

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105927	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Fountains Rehabilitation at Mill Cove		STREET ADDRESS, CITY, STATE, ZIP CODE  9960 Atrium Way Jacksonville, FL 32225	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48947</b></p> <p>Based on observations, staff interviews, and medical record review, the facility failed to ensure that a resident in a long term care nursing facility, who was identified with a MD/ID (Mental Disorder/Intellectual Disability) and/or other related conditions was re-evaluated to determine if specialized care and services were required, in the most integrated setting appropriate to their needs, for one resident (Resident #29) in a total sample of 20.</p> <p>The findings include:</p> <p>On 04/09/24 at 10:45 AM, a record review revealed that Resident #29 had a Level 1 PASRR (Preadmission Screening and Resident Review) that indicated she had a serious MI (Mental Illness) and that a Level 2 PASRR evaluation was indicated. The PASRR was signed on 6/10/2020 from an acute-care hospital. There was no Level 2 evaluation available in the electronic medical record (EMR) or in the resident's paper chart.</p> <p>On 04/10/24 at 1:55 PM, an interview was conducted with Social Services Director (SSD) B, who stated she had been employed at the facility since 01/09/2024. She was asked what the facility's process was for identifying residents with a possible MD/ID or related condition prior to admission to the facility. SSD B stated, Admissions receives the PASRR prior to the resident coming into the facility. The PASRR is uploaded into [the EMR] under the miscellaneous tab. The interdisciplinary team (IDT), including the Director of Nursing (DON), Assistant Director of Nursing (ADON), SSD, Administrator, and Therapy, reviews the PASRR to make sure the resident is appropriate for admission. When she was asked how the facility identified residents with newly evident or possible serious MD/ID or a related condition after admission to the facilitym SSD B replied, The staff observe the residents for any changes in mental status, behaviors, or depression. I am not qualified to complete a PASRR screening, but we have [physician's name], who is employed here at the facility and is qualified to do the Level 1 PASRR screening. When she was asked who was responsible for making the referral when a Level 2 PASRR was triggered, SSD B stated, I can make the referral or [physician's name] can make the referral. A review was conducted with SSD B of Resident #29's Level 1 PASRR screening in the EMR. It indicated the resident had a serious mental illness and individual may not be admitted to an Nursing Facility. SSD B was asked who made the decision to re-admit the resident to the facility, in spite of the indication on the Level 1 PASRR. SSD B stated, It was the IDT's decision. When asked whether Resident #29's Level 1 PASRR should have triggered a Level 2 PASRR referral, SSD B stated, In my opinion, a Level 2 PASRR should have been triggered for this resident. When she was asked to explain why the referral was not made, she replied, To be honest with you, I can't answer that question. I don't know why.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review revealed that Resident #29 was admitted to the facility on [DATE], and was readmitted on [DATE], with diagnoses including cognitive/communication deficit, epilepsy, schizophrenia, Todd's paralysis, major depression and delusions (as documented per the Behavioral Health Progress Note, date of service 10/05/2022), history of suicidal ideations (as documented on hospital discharge, 7/27/2023).</p> <p>A review of the care plan revealed the following Focus Areas:</p> <p>FOCUS: Tactile Hallucinations at times as evidenced by feeling bugs crawling on her skin, responds to internal stimuli as evidenced by looking for others that are not there, packs items in her wheelchair and looks for people that are not present. Goals/Interventions reviewed (initiated 10/14/2021, revised 03/09/2022).</p> <p>FOCUS: Elopement Risk due to exit-seeking behavior. Goals/Interventions reviewed. (initiated 02/06/2024, reviewed 02/06/2024)</p> <p>FOCUS: Resident uses Psychotropic Medications related to diagnosis of nerve pain, history of schizophrenia and her health status. Goals/Interventions reviewed. (Initiated 09/23/2022, revised 02/01/2024)</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>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** 48947</b></p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to provide one (Resident #25) of a total sample of 20 residents, with necessary services to maintain appropriate grooming and personal hygiene, by failing to provide timely nail care per the resident's comprehensive care plan.