #20's medication regimen review (MRR), dated 11/13/2023, showed the pharmacist had recommended [Resident's Name] has received a non sedating antihistamine routinely, LORATADINE 10 MG [milligrams] DAILY for NASAL DRIP since 12-4-2020. Recommendation: Please discontinue LORATADINE.</p> <p>Resident #20's MRR, dated 11/13/2023, showed the Advanced Practitioner Registered Nurse (APRN) had declined the pharmacist's recommendation to discontinue Loratadine. Resident #20's MRR failed to show the APRN had included a rationale for their decision to decline the pharmacist's recommendation.</p> <p>During an interview on 9/11/2024 at 8:31 AM, the Director of Nursing confirmed the APRN had not documented a rationale for declining the pharmacist's 11/13/2023 recommendation in a timely manner. She confirmed the APRN had not prepared a statement that explained her decision to decline the pharmacist's 11/13/2023 recommendation.</p> <p>Review of the policy and procedure titled Medication Regimen Review, last reviewed 1/25/2024, read 8. Facility should encourage Physician/Prescriber or other Responsible Parties receiving the MRR and the Director of Nursing to act upon the recommendations contained in the MRR. 8.1 For those issues that require Physician/Prescriber intervention, Facility should encourage Physician/Prescriber to either accept and act upon the recommendations contained within the MRR or reject all or some of the recommendations contained in the MRR and provide an explanation as to why the recommendation was rejected. 8.2.1 If the attending physician has decided to make no change in the medication, the attending physician should document the rationale in the resident's health record.</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>15234</p> <p>Based on observation, interview, and record review the facility failed to prevent the possible spread of infection when staff failed to implement infection prevention measures while assisting 1 of 3 residents, Resident #19, observed for infection control practices.</p> <p>Findings include:</p> <p>On 9/10/2024 at 12:45 PM, Staff B, Certified Nursing Assistant, picked Resident #19's hearing aids up off of Resident #19's bedside table with her hands to insert into Resident #19's ears. Staff B did not wash/sanitize her hands or don gloves before she picked up Resident #19's hearing aids and attempted to insert one hearing aid into Resident #19's left ear.</p> <p>On 9/10/2024 at 12:48 PM, Staff C, Certified Nursing Assistant, entered Resident #19's room. Staff B requested that Staff C assist her to insert the hearing aids into Resident #19's ear. Staff C responded by telling Staff B that she should have sanitized her hands and donned gloves before picking up Resident #19's hearing aids and attempting to insert the hearing aids into Resident #19's ears.</p> <p>During an interview on 9/10/2024 at 12:49 PM, Staff B confirmed she had not washed/sanitized her hands and donned gloves before she picked up Resident #19's hearing aids and attempted to insert the hearing aids into Resident #19's ears.</p> <p>During and interview on 9/11/2024 at 7:57 AM, the Director of Nursing stated Staff B should have sanitized her hands and donned gloves before she picked up Resident #19's hearing aids and attempted to insert the hearing aids into Resident #19's ears. She stated that Staff B should have then assisted Resident #19 to insert the hearing aids, doffed her gloves and washed her hands with soap and water.</p> <p>Review of the document titled Hearing Aid Care, reviewed 5/20/2024, read Implementation: Gather and prepare the necessary equipment and supplies. Perform hand hygiene. Confirm the patient's identity using at least two identifiers. Provide privacy. Raise the bed to waist level before providing care to prevent caregiver back strain. Perform hand hygiene.</p> <p>Review of the policy and procedure titled Hand Hygiene, reviewed 6/3/2024, read 2. Associates perform hand hygiene (even if gloves are used) in the following situations: a. Before and after contact with the resident; b. After contact with blood, body fluids, or visibly contaminated surfaces; c. After contact with objects and surfaces in the resident's environment; d. After removing personal protective equipment (e.g., [for example] gloves, gown, eye protection, facemask); and e. Before performing a procedure such as an aseptic task (e.g., [for example] insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).</p>