

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Kr at College Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 54th Ave S Saint Petersburg, FL 33711	
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46498 Based on observation, record review, and interview, the facility failed to ensure one resident (# 14) of eight residents sampled, was provided the opportunity to participate in care planning. Findings included: On 09/03/24 at 11:00 a.m., Resident #14 was observed lying down in bed with her call light in reach. She presented well-groomed with no signs of distress. She stated she was happy at this facility. She was the new council president, and the residents were very pleased with the staff. She stated she had been at the facility for a year and had never been invited to a care plan meeting. She said she would like to be informed and a part of her plan of care. On 09/04/2024 at 10: 00 a.m., Resident #14 was observed lying down in bed with her call light within reach. She was observed with no signs of distress. Review of an Admission Record dated 09/05/2024, showed Resident # 14 was admitted to the facility with diagnoses to include but not limited to myasthenia gravis with (acute) exacerbation, multiple sclerosis, and major depressive disorder, recurrent, unspecified. Review of an quarterly Minimum Data Set, (MDS) dated [DATE], showed a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. On 09/05/2024 at 1:00 pm., an interview was conducted with Staff A, the Minimum Data Set (MDS) Director. Staff A stated they invited residents or their family to care plan meetings quarterly. If the resident or the family did not want to come to the meeting, she asked them if there was anything they would like to address with the team. There was a letter that was sent out to the families or residents quarterly. The letter was scanned in the Electronic Medical Record. She said [Resident #14's] last meeting would have been in July or beginning of August. I don't see a letter for the month of July or August. She stated, come to think of it she had never seen Resident # 14 attend any of her care plan meetings. The facility did not have a care plan policy to provide for this citation. (continued on next page)		

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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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident handbook provided by facility revealed on page 5 section Care Conference/Care Plan. It showed A care plan conference is held on each resident. The care conference consists of representatives from each department and meets to discuss the resident's plan of care. Care conferences are held no later than the 21st day of admission. Resident and resident representative will be given advance notice of the scheduled care conference and will be invited to attend. If you cannot attend you will receive a care plan summary. No initial or revision date provided.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46498 Based on observation, record review, and interview, the facility failed to ensure the Preadmission Screening and Resident Review (PASRR) was completed accurately for four (#1,#5,#6,#8) of 23 residents sampled for PASRR Findings include: 1. 09/03/2024 at 11:00 a.m. and at 1:00 p.m., Resident #8 was observed lying in bed with her call light in reach. She was observed with no signs of distress. Review of an Admission Record dated 09/05/2024, showed Resident #8 was admitted to the facility on [DATE] with diagnoses to include but not limited to, anxiety disorder, unspecified, unspecified mood affective disorder, and major depressive disorder, recurrent, mild. Review of an annual Minimum Data Set (MDS) dated [DATE], showed a Brief Interview for Mental Status, (BIMS) score of 13, which indicated intact cognition. Review of Resident #8's Preadmission Screening and Resident Review (PASRR) dated 7/4/2022 revealed no qualifying mental health diagnosis marked. Review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/9/2024, revealed a diagnosis of anxiety disorder, depression (other than bipolar). 2. Review of Resident #6's Admission Record showed an original admitted [DATE] with a readmitted [DATE]. Diagnoses included but were not limited to residual schizophrenia, schizoaffective disorder, anxiety disorder, major depressive disorder, deaf nonspeaking and drug induced subacute dyskinesia. A review of Resident #6's Preadmission Screening and Resident Review (PASRR) dated 12/25/2020, Section A Mental Illness or suspected Mental Illness (check all that apply) did not have schizophrenia checked as a current diagnosis. Section II: Other indications for PASRR screen decision-making for question 6 was checked as yes for a secondary diagnosis of dementia. Resident #6 did not have dementia listed as a diagnosis on the Admission Record. A review of Resident #6's Minimum Data Set (MDS) dated [DATE] for Section I-Active Diagnoses under Psychiatric/Mood Disorder had anxiety, depression, psychotic disorder and schizophrenia checked as active diagnoses. 