</p> <p>The findings include:</p> <p>On 04/08/24 at 12:41 PM, Resident #25 was observed with elongated fingernails with brown matter underneath. His mustache was long with the hair covering his top and bottom lips. Resident # 25 stated, They just asked me yesterday if I wanted my nails trimmed and I said yes. He was alert and oriented during the interview. (Photographic evidence obtained)</p> <p>On 04/09/24 at 9:17 AM, Resident #25 was observed unshaven with a long mustache covering his top and bottom lips. His fingernails were elongated with brown matter underneath and some with jagged edges. (Photographic evidence obtained)</p> <p>On 04/10/24 at 12:22 PM, an interview was conducted with Registered Nurse A, who reported the CNAs (certified nursing assistants) were primarily responsible for assisting residents with ADL (activities of daily living) care, but it is everyone's responsibility to see that they are taken care of. She stated the residents had their hair washed, were shaven, and received nail care on the days they received showers or bed baths. When she was asked who provided nail care, she replied, The CNAs give nail care on the resident's shower days; the activities staff does the nail polish; and the CNAs cut the fingernails unless the resident is diabetic. She further stated the nurses cut/trimmed the fingernails for diabetic residents, and the podiatrist took care of trimming toenails. RN A was accompanied to Resident #25's room. The resident stated, [Employee name] came this morning and asked me about a shave, but I can shave myself. Resident #25 had a long mustache that had grown past his bottom lip. He stated, She asked me if I wanted my fingernails cut and I said yes. She said she would come back later on and cut them, but if you want to cut them now let's go ahead and get it over with. RN A was asked if the resident was receiving anticoagulant/antiplatelet medication, and she stated yes. She was asked if she thought Resident #25 was in need of nailcare due to the implications of side effects of antiplatelet therapy and she stated, Yes he does need some nail care, especially on his left hand.</p> <p>A record review revealed that Resident #25 was admitted to the facility on [DATE] with diagnoses including heart failure, chronic pulmonary edema, respiratory failure, cerebral infarction (stroke), anemia, chronic kidney disease, and adult failure to thrive.</p> <p>Review of a quarterly MDS (Minimum Data Set) assessment, dated 01/21/2024, revealed that Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 possible points, indicating intact cognition. He required supervision or touching assistance with transfers, partial/moderate assistance with personal hygiene, and partial/moderate assistance with toileting. There were no behaviors identified and the resident participated in the assessment.</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>A review of the physician's orders revealed the resident was receiving Clopidogrel Bisulfate (Plavix - antiplatelet - keeps blood platelets from attaching to one another and making clots) 75 mg (milligrams) by mouth daily.</p> <p>A review of the resident's active care plan revealed the following Focus Areas:</p> <p>ADL/Self-Care Performance Deficit related health status. Goals: Resident will maintain current level of function through the review date. Interventions included but were not limited to: Bathing/Showering, Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. (initiated 10/30/2023).</p> <p>FOCUS: Anticoagulant/Antiplatelet Therapy related to blood clot prevention. (Initiated 11/03/23, revised 11/03/2023).</p> <p>FOCUS: Risk for Skin Impairment and/or Pressure Ulcers related to health status. Goal: Resident will have no untreated signs or symptoms of skin impairment or pressure ulcers through review date. Interventions included but were not limited to: Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. (Initiated 10/30/2023, revised 01/22/0224).</p> <p>A review of the facility's policy titled ADL Care-Supporting Resident-General, Dept: Nursing, C-ADL-1, Manual: Clinical Manual, New Revised (Creation date: 6/2026, reviewed: 3/2024, last revision date: 3/12/24), revealed:</p> <p>Procedure: 1. Residents will be provided with care, treatment, and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable. 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Personal Care/Grooming: oral care/shaving/hair care/nail care C-ADL-1d-C-ADL-1g;.</p>		