

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Village Place Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2370 Harbor Blvd Port Charlotte, FL 33952	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38570</p> <p>Based on record review, facility policy review, staff and family interview the facility failed to promote the rights to retain and use their personal possessions for 1 (Resident #422) of 2 residents reviewed.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, Investigating Incidents of Theft and/or Misappropriation of Resident Property revised April 2017 specified:</li> <li>3. Our facility will exercise reasonable care to protect the resident from property loss or theft, including:             <ol style="list-style-type: none"> <li>a. Implementing policies that strictly prohibit, and pursue to the full extent of the law, staff or employee theft or misappropriation of resident property.</li> <li>b. Providing measures to safeguard resident valuables from easy public access.</li> <li>c. Inventorying resident belongings upon admission.</li> </ol> </li> </ol> <p>Review of the Admission Record revealed Resident #422 was admitted on [DATE]. Diagnoses included: Dementia, cystitis, hypertension, hyperlipidemia, diabetes, obstructive sleep apnea and depression.</p> <p>The Admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #422 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated the resident had severe cognitive impairment.</p> <p>A review of Resident #422's care plans revealed the resident is at risk for decreased social interaction/activity participation due to cognitive impairment. And that resident is at the facility for short stay placement. Plans to discharge facility when medically cleared. Date Initiated: 5/15/2024.</p> <p>A review of Resident #422's Inventory of Personal Effects dated 5/13/24 noted the resident had the following items on admission:</p> <p>5 - Blouses/Shirts</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1 - Slacks/Trousers</p> <p>2 - Shorts/Capris</p> <p>1 - Nightgowns</p> <p>1 - Panties/Briefs</p> <p>2 - Bras</p> <p>2 - Dentures - Upper/Lower</p> <p>1 - Glasses</p> <p>1 - Cell phone - no charger</p> <p>1 - Resmed C-Pap machine</p> <p>1 - Grey thumb ring</p> <p>1 - Purple Beaded Bracelet</p> <p>The form was signed by Resident #422 and staff on 5/13/24.</p> <p>During an interview on 6/17/24 at 10:01 a.m., Resident #422's niece stated that her mother who is the resident's sister reported to her the incident that happened at the facility. She felt she had to report the issue. She said when Resident #422 was admitted on [DATE], the family had brought the items listed above to the facility. When the family came to pick up the resident, all she had left was a dress and one bra. All the other items were missing.</p> <p>During a telephone interview on 6/20/24 10:20 a.m., Residents #422's daughter stated after her mother was admitted on [DATE] she knew she had many articles of cloths, toiletries, cell phone, C-Pap machine, upper and lower dentures. The daughter stated that when she got to the facility on [DATE] to pick her up, she and her aunt packed up her belonging. She said that out of the items they brought in on her admission only a dress and one bra were left. She said part of the C-pap machine, her cell phone and dentures were missing. The daughter said that she reported the missing items to the staff as she was trying to find the items to pack for discharge. The daughter said the clothing and toiletries are one thing, but it was terrible they lost the phone, dentures and parts of the C-Pap machine. The daughter stated that it was very hard to get a hold of her mom and she found out after calling several times that her mom had lost her phone and the facility staff could not find it. She said that she called the social worker several times and left messages, but she never returned those calls. She said the social worker never called her about the missing clothes, dentures, or phone.</p> <p>During an interview on 6/20/24 at 12:25 p.m., the Interim Director of Nursing (DON) verified the resident did lose her cell phone.</p> <p>She reported the daughter notified staff when she called the nurses station saying she could not get a hold of her mother for a couple of days.</p> <p>(continued on next page)</p>