3. Review of Resident #1's Admission Record showed an original admitted [DATE] with a readmitted [DATE]. Diagnoses included but were not limited to unspecified dementia unspecified severity without behavioral, psychotic, mood and anxiety disturbances, and major depression and major depressive disorder. A review of Resident #1's Minimum Data Set (MDS) dated [DATE] for Section I-Active Diagnoses under Neurological section had non-Alzheimer's dementia and under Psychiatric/Mood Disorder section had depression checked as active diagnoses. (continued on next page)		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the physician orders for Resident #1 showed an order dated 6/17/2024 for Duloxetine HCL delayed release particles 60 milligrams (mg) oral to give one time a day for depression. An order dated 8/15/2024 for Xanax 0.25 mg to give one tablet by mouth twice a day for anxiety. A review of Resident #1's care plan initiated on 8/02/2024 showed a Focus area: [Resident] takes Xanax for episodes of increased restlessness with a goal to be free from discomfort or adverse reactions related to anti-anxiety therapy through the review date. Interventions included but were not limited to administer anti-anxiety medications as ordered by the physician, monitor for side effects and effectiveness every shift. monitor document report as needed any adverse reactions to anti-anxiety therapy and monitor and record occurrence of for target behavior symptoms and document per facility protocol. A review of Resident #1's psychiatric progress notes dated 6/20/2024 stated she is anxious today. Psychiatric progress notes dated 8/15/2024 had an added diagnosis of Generalized anxiety disorder and Xanax 0.25 mg oral tablet to take one by mouth at noon and HS (at night) was ordered. A review of Resident #1's Preadmission Screening and Resident Review (PASRR) dated 5/09/2024, Section A Mental Illness or suspected Mental Illness (check all that apply) did not have depression checked as a current diagnosis. 4. Review of the electronic medical record for Resident #5 showed an admission to facility on 1/30/21 with diagnoses which included major depressive disorder and anxiety disorder. Review of Resident #5's PASRR dated 1/28/2021 showed no mental illness or suspected mental illness box marked on page 2 section A. Review of Minimum Data Set (MDS) dated [DATE] revealed: - Section C Brief Interview for Mental Status (BIMS) score of 13 which indicated no cognitive impairment. - Section N showed resident was marked for taking an antianxiety and antidepressant. Review of physician orders revealed: - Xanax Oral Tablet 0.25 Milligrams (MG) (Alprazolam) *Controlled Drug* Give 1 tablet by mouth every 12 hours as needed for anxiety. - Buspirone HCl Oral Tablet 5 MG (Buspirone HCl) Give 1 tablet by mouth one time a day for Anxiety. - Venlafaxine HCl Oral Tablet 75 MG (Venlafaxine HCl) Give 1 tablet by mouth one time a day for Depression. Review of care plan dated 07/25/24 revealed: - A focus of takes Buspar and Xanax for episodes of increased anxiousness R/T [related to] hyper focus on health conditions. Interventions included Administer ANTI-ANXIETY medications as ordered by physician. Monitor for side effects and effectiveness. (continued on next page)		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A focus of takes Effexor daily for depression. Interventions included Administer ANTIDEPRESSANT medications as ordered by physician. Monitor/document side effects and effectiveness Q-SHIFT. Review of a psychologist note dated 08/22/24 objective section revealed: Resident presents at mostly alert and oriented. She does become easily preoccupied at times and appears anxious. She admits to some ongoing occasional depression. The anxiety seems to be more prevalent, however. Discussed need for treatment and is agreeable. With a plan to add Xanax .25mg twice daily as needed. On 9/05/2024 at 2:48 p.m., an interview was conducted with the Social Services Director (SSD)/ Admissions Director (AD). The SSD stated he was responsible for the initial process of new admissions regarding the PASRR. The SSD stated he would review the PASRR prior to the new admission for accuracy. If there was a discrepancy, the SSD stated he would have the outside agency correct the concerns prior to the resident's admission into the facility. He stated he did not review current residents after their admission. He stated the Director of Nursing would review residents to update their PASRRs if needed. The SSD agreed Resident #5's PASRR was incorrect, it should have had the mental illness of anxiety and major depression marked on page 2 of the PASRR. He agreed Resident #6's PASRR was incorrect, it should have had the mental illness of schizophrenia marked. The SSD agreed Resident #1's PASRR was incorrect, is should have had the mental illness of depression marked. He agreed Resident #1 was having issues with