

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105714	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
			SAINT PETERSBURG, FL 33701	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 675 SS=D	<p>A complaint survey for complaint numbers 2025001952, 2025001975 and 2025002640 was conducted on _____ at _____ Manor, St. Petersburg, FL. The facility was not in compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities.</p> <p>Complaint number 2025001975 had a deficiency cited at F908.</p> <p>Quality of Life CFR(s): 483.24</p> <p>§ 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and well-being, consistent with the resident's comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation record review and interviews, the facility failed to ensure timely care and services were provided to promote Quality of Life for one (#2) of five sampled residents.</p> <p>Findings included:</p> <p>During a facility tour on _____ at 9:29 a.m., Resident #2 was observed continuously calling for help. The resident continued calling for toileting from 9:29 a.m. to 9:58 a.m. and was</p>	F 675	<p>This plan of correction is submitted as required under state and federal laws. The submission of this plan of correction does not constitute an admission on the part of the skilled nursing facility as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied. Any changes to facility policy and procedures should be considered remedial measures as that concept is</p>	

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 675	<p>Continued From page 1</p> <p>observed to have waited approximately 30 minutes for and care.</p> <p>On at 9:29 a.m., Resident #2 was heard calling out from her room, stating, "Help me", "Help". The resident's verbalization could be heard from the middle of the West hall. During the observation and interview of the resident in her room, Resident #2 was observed on a specialized mattress, and the covers pulled up to her . Resident #2 stated she needed help, she had "messed" herself. Resident #2 was heard to continue her cries for help and waiting to be assisted.</p> <p>On at 9:30 a.m., Staff A, Licensed Practical Nurse (LPN), was observed at the nursing station. When asked which aide was assigned to Resident #2, she stated it was Staff B, Certified Nursing Assistant (CNA). Staff A, LPN, stated "I think she went outside".</p> <p>During multiple observations conducted on , the following was observed: At 9:33 a.m., Staff A, LPN, was observed to walk through the hall past Resident #2's room. She did not respond to Resident #2's call. At 9:36 a.m., Staff B, CNA, was observed to walk through the hall, past Resident #2's room. She walked to the linen room, pulled out a bin of socks, placed the bin on the nursing station counter, and proceeded to look at the socks in the bin. She did not respond to Resident #2's call. At 9:38 a.m., Staff B, CNA, returned the bin of socks to the linen room, walked past the nursing station, and past Resident #2's room, and proceeded to a resident room on the west hall. She did not respond to Resident #2's call. At 9:38 a.m., the Maintenance Director was</p>	F 675	<p>employed in rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director, or shareholders of the facility. The facility has not waived any rights to contest any of these allegations or any allegation or action.</p> <p>F-675 Quality of Life</p> <p>Element #1. Resident #2 was provided with care on in response to her requests, and no adverse outcomes were noted. Care plans for Resident #2 were reviewed and deemed appropriate.</p> <p>Element #2. Director of Nursing (DON) and/or Designee conducted an interview audit to all current residents on to determine if their verbalizations/requests for care were responded to and addressed in a timely manner. No residents were identified.</p> <p>Element #3. Policy regarding Customer Service was reviewed by the Interdisciplinary Team (IDT) and deemed appropriate. Staff A (Licensed Practical Nurse/LPN), Staff B (Certified Nursing Assistant CNA), Maintenance Director, Activities Director, and Staff D (Licensed Practical Nurse/LPN) were individually in-serviced by Director Of Nursing (DON) regarding the expectation that staff</p>		