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The DON said the staff looked for the cell phone and could not find it.</p> <p>The DON stated that she felt that the resident most likely took it to the emergency room a few days before when the resident had called 911.</p> <p>The DON stated that she had worked in the emergency room and the phone most likely got wrapped up in sheets and sent to the laundry at the hospital and it was lost.</p> <p>The DON reviewed the resident Inventory of Personal Effects that was filled out on admission. The DON confirmed that the form was not filled out with what was present on discharge and was not signed by staff or responsible party.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38570</p> <p>Based on record review, facility policy review, staff and family interviews, the facility failed to notify the resident's representative of changes in condition for 1 (Resident #422) of 2 resident reviewed for change in condition.</p> <p>The findings included:</p> <p>Review of the facility policy titled, Change in a Resident's Condition or Status Revised May 2017 specified: Our facility shall promptly notify the resident, his/her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.).</p> <p>1. The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): .</p> <p>c. adverse reaction to a medication .</p> <p>e. need to alter the resident's medication .</p> <p>i. specific instruction to notify the Physician of changes in resident conditions.</p> <p>4. a nurse will notify the resident's representative when: .</p> <p>b. There is a significant change in the resident physical, mental, or psychosocial status.</p> <p>8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>A review of Resident #422's physician orders revealed that a new medication for anxiety (Buspirone (Buspar)HCl 5 milligrams every 8 hours) was ordered on 5/22/24 and started being administered on 5/23/24. After an allergic reaction the medication was discontinued on 5/24/24.</p> <p>During an interview on 6/17/24 at 10:01 a.m., Resident #422 niece stated that her mother who is the resident's sister reported to her an incident that happened at the facility. She felt she had to report the issues. She said a few days after Resident #422 was admitted to the facility on [DATE], the resident was noted to have hives on her chest and back and she complained it was itchy. On 5/30/24 when the resident's sister and daughter came to get the resident to bring her back home, they found the resident in terrible physical condition. Resident #422's face and eyes were swollen. She had scabs around her nostrils and lips, and complained that everything hurts. Her back looked like she had a severe sunburn. She was unable to swallow due to pain in her mouth and throat. Her urine was dark and had a terrible smell.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 6/20/24 at 10:20 a.m., Resident #422's daughter said a few days after her mother's admission she noticed that she had hives on her chest and back and complained it was itchy. The daughter stated that when she came to pick her mom up on 5/30/24 her mother's face and eyes were very swollen, she could hardly open her eyes. She also noted she had large scabs around her nostrils and on the side of her lips. The nurse told her that her mother had thrush (a fungal infection) in her mouth, a lot of white splotches. She said her mother still had hives and rashes on her chest and back and she looked in terrible shape. The daughter stated that no one ever called her on any medical issues with her mother. She said that the only time someone called was when her mother was upset, and the nurse needed her to calm her down. The daughter stated that on 5/20/24 her mother called 911 because she wanted to see a doctor about the allergic reaction she was having. When Emergency Services (EMS) arrived, they called her to talk to her mom about staying in the facility and not going to the hospital. She said the EMS personnel said if they were there they might as well take her. She agreed for her to go to the hospital. The daughter stated that she was only at the hospital for a few hours and was sent back to the facility. The daughter said that her mom was in such bad shape that they could not take her on the airplane, so they rented a car and drove straight through to Boston and got her admitted to the hospital.</p> <p>A review of the Admission Record revealed Resident #422 was admitted to the facility on [DATE] with the following diagnoses: Dementia, cystitis, hypertension, hyperlipidemia, diabetes, obstructive sleep apnea and depression.</p> <p>The Admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #422 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated the resident had severe cognitive impairment.</p> <p>During an interview on 6/20/24 at 12:25 p.m., the Interim Director of Nursing (DON) said she remembered the resident and she did have a rash and hives which was from her reaction to a medication that she was allergic to. She said that she was noted to have the rash a few days after admission but then it got worse including the reaction of swelling of her face and eyes after receiving the medication Buspar. She said the Psychiatric Nurse Practitioner started her on the medication Buspar and she was only given it for two days. It was discontinued because of the resident's reaction. The DON reviewed the progress notes and acknowledged there was no evidence of notification to the resident's representative about the allergic reaction including the change in medication, swelling of her eyes and face and the noted thrush in her mouth.