

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Riverchase Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 Strong Rd Quincy, FL 32351	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50783</p> <p>Based upon record reviews and interviews, the facility failed to follow physician orders to obtain urinalysis, adequately assess a resident for change in condition, and to prevent worsening of a urinary tract infection (UTI) that resulted in hospitalization . (Resident #1)</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on [DATE] with a diagnosis of displaced posterior fracture of the first cervical vertebra. Skilled nursing assessments dated 1/9/25 thru 1/14/25 shows Resident #1 required setup assistance with meals, assistance with transfers, continent of bowel and bladder function, and alert and oriented. The skilled nursing assessment dated [DATE] thru 1/23/25 revealed the resident required dependent assistance with meals and eating and was incontinent of bowel and bladder. A review of Resident #1's care plan revealed she was care planned for self-care deficit, initiated on 1/13/25. Further review reveals resident A care plan was initiated on 1/23/25 for risk of complications related to incontinent episodes of bladder function. (photographic evidence).</p> <p>A review of physician orders dated 1/9/25 reveals labs were to be obtained including a urinalysis and Occult stool. Labs were obtained on 1/14/25. Upon reviewing the lab results provided by the facility, it was discovered that no urinalysis or occult stool lab was obtained. (photographic evidence obtained)</p> <p>An interview with Staff E, a Certified Nursing Assistant (CNA), on 2/12/25 at 2:15 pm revealed that she took care of Resident #1 during her stay at the facility, She stated that she saw a rapid decline as she was here, requiring more help to get up and eventually not wanting to get up at all. She stated she told the nurse about her concerns. Staff E stated she believed that Resident #1 went to the hospital on her discharge date due to her decline.</p> <p>An interview with Staff F, a Licensed Practical Nurse (LPN), on 2/12/25 at 3:30 pm revealed that after about 2-3 weeks being at the facility, she noticed a decline in functioning. I reported my concerns to the supervisor and let the family know about her decline. She stated she was not present when Resident #1 was discharged .</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Nurse Practitioner (NP) on 2/12/25 at 4:00 pm via telephone revealed. The NP recalled Resident #1 but states no one ever contacted him about any special concerns. He stated the facility orders routine urinalysis labs every week. He did not recall Resident #1 being treated for a UTI while at the facility. When asked about the lab result from the hospital, the NP stated, Urosepsis is a bad UTI with circulatory collapse. That's why we request that labs are done weekly so we can stay ahead of it and treat before it gets at that stage of a resident having to be hospitalized. Her urinary tract infection had to be brewing for several days and then she had an altered mental status, which can happen overnight in some cases. If we had gotten the Urinalysis done on admission we may have caught the infection early.</p>