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F 675	<p>Continued From page 2</p> <p>observed to enter the hall from the East side of the building, walked past the nursing station, and walked past Resident #2's room. He did not respond to Resident #2's call.</p> <p>During this time period, Resident #2 was observed to be heard calling for help continuously saying, "Help me, Please, Help me".</p> <p>At 9:39 a.m., Staff A, LPN, was observed walking from the East hall, approached the nursing station, placed a roll of plastic bags in a bin on the nursing station counter and then returned to the East hall. She did not respond to Resident #2's call.</p> <p>At 9:40 a.m., the Activities Director, was observed coming from the West hall, past the nursing station, and entered the restroom, then exited and walked past Resident #2's room to the West hall, without responding to the call.</p> <p>At 9:42 a.m., Staff C, CNA, was observed to walk in the building from the East door in the hall, walked past the nursing station, and past Resident's #2's room toward the west hall. She did not respond to Resident #2's call.</p> <p>At 9:43 a.m., Staff D, LPN, was observed to approach the medication cart across from the nursing station, removed the trash from the side of the medication cart, and walked away.</p> <p>Resident #2 was still calling without answer.</p> <p>At 9:44 a.m. Staff C, CNA, was observed to return from the West hall, walked past Resident #2's room, and proceeded to the nursing station counter, took a bag from the bin on the counter, and proceeded to another room which was located two rooms from Resident #2's room. Staff C stated to one of the residents in that room she was going to get him up.</p> <p>During this time, Resident #2 was observed to continue her call for help repeatedly. The staff were not observed responding to Resident #2's</p>	F 675	<p>respond to and address resident verbalizations/requests to ensure that they are addressed in a timely manner.</p> <p>Element #4. Director of Nursing (DON) and/or Designee will conduct random interview audits with interviewable residents three (3) times a week for four (4) weeks, then two (2) times weekly times eight (8) weeks and/or until substantial compliance is achieved to ensure that resident verbalizations/requests for care are responded to and addressed in a timely manner. Grievances will be completed on behalf of those residents who are verbalizing concerns. Completed audits will be brought to the daily stand-up meetings and reviewed by the Interdisciplinary Team (IDT). Results of the audits will be brought by the Director of Nursing (DON) and discussed at monthly Quality Assurance Performance Improvement Meetings for review and recommendation for three (3) months.</p> <p>Element #5: Facility's Allegation of Compliance Date is</p>		

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F 675	<p>Continued From page 3 call for help.</p> <p>On at 9:50 a.m., an interview was conducted with the Director of Nursing (DON) The DON stated if a resident was calling out for help, he would expect staff to enter the room and inquire what the issue was for the resident.</p> <p>On at 9:54 a.m., an interview was conducted with Resident #2 and the DON present. Resident #2 stated, "I just want to be clean".</p> <p>On at 9:58 a.m., Staff D, LPN and Staff C, CNA were observed to enter Resident #2's room, with no more observations of Resident #2 calling out for help.</p> <p>An interview was conducted on at 2:20 p.m. with the Clinical Reimbursement Director, Registered Nurse. She confirmed she completed the MDS (Minimum Data Set) and Care Plans. She stated she comes to the facility two days a week. She stated Resident #2, did not use the call bell or call light, but she would call out. She reported, "when I am down there, I will go and check on her."</p> <p>An interview was conducted on at 3:30 p.m. with the DON. He confirmed Resident #2 had had a movement during the morning observations. He stated, staff should at least go into the resident's room when she is crying out for help. He said he would be in-servicing the staff. He said it does not matter what position the staff member worked, anyone could go in and check with the residents. The DON confirmed Resident #2 had a on her</p>	F 675			

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F 675	Continued From page 4 and timely care was important. A review of Resident #2's Admission Record revealed a readmission date of _____ with diagnoses of unspecified sequelae of _____, and _____. A review of Resident #2's Care Plan showed a Focus on _____, last revised on _____. The resident is _____ of _____ / _____, initiated on _____. The goal of the plan showed to establish resident specific toileting program to support highest level of _____, functioning, reduce risk of _____, reduce risk of skin _____ and improve self-esteem. Interventions initiated on _____ included providing assistance with toileting and personal hygiene to keep clean, dry, and odor free. A second focus in the same care plan under ADL (Activities of Daily Living) showed the resident has an ADL Self Care Performance _____, last revised _____. Interventions initiated on _____ showed for toilet use, Resident #2 was dependent. A third focus in the care plan under Behavioral, initiated on 10/08/2024 showed the resident had a behavior problem, continuously calls out for help. The goal showed the resident will have fewer episodes by review date. Interventions initiated on 10/08/2024 included to _____ and meet the resident needs, observe for behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. The facility did not provide a policy.	F 675			
F 908 SS=D	Essential Equipment, Safe Operating Condition	F 908			