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</b></p> <p>Based on observation, review of facility policy and procedure, record review and staff and resident interview, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for 3 (Resident #6, #47, and #423) of 6 residents reviewed with physician ordered treatments and positioning devices.</p> <p>The findings included:</p> <p>The facility policy Medication and Treatment Orders (revised 7/16) documented Orders for medications and treatments will be consistent with principles of safe and effective order writing.</p> <p>1. Review of the clinical record revealed Resident #6 had an admitted [DATE] with diagnoses including hemiplegia and hemiparesis affecting the left side, iron deficiency anemia and muscle weakness.</p> <p>The Admission Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of 4/16/24 documented Resident #6 required moderate assistance with dressing and bathing.</p> <p>The MDS noted Resident #6's cognitive skills for daily decision making were intact.</p> <p>On 6/17/24 at 1:54 p.m., during an interview and observation, Resident # 6 said she had wounds on her lower left leg and pulled her pant leg up to show a dressing on her outer left leg. Resident #6 said it was a skin tear and she had three of them on her leg. Resident #6 was observed to have bruises in different stages of healing on her hands and arms and said, I bruise so easy.</p> <p>A review of the physician orders revealed an order dated 5/24/24 to Apply Geri sleeves to bilateral arms to protect skin from injury as resident tolerates. May remove for personal hygiene and bathing, every shift.</p> <p>Review of the nursing progress notes dated 6/16/24 and 6/17/24 revealed documentation that the nurses did not apply the Geri sleeves as ordered because they were not available and were waiting for delivery.</p> <p>Further review of the physician orders documented an order dated 6/7/24 for compression stockings (stockings used to decrease swelling in the feet and lower legs) to be applied in the morning and removed in the evening.</p> <p>Review of the nursing progress note dated 6/13/24 documented the compression stockings were not applied as they were unavailable.</p> <p>On 6/18/24 at 9:10 a.m., Resident #6 was observed in her room in bed. She was noted to have multiple bruises on both of her arms. She said I don't know what it is, but I bruise so easily. They are looking much better now. She said she had not had long gloves (Geri-sleeves) applied ever. There were no compression stockings on her lower legs, and she said she did not know anything about the stockings.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/18/24 at 11:38 a.m., Resident #6 was observed in bed without the Geri-sleeves on. She was rubbing her arms and hands looking at the bruises on her skin. The resident did not have compression stockings on. Resident #6 said they did not put the stockings or the sleeves on her today. The resident was noted to have swelling in her feet and ankles.</p> <p>On 6/18/24 at 2:38 p.m., in an interview Licensed Practical Nurse Staff E said she was aware Resident #6 did not have the Geri sleeves and the compression stockings on as ordered by the physician. Staff E said she had searched the resident's room and was not able to locate the Geri sleeves or the stockings and would go to the central supply room and obtain the items. Staff E returned with a pair of Geri sleeves and said there were no compression stockings in the supply room, and they are on order. Staff E applied the Geri sleeves to Resident #6's arms.</p> <p>Further review of Resident #6's clinical record failed to show documentation that the physician or his representative was notified the Geri sleeves and compression stockings' were not available and not applied as ordered.</p> <p>2. Review of the clinical record revealed Resident #47 had an admitted [DATE] with diagnoses including type 2 diabetes, peripheral vascular disease and pressure ulcer to right heel.</p> <p>The Admission MDS with an assessment reference date of 4/2/24 documented Resident #47 required substantial to maximum assistance with bed mobility including turning side to side. The MDS noted the resident was at risk for pressure wounds and was admitted with a pressure wound on the right heel.</p> <p>The MDS noted Resident #47's cognitive skills for daily decision making were moderately impaired.</p> <p>The clinical record revealed a physician order dated 4/2/24 that specified Padded boots to bilateral feet while in bed every shift.