

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER TERRACE OF ST CLOUD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3855 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769		
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F 000	INITIAL COMMENTS Recertification and Complaint surveys #2025004298 and #2025005234 were conducted from through . The complaints were not substantiated. The Terrace of St. Cloud was not in compliance with 42 CFR Part 483 and 488, requirements for Long Term Care Facilities from the recertification survey.	F 000			
F 694 SS=D	/ Fluids CFR(s): 483.25(h) § 483.25(h) Fluids. fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide () care and services according to standards of practice and plan of care, and failed to obtain physician orders for the care and maintenance of a , for 3 of 3 residents reviewed for care, of a total sample of 49 residents, (#466, #106 and #520). Findings: 1. Resident #466 was admitted to the facility on from an acute care hospital with diagnoses of of unspecified left , Type 2 and . Current physician's orders indicated resident #466 had a line in his right upper arm for administration of . The	F 694	A) What corrective action will be accomplished for these residents found to be effective: Resident #106 and #466 were immediately changed on . On , a physicians order was obtained to remove Resident #520s , . No adverse consequences were identified at that time. On , an in-service for all licensed nurses was initiated by the Staff Development Coordinator which addressed Central Care and changes and care and maintenance. The in-service addressed the need to obtain physician orders for appropriate care, maintenance and removal of Central and .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 694	<p>Continued From page 1</p> <p>physician orders showed he received 1 gram (gm) of _____ solution (_____) _____ daily at 9:00 PM from _____ until _____ for a bloodstream</p> <p>"A _____ is put into a _____ by the bend in the _____ or the upper arm... a _____ may allow you to receive long-term medicine or treatments" (retrieved on _____ from www.drugs.com).</p> <p>On _____ at 10:29 AM, resident #466 was sitting up in bed, an undated, transparent _____ was seen on his right upper arm. The resident stated the _____ was inserted at the hospital but was unsure when.</p> <p>On _____ at 9:44 AM, assigned Registered Nurse (RN) C verified resident #466's _____ was undated. He explained _____ changes were based on the physician's order, usually the order was to change the _____ every week or as needed. The nurse verified the physician's order indicated the _____ was to be changed weekly on Wednesday evening. The nurse acknowledged the resident's _____ should have been dated with the date of the last _____ change. He acknowledged the importance of dating the _____ in preventing _____ and complications.</p> <p>On _____ at 10:56 AM, with the Director of Nursing (DON) present, resident #466 stated his _____ had just been changed and dated with today's date. The DON stated her expectation was _____ should _____ always be dated.</p> <p>2. Resident #106 was admitted to the facility on _____</p>	F 694	<p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents with Central _____ and/or _____ have the potential to be affected by this deficient practice.</p> <p>On _____ a facility-wide audit was conducted for all residents with Central _____ and/or _____ to ensure that accurate and appropriate physicians orders were in place; and that _____ were appropriately dated and were being appropriately maintained. All other residents were found to have appropriately maintained site and appropriate orders in place.</p> <p>On _____, an in-service for all licensed nurses was initiated by the ADON which addressed Central _____ Care and _____ changes and _____ care and _____ maintenance. The in-service addressed the need to obtain physician orders for appropriate care, maintenance and removal of Central _____ and _____</p> <p>C) What measures will be put in place or what system change will be made to ensure this will not recur:</p> <p>On _____, an in-service for all licensed nurses was initiated by the ADON which addressed Central _____ Care and _____ changes and _____ care and _____</p>	

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F 694	<p>Continued From page 2</p> <p>from an acute care hospital with diagnoses of left _____ and _____ failure. Review of current physician's orders revealed she had a _____ line in her left upper arm for administration of _____ The orders specified 1 gm of _____ solution (_____) _____ twice a day at 9:00 AM and 9:00 PM, from _____ to _____ then once a day at 9:00 AM until _____ for a _____ of her lower left _____. Another physician order indicated, " _____ left upper arm _____ change every week, remove old _____ cleanse site with _____ or _____ cover with transparent _____ weekly and as needed. Monitor for s/s of _____, or _____ at _____ site. Once a day on Tuesday 7 AM-3 PM."</p> <p>On _____ at 11:13 AM, resident #106 was in bed, a _____ was on her left upper arm. She stated she received _____ for a _____ on her left _____. Resident #106's _____ was undated, and loose with the edges of the _____ lifted up from the skin. The resident stated she did not remember when the _____ was inserted nor the last time the _____ was changed.</p> <p>On _____ at approximately 9:54 AM, RN C entered resident #106's room and confirmed the _____ now with a date of _____ written on it. The _____ was still loose at the edges lifting up from the skin, and the resident explained another nurse came in and wrote the date, but did not change the _____. RN C acknowledged the _____ needed to be changed.</p>	F 694	<p>maintenance. The in-service addressed the need to obtain physician orders for appropriate care, maintenance and removal of Central _____ and _____</p> <p>Unit Managers, or designee will audit admission/readmission orders for any resident with a Central _____ and/or _____ to ensure that there are physician orders in place for care and maintenance of the _____. Audits will be completed with every new admission and/or order for _____ times 4 weeks.. Any identified problems will be addressed immediately. Audits will be submitted to the DON, or designee weekly.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur: The DON, or designee, will report the findings of the audits to the QA and QAPI committees monthly times 3 months, then quarterly x 4 quarters.</p>	