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F 908	<p>Continued From page 5</p> <p>CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation record review and interviews, the facility failed to ensure timely repairs were completed for one of three air conditioning units and failed to ensure resident rooms were maintained in a safe and sanitary manner in two resident rooms (104 and 105) related to cracking, peeling, and dislodged ceiling material with discoloration.</p> <p>Findings included:</p> <p>An interview was conducted on _____ at 10:52 a.m. with the Director of Maintenance (DOM).</p> <p>He stated one of the air conditioning (a/c) unit's main board were not working. He said there were three units on top of the building. The DOM said, the one that is not working has not been functioning for about one month, but we have a portable that has been in use. He stated the _____ was determined on _____. He stated he had obtained quotes which were submitted to corporate office. He said, "At this time, we do not have approval for the work to be done."</p> <p>Review of an undated facility's maintenance log (electronic work system) listed a service request showing, "43 days ago" "Roof Top Unit Hallway _____. The status was listed as "pending".</p>	F 908	<p>This plan of correction is submitted as required under state and federal laws. The submission of this plan of correction does not constitute an admission on the part of the skilled nursing facility as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied. Any changes to facility policy and procedures should be considered remedial measures as that concept is employed in rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director, or shareholders of the facility. The facility has not waived any rights to contest any of these allegations or any allegation or action.</p> <p>F-0908 Essential Equipment, Safe Operating Condition</p> <p>Element #1. The facility's air conditioning unit was repaired on _____. Ceiling _____ are _____ scheduled for repair on _____.</p>	

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F 908	<p>Continued From page 6</p> <p>Review of a repairs proposal #87763468, titled HVAC (heating and air conditioning) Main Board and Tstat (thermostat), dated , documented the project scope:" [The DOM] requested service for a rooftop unit in of the hallway, which was not providing heat. The technician on site found that the thermostat in the main hallway was indicating a temperature of 58 degrees. Furthermore, they discovered that the main board of the rooftop unit was defective, causing it to be unresponsive ..." the quote was listed of total amount \$2011.00. Under schedule it showed, "Work is expected to start on site days following approval ..."</p> <p>Review of a Purchase requisition, #092550, dated , showed charges for labor and material for HVAC repairs main board and Tstat in the amount of , \$2011.00.</p> <p>On at 3:57 p.m., the Nursing Home Administrator (NHA) provided an e-mail, dated , which showed your PR (purchase requisition) has been approved. No further information was provided regarding the time estimate of repair of the a/c unit.</p> <p>On at 1:41 p.m., a tour of resident was conducted. There were no residents currently residing in . The ceiling in , in the middle, was observed to have 3 areas of cracking peeling dislodged paint, approximately 2 by 3 each. Resident was observed to have cracks in the ceiling, with dislodged and discolored painted material approximately 2 by 2 . Four residents currently resided in the room.</p>	F 908	<p>Element #2. The facility's remaining air conditioning units were inspected for proper functioning on and no concerns were identified. Resident room ceilings were inspected for cracked and/or peeling paint on . No areas of noncompliance were identified.</p> <p>Element #3. Nursing Home Administrator (NHA) and/or Designee in-serviced Concierge personnel and facility staff regarding the identification and reporting of any areas of disrepair or noncompliance of the physical environment in resident rooms. Nursing Home Administrator (NHA) in-serviced Maintenance Director regarding the Physical Environment Policy. Regional Director of Operations Consultant in-serviced the Nursing Home Administrator (NHA) regarding management of product or equipment requisitions.</p> <p>Element #4. Nursing Home Administrator (NHA) will randomly audit resident room ceilings and air conditioning units five (5) times weekly times eight (8) weeks to ensure that ceilings do not have cracked/peeling paint and that air conditioning units are properly functioning. Completed audits will be brought to the stand up meetings and reviewed by the Interdisciplinary Team (IDT). Results of the audits will be brought by the Nursing Home Administrator (NHA) or Director of Nursing (DON) and discussed at monthly Quality Assurance Performance</p>		

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F 908	Continued From page 7 An interview conducted on _____ at 3:57 p.m. with the NHA, she stated the PR e-mail was the approval. She confirmed that as of the date of survey, _____, the a/c unit had not been fixed. The NHA did not comment on _____. A maintenance and repairs policy was not provided. (Photographic Evidence Obtained)	F 908	Improvement meetings for review and recommendation. Element #5: Facility's Allegation of Compliance Date is _____.		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 321 13TH AVE N SAINT PETERSBURG, FL 33701		
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N 000	INITIAL COMMENTS A complaint survey for complaint numbers 2025001952, 2025001975 and 2025002640 was conducted on _____ at Manor, St. Petersburg, FL. Deficiencies were identified at the time of survey. Complaint number 2025001975 had a deficiency cited at N0112	N 000		
N 063 SS=D	400.23(3)(a)2,(b)1,2,3,5,6;59A-4.108(4) Minimum Nursing Staff 59A-4.108(4) In accordance with the requirements outlined in subsection 400.23(3)(a), F.S., the nursing home licensee must have sufficient nursing staff, on a 24-hour basis to provide nursing and related services to residents in order to maintain the highest practicable physical, mental, and well-being of each resident, as determined by resident assessments and individual plans of care. 400.23(3)(a)2 For purposes of this subsection, direct care staffing hours do not include time spent on nursing administration, activities program administration, staff development, staffing coordination, and the administrative portion of the minimum data set and care plan coordination for Medicaid. 400.23(3)(b)1. Each facility must determine its direct care staffing needs based on the facility assessment and the individual needs of a resident based on the resident's care plan. At a minimum, staffing must include, for each facility, the following requirements: a. A minimum weekly average of 3.6 hours of care by direct care staff per resident per day. As	N 063		