</p> <p>On 6/17/24 at 10:19 a.m., Resident #47 was observed in her bed without the padded boots on and no other positioning devices to off load the pressure to the heels.</p> <p>On 6/17/24 at 1:18 p.m., in an interview Resident #47's family member said her mother needs to be bathed and not just washed in a bed. She said they don't answer the call lights here and do not provide the care needed. I have never seen any padded boots on her feet, and I can tell you they are not in this room. I know everything she has in here.</p> <p>On 6/18/24 at 9:17 a.m., Resident #47 was observed in her bed without the padded boots on her feet.</p> <p>On 6/18/24 at 2:38 p.m., in an interview Licensed Practical Nurse Staff E said Resident #47 has not had the padded boots on because central supply needed to order them. We do not have them. I know she has the order for the boots, but I have looked and there are not any in the room. I did speak with central supply, and they have been ordered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/18/24 at 3:13 p.m., in an interview the Central Supply Manager Staff F said when supplies are needed the nurse will come and let me know and there is also a sheet on the back of my door if anything is ordered when I'm not here. Staff F said, I know Resident #6 needed the Geri sleeves and compression stockings and I ordered them. Staff F said she had placed an order for the padded heel boots for Resident #47. Staff F said I ordered the supplies Monday 6/17/24 and they should be here on Friday. She said she must get approval from management before she places the supply orders.</p> <p>On 6/19/24 at 1:40 p.m., in an interview the Regional Nurse Consultant, said the facility had no policy for following physician orders.</p> <p>On 6/19/24 at 2:14 p.m., in an interview Certified Nursing Assistant Staff G said Resident #47 had a sore on her right heel but it was now healed.</p> <p>On 6/19/24 at 2:43 p.m., in an interview the Director of Nursing said the expectation for resident ordered treatment supplies would be 3 days and if not available the nurse was to contact the physician.</p> <p>On 6/19/24 at 12:33 p.m., in an interview with Resident #6 and #47's Physician said he was not informed the padded heel boots for pressure wound prevention were not applied and not available for Resident #47. The Physician said he was not made aware the Geri sleeves and the compression stockings ordered for Resident #6 were not applied as ordered. The Physician said, I have different associates who see my residents at the facility, but I will check on it.</p> <p>38570</p> <p>3. On 6/17/24 at 12:03 p.m., Resident #423 was observed laying in her bed on her back. She was dressed in a pair of capri pants and a top. All areas of the resident's skin that was observed was covered with a slightly raised red prickly rash. The rash varied in degree with areas appearing to have bumps thick and touching each other and areas the bumps were spread apart. On the resident's back the rash started high on her shoulder blades and the right side was much more inflamed with larger bumps that almost ran together in some spots. Some of the rash appeared to have pimply tops on them. The Resident's lower legs had the same rash but not as intense and close together. The full length of her right arm had the raised rash, and it was on both sides of her hand and between her fingers. The palms of her hands looked crusty and peeling. The Resident's stomach was also covered with the rash from under her breast spreading to her groin area.</p> <p>During an interview on 6/17/24 at 12:03 p.m., Resident #423's spouse said that when his wife was first admitted on [DATE] she just had a rash on her back but now it is all over her body. The husband report that he comes every day to visit, and it is getting so much worse. He said he has asked the staff multiple times for a dermatologist consultation. So far nothing has been done and his wife is itching all the time and constantly moving and itching and rubbing. The husband said he has asked at least twice to have her seen by a dermatologist. He said she really does not talk much but he can see it is bothering her.</p> <p>During the 20-minute interview with the resident's husband the resident was observed and never stopped itching. She was itching her stomach, under her waist band, her arms and hands, her neck and reaching for her lower leg.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The husband gave permission to take photographic evidence pictures of her back (2 views) her stomach, right arm and hand and lower legs.</p> <p>During an interview on 6/18/24 at 4:30 p.m., Resident #423's husband said that the rash was still all over his wife's body even though they have been treating it. It seems like it is only getting worse, and he hope that someone will help his wife.