

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Kissimmee Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2511 John Young Parkway North Kissimmee, FL 34741	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51023</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders related to the monitoring of vital signs and medication administration for 1 of 5 residents reviewed for following physician orders, (#1).</p> <p>Findings:</p> <p>Resident #1 was admitted to the facility on [DATE] for respite care for diagnoses that included, brain cancer, cachexia (wasting syndrome) and quadriplegia (paralysis below the neck). The resident also had a Percutaneous Endoscopic Gastrostomy (PEG) tube which is a tube that goes into the stomach to assist with feeding when oral intake isn't adequate. Resident #1 remained at the facility until 5/15/14 when he was discharged back to his home.</p> <p>According to The National Institute for Aging, respite care is a period of short-term relief for primary caregivers, which gives them time to rest (retrieved on 7/11/24 from www.nia.nih.gov).</p> <p>Review of resident #1's medical record revealed a physician's order dated 5/11/24 to administer Midodrine HCl 10 milligrams (mg) two times a day for hypotension. Review of the May 2024 Medication Administration Report (MAR) revealed on 5/14/24 at 9:00 PM the administration record for this medication was left blank with no documentation to indicate the medication was administered.</p> <p>Further review of resident #1's medical record revealed a physician's order dated 5/10/24 to monitor vital signs every 12 hours. These vital signs included blood pressure, pulse, respirations and temperature. Review of the May 2024 MAR revealed on 5/14/24 at 9:00 PM the administration record for this order was left blank with no indication the vital signs were obtained as ordered by the physician.</p> <p>Another physician's order dated 5/10/24 directed nurses to, Check residual every shift and notify MD . for resident #1's PEG tube. Review of the May 2024 MAR revealed on 5/14/24 at 9:00 PM, the administration record for this order was also left blank which indicated the resident's PEG tube residual was not checked nor the amount of residual documented by nurses as ordered.</p> <p>On 6/27/24 at 1:15 PM, the Director of Nursing acknowledged and confirmed blanks in resident #1's May 2024 MAR which indicated these orders were not completed by nursing staff on 5/14/24. She did not say why these orders were not followed or documented by nursing staff.</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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