anxiety and stated he was aware of her medication of Xanax. The SSD agreed Resident #8 PASRR was incorrect and should have been corrected at the time of admission or redone another PASRR. He stated weekly meetings were conducted with the Nursing Home Administrator (NHA), Director of Nursing (DON), Assistant Director of Nursing (ADON), MDS coordinator, SSD, the Rehab Director, and Medical Records to discuss all residents. On 9/05/2024 at 3:15 p.m., an interview was conducted with the DON. The DON stated the SSD/AD was responsible for the PASRRs for all new admissions. The DON stated he did not review residents currently residing in the facility for updates to their PASRRs. Review of facility PASRR Policy with an implementation date of 07/25/20222 revealed: It is the policy of the facility to assure that all residents admitted to the facility receive a Preadmission Screening and Resident Review, in accordance with State and Federal Regulations. 48441 49497		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51062 Based on observation, interview, and record review, the facility failed to 1. ensure oxygen administration orders were followed for two (#239, #2) of seven residents who received oxygen therapy. Findings included: 1. A review of Resident #239's Admission Record revealed he was admitted to the facility on [DATE] with diagnoses to include pneumonia and chronic obstructive pulmonary disease. A Review of Resident #239's physician's orders dated 08/20/2024 revealed Oxygen at 2 L/min (liters/minute) via NASAL CANNULA PRN (as needed) to keep O2 (oxygen) sat (saturation) greater than 90% every shift for SOB (shortness of breath). On 09/03/2024 at 9:38 a.m., Resident #239 was observed lying in bed with a nasal cannula in use. The oxygen concentrator was on the ground to the right of the bed and was set at 3 liters. On 09/04/2024 at 9:53 a.m., Resident #239 was observed lying in bed sleeping with a nasal cannula in use. The oxygen concentrator was set at 3 liters. On 09/04/2024 at 12:20 p.m., Resident #239 was observed sitting in a wheelchair in his room with a nasal cannula in use. The oxygen concentrator was set at 3 liters. During an interview on 09/04/2024 at 3:47 p.m., Staff C, Registered Nurse (RN) stated she was currently assigned to the resident. She was not sure what the resident's oxygen orders were and would have to check. She was responsible for checking the resident's oxygen saturation and ensuring the orders were followed. On 09/05/2024 at 9:05 a.m., Resident #239 was observed lying in bed with a nasal cannula in use. The oxygen concentrator was set at 3 liters. During an interview on 09/05/2024 at 10:39 a.m., the Director of Nursing (DON) stated nurses should know the resident's orders and know if the resident was on the correct liters and have the correct delivery method. [NAME], [NAME] A. 2. A review of Resident #2's Admission Record showed an original admitted [DATE] with a readmission of 3/18/2024. Diagnoses included but were not limited to acute diastolic congestive heart failure, chronic obstructive pulmonary disease with acute exacerbation, atherosclerotic heart disease of native coronary artery without angina pectoris and other asthma. On 9/03/2024 at 9:30 a.m., an observation was made of Resident #2 in his room asleep with a nasal cannula appropriately placed connected to an oxygen concentrator set at 3.5 liters per minute (LPM) of oxygen. (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/04/2024 at 11:45 a.m., an observation was made of Resident #2 in his room asleep with a nasal cannula appropriately placed connected to an oxygen concentrator set at 3.5 LPM of oxygen. On 9/05/2024 at 1:10 p.m., an observation was made of Resident #2 in his room asleep with an oxygen concentrator set at 3 LPM of oxygen. A review of Resident #2's physician orders showed an order dated 3/19/2024 for oxygen at 2 LPM via nasal cannula as needed to maintain oxygen saturations above 92% every 24 hours as needed for shortness of breath (SOB) related to acute diastolic congestive heart failure. A physician order dated 9/05/2024 showed to check oxygen saturation every shift and as needed (prn) to maintain oxygen saturation greater or equal to 92%. A review of Resident #2's Minimum Data Set (MDS) dated [DATE] under Section O-Special Treatments, Procedures, and Programs for respiratory treatments had oxygen therapy checked. In the MDS under Section C- Cognitive Patterns showed a Brief Interview for Mental Status (BIMS) of 3 which indicated severe cognitive impairment. A review the medical record for Resident #2's oxygen saturation documentation under vital signs showed an entry dated 9/02/2024 of 96% on room air. The next documented entry for oxygen saturation had an entry date of 8/02/2024 of 96% on room air. [Photographic evidence obtained] A review of the facility's policy titled Oxygen Administration, dated 07/02/2022/revised 1/2024 revealed: Policy: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences.		