</p> <p>A review of an Admission Record indicated the facility admitted Resident #423 on 5/2/24 with the following diagnosis: Sepsis, Clostridium Difficile (C-diff) and infectious diarrhea, muscle weakness, depression, Alzheimer's disease, hypertension, heart failure, chronic obstructive pulmonary disease (COPD) and history of urinary tract infection.</p> <p>The admission Minimum Data Set (MDS) dated [DATE]revealed Resident #423 had a Brief Interview for Mental Status (BIMS) score of 00 resident was unable to complete the interview due to being severely cognitively impaired. Functional abilities on admission were substantial assistance with all acts of daily living (ADLs). Resident is frequently incontinent of urine and always incontinent of bowel. Under skin conditions there is no way to indicate if resident had a full body rash.</p> <p>Review of Resident #423's Care Plans initiated 5/8/24 indicated that resident had decreases social interaction r/t cognitive impairment. Resident is a short stay placement and lives in a memory care assisted living facility. Resident was not care planned to address the full body rash and treatment ordered for it. No monitoring of the rash in the care plan.</p> <p>On review of Resident #423 skin assessments and notes are as follows:</p> <p>5/2/24 admission assessment - full body rash with excoriation to peri and buttock</p> <p>5/3/24 weekly skin check - full body rash</p> <p>5/3/24 wound evaluation - groin rash - treatment - zinc paste open to air</p> <p>5/9/24 weekly skin check - no notation of body rash</p> <p>5/10/24 wound evaluation - groin rash - getting larger Dermatology consult requested for rash (no dermatology consult since admission)</p> <p>5/17/24 wound evaluation - groin rash - resolved BSRN</p> <p>5/21/24 weekly skin check - no indication or notation of body rash</p> <p>5/28/24 Weekly skin check - no indication or notation of body rash</p> <p>6/5/24 Weekly skin check - no indication or notation of body rash</p> <p>6/7/24 -13:51 Spouse concerned that rash is worsening, seen by wound care (WC) this shift (no note in the record). Added hydrocortisone cream, has hydroxyzine order in place and dermatology consult faxed to dermatology office per instructions. written by nursing supervisor (no dermatology consult since admission)</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6/18/24 Weekly skin check - no indication or notation of body rash</p> <p>On review of all Physician and/or Nurse Practitioner (NP) progress notes of skin rash according to date:</p> <p>On 5/17/24 the last wound care note for full body rash written by wound care NP. (rash documented as being resolved at this visit)</p> <p>On 5/29/24 a Medical Directors note indicated a generalized, splotchy, pruritic rash covering more than half of body surface. Candida Rash: will continue miconazole for now.</p> <p>During an interview on 6/19/24 at 10:02 a.m., CNA Staff H said that she feels that the resident's rash on admission was bad, but now it is better in her groin area but not the rest of her body. CNA said the resident is still itching all the time.</p> <p>During an interview on 6/19/24 at 10:24 a.m. LPN staff I said she knows the resident has a rash and she has been being treated since admission. The nurse reports that the doctor thinks it is a fungal rash but states it does not seem to be getting better. The nurse said that she did get admitted with a bad rash in her groin area for the C-diff but that has cleared up almost completely. The nurse states that she knows that there has been a dermatology consult faxed but no one has come so far.</p> <p>During an interview on 6/19/24 at 10:50 a.m., Interim Director of Nursing (DON) said she is aware of the resident, and she came in with a rash. DON said the nurses should be documenting on resident skin condition and notifying practitioner if treatment is improving her skin condition or not.</p> <p>During an interview on 6/19/24 at 12:37 p.m. the Medical Director said that he looked at Resident #423's body rash and it is definitely not scabies. He said that multiple staff members have taken care of the resident, and no one has come up with any scabies, so he does not feel it is scabies. He said that he is going to call and have an infectious disease doctor come over and see what he thinks it is. The Medical Director said that the hospital was treating the resident rash as a fungal rash, and he felt it did look like it on admission but now he feels that it has a different look to it. The rash is not so much like a fungal rash and now it looks like an allergic reaction of some sort, maybe to a dye in a medication.</p> <p>During an interview on 6/20/24 at 3:23 p.m., the Administrator said that the infectious disease doctor had come in and looked and Resident #423's rash and said he would have to biopsy it to be sure of what it is.</p>		