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F 694	<p>Continued From page 3</p> <p>On at 10:50 AM, the DON stated insertions were ordered through the pharmacy and facility nurses changed the based on the physician's order. She explained the facility's protocol was to change any every Tuesday. The DON confirmed the should have been dated when first inserted. She acknowledged the nurse should have changed the instead of writing a date on it when they saw the were undated as they would not be sure as to how long it had been in place.</p> <p>The Facility's Policy on Central Care and Changes revised stated in the Procedure section- to apply sterile section 6 e, "Label with initials and date."</p> <p>3. Resident #520 was admitted to the facility on with diagnoses including , type 2 , and .</p> <p>A care plan for the presence of was initiated on . The care plan indicated resident #520 was at risk for localized or complications. Interventions included changes to site per orders and to observe site for , redness, patency, leaking around site, and/or coolness to touch.</p> <p>Review of resident #520's electronic medical record (EMR) revealed a communication form from a access company which indicated a had been placed in the resident's left arm on .</p>	F 694			

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F 694	<p>Continued From page 4</p> <p>Review of physician orders for resident #520 revealed an order dated _____ which read, "place _____ line." No orders were present for monitoring or maintenance of the _____ and _____.</p> <p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for _____ revealed no documentation to indicate the _____ and _____ had been monitored or maintained.</p> <p>On _____ at 10:16 AM, resident #520 was observed in bed with a transparent _____ on her left arm. No date was present on the _____. Resident #520 stated she received an solution because she was _____.</p> <p>On _____ at 2:44 PM, resident #520 was observed in bed, the transparent _____ remained in place. The _____ was now dated _____.</p> <p>On _____ at 10:13 AM, resident #520 was observed in bed with her husband at bedside. The _____ remained in place. Resident #520 stated the _____ had been discontinued but she was not aware why she still had the _____.</p> <p>On _____ at 10:14 AM, RN B and the Assistant Director of Nursing (ADON) confirmed resident #520 had a _____, RN B and the ADON could not locate physician orders to monitor and/or maintain the _____.</p> <p>On _____ at 10:22 AM, the DON stated a _____ was usually removed within 72 hours of insertion. She could not locate an order</p>	F 694			

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F 694	Continued From page 5 for care, maintenance nor for removal of the . The DON confirmed resident #520 should have a physician's order for monitoring and maintenance of the and site. At 10:40 AM, the DON acknowledged the . should have been removed and there should have been an order to monitor the and change the . as needed. The DON acknowledged without orders, nurses would not be prompted to check the site and , including documentation of their findings.	F 694		
F 880 SS=D	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and §483.80(a) prevention and control program. The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880		

