

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Fleming Island		STREET ADDRESS, CITY, STATE, ZIP CODE 2040 Town Center Blvd Fleming Island, FL 32003	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48947</p> <p>Based on observations, record review, and interviews, the facility failed to ensure that a resident who was unable to carry out activities of daily living (ADLs), received necessary services to maintain good grooming and personal hygiene for one (Resident #294) of a total survey sample of 19 residents by not providing adequate fingernail care.</p> <p>The findings include:</p> <p>On 10/07/2024 at 10:59 AM, Resident #294 was observed in his room, sitting up in a wheelchair with elongated, jagged fingernails with brown matter underneath. (Photographic evidence obtained). The resident was asked how long it had been since his fingernails had been trimmed. He stated, It's been a while.</p> <p>On 10/08/2024 at 9:58 AM, the resident was observed lying in bed with elongated, jagged fingernails with brown matter underneath. (Photographic evidence obtained) The resident was asked if any staff had offered to trim or clean his fingernails and he stated, No. The resident was asked if he wanted his fingernails trimmed and he stated, Yes. The resident was asked if staff offered to trim his nails today would he allow it and he stated, Yes.</p> <p>A record review was conducted on 10/08/2024 at 11:40 AM which revealed that Resident #294 was admitted to the facility on [DATE] with diagnoses/needs including a need for assistance with personal care, cognitive/communication deficit and diabetes mellitus type II.</p> <p>A review of the resident's admission MDS (minimum data set) assessment, dated 9/29/2024, revealed that the assessment was incomplete (in progress).</p> <p>A review of the resident's care plan, dated 9/24/2024, revealed the following Focus Area: Resident has ADL decline related to status post amputation from gangrene infection to left foot, hyperlipidemia, diabetes mellitus type II, a history of stomach cancer, atrial fibrillation, and other comorbidities. Goal: The resident will receive assistance to be kept clean, dry, and comfortable through the next 30 days, and resident's ADL needs will be met and independence potential maximized within constraints of disease through next review.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/08/2024 at 1:26 PM, an interview was conducted with Certified Nursing Assistant (CNA) A. She was asked who was responsible for providing fingernail care to the residents. She stated, The CNAs. She was asked how often nail care was provided. She stated, As needed or whenever we see that it needs to be done. She was asked if she provided fingernail trimming for residents with diabetes. She stated, Yes, but we have to be careful at all times not to make the nails bleed. She was asked if she'd had training/education for abuse/neglect. She stated, Yes, when we do [web-based training] and we have different subjects every month. The CNA was accompanied to Resident #294's bedside to assess the status of his fingernails. She was asked if she thought the resident needed fingernail care. She stated, Yes. The resident's fingernails were elongated and jagged with brown matter underneath.</p> <p>On 10/08/2024 at 1:31 PM, an interview was conducted with Registered Nurse (RN) B who was asked who was responsible for providing fingernail care for the residents. She stated, The CNAs unless its a diabetic resident, then the nurses have to do it. She was asked when fingernail care was provided. She stated, I wanna say as needed. She was asked if she'd had training/education for abuse/neglect. She stated, Yes, recently. RN B was then accompanied to Resident #294's bedside to assess the status of his fingernails. She was asked if she thought the resident needed fingernail care. She stated, Yes, he needs it. The resident's fingernails were elongated and jagged with brown matter underneath.</p> <p>On 10/08/2024 at 3:58 PM, a policy and procedure for ADL care was requested from the Director of Nursing who reported that the facility did not have a policy and procedure for ADL care.</p>		