

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Pavilion for Health Care, The		STREET ADDRESS, CITY, STATE, ZIP CODE 3465 Caroline Blvd Penney Farms, FL 32079	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>28603</p> <p>Based on observation, record review, staff interview, and policy and procedure review, the facility failed to maintain accurately documented medical records for one (Resident #13) of one resident reviewed for non-pressure related skin conditions.</p> <p>The findings include:</p> <p>An observation was made of Resident #13 on 6/18/24 at 10:00 AM. He had a large, tan colored, adhesive dressing on his left leg, dated 6/14/24.</p> <p>A review of the electronic medical record (EMR) revealed a physician's order dated 6/12/24, instructing nursing staff to cleanse the left leg below the knee skin tear with normal saline, apply antibiotic ointment, and cover with a Band-Aid once a day, every other day until healed.</p> <p>A review of the June 2024 treatment administration record (TAR) revealed that Registered Nurse (RN) A signed the treatment as having been completed per the physician's order on 6/16/24.</p> <p>An interview was conducted with RN A on 6/20/24 at 10:41 AM. She stated she worked on 6/16/24, and was assigned tasks including the completion of residents' ordered skin treatments. She reviewed the TAR and confirmed that her initials were signed for the 6/16/24 skin treatment for Resident #13. She stated placing her initials in the TAR meant the treatment was completed as ordered. She was not sure why the date on the dressing would have read 6/14/24 during the observation on 6/18/24. She stated she thought 6/16/24 was the day the resident's wife took him out, and he did not want the bandage changed before he left with his wife. RN A stated she was off duty by the time they returned. She further stated she should have gone back and documented that the treatment was not administered on 6/16/24. She stated the area was a scratch from a skin lesion.</p> <p>A review of the facility's policy for Charting and Documentation (revised 1/2018), revealed that all services provided to the resident, or any changes in the resident's medical or mental condition, would be documented in the resident's medical record. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum: e. whether the resident refused the procedure/treatment.</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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