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F 880	<p>Continued From page 6</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable or before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable or should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of ;</p> <p>()When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and</p> <p>(vi)The hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow control practices to prevent the development, transmission and potential spread of _____ by not adhering to proper contact precautions for 1 of 2 residents reviewed for isolation precautions, (#56); and failed to ensure acceptable standards of practice were implemented when performing _____ monitoring and administration of injectable medication for 1 of 6 residents observed during medication administration, (#64); of a total sample of 49 residents.</p> <p>Findings:</p> <p>1. On _____ at 11:25 AM, resident #56's door had a sign indicating contact isolation precautions were implemented. Inside the resident's room, the biohazard waste receptacle for used personal protective equipment (PPE) was located in the middle of the resident's room between resident #56's and her roommate's dressers. In order to dispose of soiled PPE, the wearer would have to walk past resident #56's bed and dresser in order to dispose of soiled PPE.</p> <p>"Personal protective equipment refers to protective clothing, helmets, gloves, _____ shields, goggles, facemasks and/or _____ or other equipment designed to protect the wearer from injury or the spread of _____ or illness," (retrieved on _____ from www.fda.gov/medical).</p> <p>Resident #56 was initially admitted to the facility on _____ and readmitted on _____ Hospital paperwork dated _____ revealed _____ a</p>	F 880	<p>A) What corrective action will be accomplished for these residents found to be effective: On _____, Resident #56 biohazard waste receptacle for used PPE was moved to the appropriate location by near the exit of the residents room. On _____, Resident #64 was assessed and no adverse side effects were noted at that time. On _____, LPN A received education from the ADON on appropriate handwashing, appropriate use of PPE; isolation precautions; and how to appropriately clean multi-use _____</p> <p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents with isolation precautions or who require _____ monitoring. On _____, no other residents were able to be identified upon review of LPN As assigned residents. On _____, LPN A received education from the ADON on appropriate handwashing, appropriate use of PPE; isolation precautions; and how to appropriately clean multi-use _____ On _____, the ADON initiated education for all licensed nurses on appropriate handwashing, appropriate use of PPE; isolation precautions; and how to appropriately clean multi-use _____</p>		

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F 880	<p>Continued From page 8</p> <p>and fluid-filled like formation to her right upper extremity due to possible infiltration of a corrosive medication. An admission note from listed a to the inside bend of resident #56's right .</p> <p>Review of the results for a lab test of resident #56's right arm dated revealed multiple microorganisms identified inside the including (staph). A nursing progress note from revealed the resident was placed on contact precautions due to staph in her right middle arm</p> <p>Staph or a Staph is caused by . This can cause a staph which can be deadly if the invade deeper into your body. The Centers for Control recommend that nursing home residents with multi-drug resistant organisms such as staph be placed on contact isolation to prevent further transmission of the (retrieved on from www.mayoclinic.org).</p> <p>On at 11:48 AM, the Preventionist (IP) nurse revealed disposal for soiled PPE should be located near the resident's exit door. The IP nurse confirmed resident #56's biohazard waste disposal box was located in the middle of the resident's room between the two residents. She confirmed contact precautions for resident #56 were to prevent the transmission of the staph organism from her to other residents. She acknowledged removing PPE and walking through the resident's environment for disposal was a break in isolation.</p> <p>The facility policy revised entitled,</p>	F 880	<p>On biohazard waste receptacles in isolation rooms were moved to the appropriate location near the exit of the resident rooms. Staff have been educated on the appropriate placement of the waste receptacles.</p> <p>C) What measures will be put in place or what system change will be made to ensure this will not recur: On LPN A received education from the ADON on appropriate handwashing, appropriate use of PPE; isolation precautions; and how to appropriately clean multi-use</p> <p>On the ADON initiated education for all licensed nurses on appropriate handwashing, appropriate use of PPE; isolation precautions; and how to appropriately clean multi-use</p> <p>On the ADON initiated education for all staff on handwashing, implementation of appropriate isolation precautions, and appropriate use of PPE. On biohazard waste receptacles in isolation rooms were moved to the appropriate location near the exit of the resident rooms. Staff have been educated on the appropriate placement of the waste receptacles.</p> <p>The Unit Managers, or designee, will randomly audit, 3 times a week, across all shifts, staff handwashing, implementation of appropriate isolation precautions, appropriate placement of biohazard waste</p>	

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F 880	<p>Continued From page 9</p> <p>" Prevention and Control Program" indicated an prevention and control program was established and maintained to provide a safe, and sanitary environment. The policy detailed the program should help prevent the development and transmission of communicable and</p> <p>A facility policy revised on with information for different types of isolation indicated under the section for contact precautions, a gown and gloves were required on every entry into the resident's room and waste disposal for PPE should be located near the exit of the resident's room.</p> <p>2. Resident #64 was admitted to the facility on with an admitting diagnosis of with dependence on , and type 2</p> <p>On at 8:57 AM, Licensed Practical Nurse (LPN) A prepared to perform medication administration for resident #64. LPN A entered the room and swabbed resident #64's with an swab. The nurse pricked resident #64's with a lancet, obtained a drop of from the and placed it on the test strip which was previously inserted into the . LPN A did not don gloves when he performed the check. LPN A then removed the cap of the , swabbed the rubber seal, and attached the needle to the pen. LPN A swabbed the site on resident #64's abdomen and administered the injection, without sanitizing his or applying gloves. LPN A then disposed of the lancet, the bloody test strip and the used needle in the sharps container. He left the resident's room without sanitizing his</p>	F 880	<p>receptacles, medication administration for appropriate use of PPE; and use and cleaning of multi-use . Audits will be submitted to the DON weekly. Any identified problems will be addressed immediately.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur: The DON, or designee, will report the findings of the audits to the QA and QAPI committees monthly times 3 months, then quarterly x 4 quarters.</p> <p>N433 C</p>	

