

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Renaissance at the Terraces		STREET ADDRESS, CITY, STATE, ZIP CODE 26475 South Tamiami Trail Bonita Springs, FL 34135	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</p> <p>Based on observation, staff and resident interviews, record review, and review of facility policy and procedure, the facility failed to ensure 2 (Residents #22 and #30) of 19 residents with bed rails were assessed for alternative interventions prior to the use of the bed rails.</p> <p>The findings included:</p> <p>The facility policy Proper Use of Bed Rails, effective 10/20/22 documented, It is the policy of the Renaissance two utilize a person-centered approach when determining the use of bed rails. Appropriate alternative approaches are attempted prior to installing or using bed rails. Alternatives include but are not limited to: Roll guards, foam bumpers, lowering the bed, and concave mattresses.</p> <p>Alternatives that are attempted should be appropriate for the resident, safe and address the medical conditions, symptoms or behavioral patterns for which a bed rail was considered. If no appropriate alternatives are identified the medical record should include evidence of the following purpose for which the bed rail was intended and evidence that alternatives were tried and were not successful.</p> <p>1. Review of the clinical record revealed Resident #22 had an admitted [DATE] with diagnoses including falls, dementia and syncope.</p> <p>On 7/2/24 at 8:35 a.m., Resident #22 was observed in bed with 1/4 bed rails in the raised position on both sides of the bed.</p> <p>Review of the Side Rail assessment dated [DATE] failed to document the alternate interventions that were attempted prior to the use of the bed rail.</p> <p>2. Review of the clinical record revealed Resident #30 had an admitted [DATE] with diagnoses including Parkinson's disease, anxiety, and major depressive disorder.</p> <p>On 7/1/24 at 11:37 a.m., Resident #30 was observed in bed with 1/4 bed rails on both sides of the bed in the raised position.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Side Rail assessment dated [DATE] documented 1/4 rails bilaterally were used. The assessment failed to document the alternate interventions that were attempted prior to the use of the bed rail.</p> <p>On 7/2/24 at 1:36 p.m., in an interview the Director of Nursing confirmed no alternate interventions were attempted for Resident #22 and #30 prior to the use of the bed rails.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155</p> <p>Based on observation, review of facility policy and procedure and staff interviews, the facility failed to prepare, and store food in a sanitary manner by failing to cover and date food in 1 walk-in dairy refrigerator and 1 refrigerator and failed to clean surfaces on food preparation equipment including ovens and ice machine to prevent potential contamination. Additionally, the facility did not ensure staff wear hair restraints during preparation of food. The lack of sanitation in the kitchen had the potential to affect all residents consuming an oral diet.</p> <p>The findings included:</p> <p>1. On 7/1/24 at 9:09 a.m., during an initial observation of the kitchen in the presence of the Director of Food and Beverages, the following was observed:</p> <p>The outside of the ice machine had a layer of dust with debris on the top of the machine. There was a brown colored substance on the outside top of the machine. Observation of the ice machine lid was dusty and grimy with brown substance and debris.</p> <p>The inside of the ice machine where the lid closes had a layer of dust, debris and had a brown substance along the ridge where the door opens and closes.</p> <p>The air filter on the top of the ice machine had a thick layer of dust.</p> <p>There was a black substance on the inside upper part of the lid.</p> <p>The scoop for the ice machine was lying on top of the dusty machine.</p> <p>The filter for the ice machine was dated 3/31/23.</p> <p>Photographic evidence obtained.</p> <p>Dietary [NAME] Staff B was observed cleaning peeling raw shrimps over an uncovered trashcan and was placing the raw shrimp in a strainer. The metal strainer was positioned over the trash with the handles resting on the rim of the trashcan to keep it from falling into the can. Staff B said, I do it to keep the water from the shrimp going on the floor.</p> <p>On 7/1/24 at 9:15 a.m., Dietary Staff A was observed chopping vegetables. Dietary Staff C and D were observed preparing food for the lunch meal. Dietary Staff A, C, and D did not wear a hair net.</p> <p>The Executive Chef verified the observation and provided a hair net to the staff.</p> <p>The findings of the ice machine were confirmed by the Director of Food and Beverages and the Registered Dietitian. The Director of food and beverages said the ice machine filter should be changed at least yearly and confirmed the filter was dated 3/31/23.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. On 7/3/24 at 10:51 a.m., during a tour of the kitchen the Executive Chef was without a beard covering for his facial hair. A female staff member with long hair walking in the kitchen without a hair net on. The cook had on a baseball cap but no hair net. The Director of Food and Beverage was present in the kitchen and did not provide instruction to the staff regarding required hair coverings.</p> <p>There were no hair nets available outside of the kitchen door or on the inside of the kitchen.</p>		