

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Glades West Rehabilitation and Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 15955 Bass Creek Road Pembroke Pines, FL 33027	

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** 36057</p> <p>Based on record review, observations, and interviews, the facility failed to obtain physician orders for a skin tear sustained during a fall and failed to perform a dressing change as per professional standards for 1 of 1 sampled resident (Resident #111) reviewed for skin tears.</p> <p>The findings included:</p> <p>Review of the facility's policy, titled, Skin Tear-Abrasions and Minor Breaks, Care of, revised on 09/2013, documented, in part, .establish a clean field .steps in the procedure .wash and dry your hands thoroughly, put on gloves, loosen tape and remove soiled dressing, pull glove over dressing and discard . wash and dry your hands thoroughly .put on clean gloves .cleanse the wound with ordered cleanser, if using gauze, use clean gauze for each cleansing stroke., clean from the least contaminated area to the most contaminated area (usually, from the center outward) .</p> <p>Review of the facility's policy, titled, Handwashing/Hand Hygiene, revised on 08/2015 documented, in part, . use alcohol-based hand rub .or, alternatively, soap and water for the following situations: .after removing gloves .hand hygiene is the final step after removing and disposing of personal protective equipment . perform hand hygiene before applying non-sterile gloves .</p> <p>Review of Resident #111's clinical record documented an admission on 05/21/24 with no readmissions. The resident's diagnoses included Cerebral Infarction, Memory Deficit Following Cerebral Infarction, Pneumonia, and Major Depressive Disorder.</p> <p>Review of Resident #111's Minimum Data Set (MDS) admission assessment dated [DATE] documented a Brief Interview of the Mental Status (BIMS) score of 15, indicating the resident had no cognition impairment. The assessment documented under Functional Abilities and Goals the resident needed supervision to partial assistance from the staff to complete the activities of daily living (ADLs).</p> <p>Review of Resident #111's care plan titled, (Resident's name) is at risk for falls and/or fall related injury related to: generalized weakness, limited endurance, impaired balance, unsteady gait, requires staff assist with transfers and ambulation .06/12/24 Resident fell in his room sustained skin tear to right elbow, treatment applied. The care plan was initiated on 05/29/24 and revised on 06/12/24. The care plan documented an intervention that read . Perform frequent checks of resident .</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Glades West Rehabilitation and Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 15955 Bass Creek Road Pembroke Pines, FL 33027	
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>The resident's care plan titled, (Resident's name) has a potential for skin impairment / pressure ulcers and is noted to have skin impairment as follows: -gluteal skin tear-groin rash/redness . The care plan was initiated on 05/29/24. Resident #111's skin care plan did not address the resident's skin tear sustained on 06/12/24.</p> <p>Review of Resident #111's clinical record lacked evidence of a written physician order for the resident's skin tear to the right elbow, sustained during a fall on 06/12/24.</p> <p>Review of the resident's Treatment Administration Record (TAR) for June 2024 lacked written evidence of the right elbow skin tear care and treatment.</p> <p>On 06/17/24 at 12:30 PM, observation revealed Resident #111 in his room sitting in a wheelchair. Further observation revealed a dressing on the resident's right elbow, and the dressing date was unreadable. An interview was conducted with the resident who stated that he fell last week ago and the dressing on his right elbow was placed there then.</p> <p>On 06/18/24 at 11:15 AM, observation revealed Resident #111 in his room sitting in a wheelchair. An interview was conducted with the resident who stated he just came back from therapy. Further observation revealed the resident continued to have the same dressing on the right elbow with an unreadable date as observed on 06/17/24.</p> <p>Consequently, a side-by-side observation of the resident's right elbow dressing was conducted with Staff A, Registered Nurse (RN). Staff A asked the resident if he took a shower and the resident replied Yes. The resident was asked when they put the dressing on his elbow and stated, 'when he fell ' and did not recall when the last time was the dressing was changed. Staff A was not aware the resident had a dressing on his elbow.</p> <p>On 06/18/24 at 11:18 AM, a side-by-side review of Resident #111's clinical record was conducted with Staff A, RN. The review revealed a nursing progress note dated 06/12/24 that documented the resident had a fall and sustained a right elbow skin tear. Staff A confirmed there was not a physician's order for the resident's right elbow dressing changes.</p> <p>On 06/18/24 at 11:34 AM, observation for Resident #111's right elbow's dressing care performed by Staff A, RN started. Staff A retrieved a bottle of normal saline solution, a wad of gauze, one bordered dressing, and one Xeroform dressing placed them on a foam tray, entered the resident's room and placed the tray on top of the dresser. Staff A stated the facility protocol for skin tears was to use Xeroform gauze. Observation revealed Staff A performed hand washing, donned a disposable gown and a pair of gloves, placed a red bag on top of the bed and removed Resident #111's right elbow dressing. Observation revealed the soiled dressing had a dried yellow colored gauze, with dried blood, and the resident had a skin (flap) tear. Staff A was asked for the tear measurements and stated it was about one centimeter by 0.5 centimeter (cm).