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F 880	<p>Continued From page 10</p> <p>and proceeded to his medication cart where he placed the _____ into the top drawer of the medication cart without _____ the device.</p> <p>The Centers for _____ Control, recommended health care providers should wear gloves during _____ testing or any other procedure that involved potential exposure to _____ or _____. They recommended if _____ meters were used to test multiple patients the device should be cleaned and _____ after every use to prevent the spread of _____ and _____ agents, (retrieved on _____ from www.cdc.gov/injection-safety).</p> <p>On _____ at 9:38 AM, the Director of Nursing (DON) explained they did not have individual _____ for each resident and expected nurses to _____ the _____ after each resident. Nurses should use the appropriate cleaning solution prior to placing the _____ on the cart. The DON confirmed nurses were expected to wear gloves as best practice when checking _____ and/or administering injections, as they had potential to encounter _____ and _____. She acknowledged LPN A did not follow this policy/procedure and required re-education.</p> <p>On _____ at 1:21 PM, LPN A confirmed he did not wear gloves when checking resident #64's _____ or when he administered _____ by injection. He acknowledged he knew the proper control procedure for _____ monitoring and _____ injection required the use of gloves when potentially encountering _____. He stated he should have _____ the _____ before placing it _____ into the _____</p>	F 880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER TERRACE OF ST CLOUD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3855 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769		
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F 880	<p>Continued From page 11 medication cart.</p> <p>The facility's policy and procedure revised entitled, " Sampling - (stick)" indicated the purpose of the procedure was to guide the safe handling of sampling devices to prevent the transmission of bloodborne to residents and employees. The section titled, "General Guidelines" detailed that meters should always be cleaned and between use. The section entitled, "Steps in the Procedure," listed the steps including, wash don gloves, clean and reusable equipment after each use. The procedure continued, remove gloves, and wash</p> <p>The facility policy dated 2024 entitled "Administering Medications" indicated staff were to follow established facility control procedures such as washing and wearing gloves during the administration of medications.</p>	F 880			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER TERRACE OF ST CLOUD, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3855 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34789
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N 000	<p>INITIAL COMMENTS</p> <p>Relicensure and complaint surveys #2025004298 and #2025005234 were conducted from through . The complaints were not substantiated. The Terrace of St. Cloud had deficiencies found at the time of the visit from the relicensure survey.</p>	N 000		
N 201 SS=D	<p>400.022(1)(i), FS Right to Adequate and Appropriate Health Care</p> <p>(i) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide () care and services according to standards of practice and plan of care, and failed to obtain physician orders for the care and maintenance of a , for 3 of 3 residents reviewed for care, of a total sample of 49 residents, (#466, #106 and #520).</p> <p>Findings:</p> <p>1. Resident #466 was admitted to the facility on from an acute care hospital with diagnoses of of unspecified left , Type 2 and . Current physician's orders indicated resident #466 had a line in his right</p>	N 201	<p>A) What corrective action will be accomplished for these residents found to be effective: Resident #106 and #466 were immediately changed on On , a physician's order was obtained to remove Resident #520s . No adverse consequences were identified at that time. On , an in-service for all licensed nurses was initiated by the Staff Development Coordinator which addressed Central Care and changes and care and maintenance. The in-service addressed the need to obtain physician orders for appropriate care, maintenance and removal of Central</p>	

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X8) DATE

/25

Agency for Health Care Administration

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N 201	<p>Continued From page 1</p> <p>upper arm for administration of . The physician orders showed he received 1 gram (gm) of solution () daily at 9:00 PM from until for a bloodstream</p> <p>"A is put into a by the bend in the or the upper arm... a may allow you to receive long-term medicine or treatments" (retrieved on from www.drugs.com).</p> <p>On at 10:29 AM, resident #466 was sitting up in bed, an undated, transparent was seen on his right upper arm. The resident stated the was inserted at the hospital but was unsure when.</p> <p>On at 9:44 AM, assigned Registered Nurse (RN) C verified resident #466's was undated. He explained changes were based on the physician's order, usually the order was to change the every week or as needed. The nurse verified the physician's order indicated the was to be changed weekly on Wednesday evening. The nurse acknowledged the resident's should have been dated with the date of the last change. He acknowledged the importance of dating the in preventing and complications.</p> <p>On at 10:56 AM, with the Director of Nursing (DON) present, resident #466 stated his had just been changed and dated with today's date. The DON stated her expectation was should always be dated.</p> <p>2. Resident #106 was admitted to the facility on</p>	N 201	<p>and</p> <p>B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents with Central and/or have the potential to be affected by this deficient practice. On a facility-wide audit was conducted for all residents with Central and/or to ensure that accurate and appropriate physicians orders were in place; and that were appropriately dated and were being appropriately maintained. All other residents were found to have appropriately maintained site and appropriate orders in place. On, an in-service for all licensed nurses was initiated by the ADON which addressed Central Care and changes and care and maintenance. The in-service addressed the need to obtain physician orders for appropriate care, maintenance and removal of Central and</p> <p>C) What measures will be put in place or what system change will be made to ensure this will not recur: On, an in-service for all licensed nurses was initiated by the ADON which addressed Central Care and changes and care and</p>		

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N 201	<p>Continued From page 2</p> <p>from an acute care hospital with diagnoses of left _____ and _____ failure. Review of current physician's orders revealed she had a _____ line in her left upper arm for administration of _____. The orders specified 1 gm of _____ solution (_____) _____ twice a day at 9:00 AM and 9:00 PM, from _____ to _____ then once a day at 9:00 AM until _____ for a _____ of her lower left _____. Another physician order indicated, " _____ left upper arm _____ change every week, remove old _____ cleanse site with _____ or _____ cover with transparent _____ weekly and as needed. Monitor for s/s of _____, or _____ at _____ site. Once a day on Tuesday 7 AM-3 PM."</p> <p>On _____ at 11:13 AM, resident #106 was in bed, a _____ was on her left upper arm. She stated she received _____ for a _____ on her left _____. Resident #106's _____ was undated, and loose with the edges of the _____ lifted up from the skin. The resident stated she did not remember when the _____ was inserted nor the last time the _____ was changed.</p> <p>On _____ at approximately 9:54 AM, RN C entered resident #106's room and confirmed the _____ now with a date of _____ written on it. The _____ was still loose at the edges lifting up from the skin, and the resident explained another nurse came in and wrote the date, but did not change the _____. RN C acknowledged the _____ needed to be changed.</p> <p>On _____ at 10:50 AM, the DON stated</p>	N 201	<p>maintenance. The in-service addressed the need to obtain physician orders for appropriate care, maintenance and removal of Central _____ and _____</p> <p>Unit Managers, or designee will audit admission/readmission orders for any resident with a Central _____ and/or _____ to ensure that there are physician orders in place for care and maintenance of the _____</p> <p>Audits will be completed with every new admission and/or order for _____ times 4 weeks. Any identified problems will be addressed immediately. Audits will be submitted to the DON, or designee weekly.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur: The DON, or designee, will report the findings of the audits to the QA and QAP committees monthly times 3 months, then quarterly x 4 quarters.</p>	
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N 201	<p>Continued From page 3</p> <p>insertions were ordered through the pharmacy and facility nurses changed the _____ based on the physician's order. She explained the facility's protocol was to change any _____ every Tuesday. The DON confirmed the _____ should have been dated when first inserted. She acknowledged the nurse should have changed the _____ instead of writing a date on it when they saw the _____ were undated as they would not be sure as to how long it had been in place.</p> <p>The Facility's Policy on Central Care and _____ Changes revised _____ stated in the Procedure section- to apply sterile _____, section 6 e, "Label with initials and date."</p> <p>3. Resident #520 was admitted to the facility on _____ with diagnoses including _____, type 2 _____, and _____.</p> <p>A care plan for the presence of _____ was initiated on _____. The care plan indicated resident #520 was at risk for localized _____ or complications. Interventions included _____ changes to site per orders and to observe site for _____, redness, patency, leaking around site, _____ and/or coolness to touch.</p> <p>Review of resident #520's electronic medical record (EMR) revealed a communication form from a _____ access company which indicated a _____ had been placed in the resident's left arm on _____.</p> <p>Review of physician orders for resident #520 revealed an order dated _____ which read, "</p>	N 201		