</p> <p>Further observation revealed Staff A folded the soiled dressing gauze in his gloved left-hand fist and discarded it into the red bag. Continued observation revealed Staff A wearing the same pair of gloves, cleaned the skin tear with a soaked saline gauze with a back-and-forth motion, multiple strokes with the same gauze. Staff A discarded the gauze and with the same pair of gloves, retrieved another saline soaked gauze and cleaned the skin tear area back and forth then applied Xeroform gauze to the skin tear.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Glades West Rehabilitation and Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 15955 Bass Creek Road Pembroke Pines, FL 33027	
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>Further observation revealed Staff A removed the pair of gloves and without performing hand hygiene, donned another pair of clean gloves then applied a bordered dressing to the right elbow. Staff A removed the pair of gloves, removed the gown, and reached into his pocket to retrieve a sharpie marker to date the dressing. Staff A then, without hand hygiene, pulled the privacy curtains opened and donned gloves to tighten up the biohazard bag and discard it.</p> <p>On 06/18/24 at 12:15 PM, an interview was conducted with the facility's Wound Care Nurse (WCN) who stated when a resident sustains a skin tear, the floor nurse will write a progress note, and an incident report. The WCN added the nurses usually reports it to her, she would assess, put a treatment order in and will initiate the treatment. The WCN stated she would do measurements and write the type of wound, and if she was not in the facility the floor nurses initiate the treatment and can put an order in for care. During the interview, the WCN added she had a skin care communication slip that the floor nurses can do and leave it for her either on top of the treatment cart or on each floor wound care binder available to them. The WCN stated she was not aware of Resident #111's skin tear to the right elbow sustained during a fall on 06/12/24.</p> <p>On 06/18/24 at 1:35 PM, an interview was conducted with the Director of Nursing (DON) who stated that on 06/12/24, the floor nurse completed Resident #111's fall incident report that indicated the resident had sustained a skin tear to the right elbow but did not initiate the facility's protocol for skin tear care.</p> <p>On 06/19/24 at 9:30 AM, a joint telephone interview was conducted with Staff B, RN and the DON. Staff B stated Resident #111 was trying to go to the bathroom using the walker and the walker did not roll and he fell . Staff B added the resident sustained a skin tear, she cleaned it with normal saline and applied a Tegaderm dressing to the tear. Staff B stated she called the physician and the resident's daughter right after the incident but did not get a reply and informed the nursing supervisor to follow up on. Staff B was apprised that there was a yellowish color gauze under the bordered dressing and the date was unreadable, Staff B added someone else must have changed the dressing because she did not put a yellow (Xeroform) gauze. Staff B was asked if the facility had a protocol for her to follow when the resident sustained a skin tear and stated she did not know. Staff B was apprised there was not a physician's order for Resident #111's skin tear to the right elbow sustained during the fall on 06/12/24. The DON stated the facility has a Skin Tear Protocol batch order, that the nurse needed to activate when it happened, and this was not done by Staff B.</p> <p>On 06/19/24 at 9:40 AM, a joint interview was conducted with the DON and the Staff Development Educator (SDE). The SDE stated the nurses were educated related to the Skin Tear Protocol and how to utilize it.</p> <p>On 06/19/24 at 10:03 AM, a joint interview was conducted with the DON and the Nursing Supervisor. The Nursing Supervisor stated that she recalled Staff B informed her that Resident #111 had a fall and submitted the incident report. The Supervisor stated she then passed the incident report to the DON for the morning meeting. The DON stated she received the report, did the investigation, the MDS coordinate did the care plan, and therapy assessed. The DON was apprised the Wound Care Nurse was not made aware of the resident's skin tear. The DON acknowledged this. The Nursing Supervisor and the DON were apprised of the concerns related to Resident #111's right elbow dressing, the unreadable date of the dressing change, and the lack of physician order to address the resident's right elbow skin tear.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Glades West Rehabilitation and Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 15955 Bass Creek Road Pembroke Pines, FL 33027	
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>On 06/19/24 at 11:24 AM, an interview was conducted with Staff A, RN, who was apprised of wearing the same pair of gloves during Resident #111's right elbow dressing change observation on 06/18/24. Staff A stated he should have removed the gloves after he cleaned the skin tear, performed hand washing or hand sanitation, and donned gloves before applying the treatment (Xeroform gauze).</p>		