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N 201	<p>Continued From page 4</p> <p>place, _____ line." No orders were present for monitoring or maintenance of the _____ and _____.</p> <p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for _____ revealed no documentation to indicate the _____ and _____ had been monitored or maintained.</p> <p>On _____ at 10:16 AM, resident #520 was observed in bed with a transparent _____ on her left arm. No date was present on the _____. Resident #520 stated she received an solution because she was _____.</p> <p>On _____ at 2:44 PM, resident #520 was observed in bed, the transparent _____ remained in place. The _____ was now dated _____.</p> <p>On _____ at 10:13 AM, resident #520 was observed in bed with her husband at bedside. The _____ remained in place. Resident #520 stated the _____ had been discontinued but she was not aware why she still had the _____.</p> <p>On _____ at 10:14 AM, RN B and the Assistant Director of Nursing (ADON) confirmed resident #520 had a _____ RN B and the ADON could not locate physician orders to monitor and/or maintain the _____.</p> <p>On _____ at 10:22 AM, the DON stated a _____ was usually removed within 72 hours of insertion. She could not locate an order for care, maintenance nor for removal of the _____. The DON confirmed resident #520 should have a physician's order for monitoring and maintenance</p>	N 201		

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N 201	Continued From page 5 of the and site. At 10:40 AM, the DON acknowledged the , should have been removed and there should have been an order to monitor the and change the as needed. The DON acknowledged without orders, nurses would not be prompted to check the site and , including documentation of their findings. Class III	N 201		
N 433 SS=C	400.191(5)(a)2, FS Nursing Home Guide Posted (5) Every nursing home facility licensee shall: (a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public: 2. A copy of all of the pages that list the facility in the most recent version of the Nursing Home Guide. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure the most recent version of the Nursing Home Guide was available for residents and visitors in 1 of 1 survey binders. Findings: On at 11:30 AM, the survey binder at the front lobby revealed the "Nursing Home Inspections Ratings" page was not printed and placed in the binder for residents and/or visitors to review. Review of www.floridahealthfinders.gov website revealed the most recent version of the "Nursing Home Inspection Ratings" page was	N 433	A) What corrective action will be accomplished for these residents found to be effective: All residents had the potential to be affected by this deficient practice. The new Administrator of the facility was educated by the Consultant Administrator on on the need to post the most recent Nursing Home Guides in a location(s) accessible to all residents, staff and visitors and how to access the information. On , the most recent Nursing Home Guide was placed in the Nursing Home Inspection Ratings	

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N 433	Continued From page 6 updated as of On at 4:05 PM, the Administrator stated she was responsible for updating the survey binder with the nursing home rating guide. She explained she was not aware the inspection ratings page needed to be placed in the survey binder quarterly nor how to access the information. Widespread Class	N 433	binder in the front lobby. On information was shared at Resident Council regarding what information is available in the binder containing the Nursing Home Guide. B) How will you identify other residents having potential to be affected and what corrective actions will be taken: All residents had the potential to be affected by this deficient practice. The new Administrator of the facility was educated on the need to post the most recent Nursing Home Guides in a location(s) accessible to all residents, staff and visitors and how to access the information. On , the most recent Nursing Home Guide was placed in the Nursing Home Inspection Ratings binder in the front lobby. On information was shared at Resident Council regarding what information is available in the binder containing the Nursing Home Guide. C) What measures will be put in place or what system change will be made to ensure this will not recur: All residents had the potential to be affected by this deficient practice. The new Administrator of the facility was educated on the need to post the most recent Nursing Home Guides in a location(s) accessible to all residents, staff and visitors and how to access the information. On , the most recent Nursing Home Guide was placed in the Nursing Home Inspection Ratings binder in the front lobby. On information was shared at Resident Council regarding what information is available in the binder	

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N 433	Continued From page 7	N 433	<p>containing the Nursing Home Guide.</p> <p>The Administrator, or designee, will audit the Nursing Home Inspection Ratings binder and website weekly to ensure that the most recent Nursing Home Guide is in the binder. Any identified concerns will be immediately addressed.</p> <p>D) How the corrective action will be monitored to ensure the potential will not occur: The Administrator, or designee, will report the findings of the audits to the QA and QAPI committees monthly times 3 months, then quarterly x 4 quarters.</p>	