AHCA Form 3020-0001

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

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N 063	Continued From page 1 used in this sub-subparagraph, a week is defined as Sunday through Saturday. b. A minimum of 2.0 hours of direct care by a certified nursing assistant per resident per day. A facility may not staff below one certified nursing assistant per 20 residents. c. A minimum of 1.0 hour of direct care by a licensed nurse per resident per day. A facility may not staff below one licensed nurse per 40 residents. 2. Nursing assistants employed under s. 400.211(2) may be included in computing the hours of direct care provided by certified nursing assistants and may be included in computing the staffing ratio for certified nursing assistants if their job responsibilities include only nursing-assistant-related duties. 3. Certified nursing assistants performing the duties of a qualified medication aide under s. 400.211(5) may not be included in computing the hours of direct care provided by, or the staffing ratios for, certified nursing assistants or licensed nurses under sub-subparagraph 1.b. or sub-subparagraph 1.c., respectively. 5. The agency must recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants if the nursing home facility otherwise meets the minimum staffing requirements for licensed nurses and the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and not also be counted toward the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed	N 063			

Agency for Health Care Administration

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N 063	<p>Continued From page 2</p> <p>nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. The hours of a licensed nurse with dual job responsibilities may not be counted twice.</p> <p>6. Evidence that a facility complied with the minimum direct care staffing requirements under subparagraph 1. is not admissible as evidence of compliance with the nursing services requirements under 42 C.F.R. s. 483.35 or 42 C.F.R. s. 483.70.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the minimum staffing requirements were met for five of twenty-eight days reviewed related to, failure to meet the nursing minimum daily requirement of 1.0 hours of direct care for two days, and ; and failure to meet the Certified Nursing Assistants (CNA) minimum daily requirement of 2.0 hours of direct care, on , and .</p> <p>Findings included:</p> <p>On , the facility provided four weeks (28 days) of State minimum Nursing</p>	N 063	<p>This plan of correction is submitted as required under state and federal laws. The submission of this plan of correction does not constitute an admission on the part of the skilled nursing facility as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied. Any changes to facility policy and procedures should be considered remedial measures as that concept is employed in rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. The facility</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2025
NAME OF PROVIDER OR SUPPLIER MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 321 13TH AVE N SAINT PETERSBURG, FL 33701		
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N 063	<p>Continued From page 3</p> <p>Staff for Long Term Care Facilities, through</p> <p>Review of the forms revealed the following: Nursing daily average on _____, was .9485; Certified Nursing Assistant (CNA) daily average on _____ was 1.8823; Nursing daily average on _____ was .8787; CNAs daily average on _____ was 1.9062; CNAs daily average on _____ was 1.9214</p> <p>An interview was conducted on _____ at 11:34 a.m. with the Business Office Manager (BOM). She stated the Director of Nursing (DON) does the staffing schedule. The BOM said, she puts the numbers into the payroll system. The BOM said the numbers recorded on the _____ State Minimum Nursing Staff for Long Term Care (LTC) Facilities form were correct to her knowledge. She stated that the numbers are provided to the DON and the Nursing Home Administrator (NHA).</p> <p>An interview conducted on _____ at 2:47 p.m. with the NHA. She confirmed the staffing numbers provided on the LTC sheets had been correct. She stated they had not missed two consecutive days on the days that did not meet the minimum. She confirmed she was aware of the days that the staffing numbers did not meet the minimum.</p> <p>A review of the facility's Policy & Procedure for Staffing, effective date of _____, showed - Policy: The administrator and Director of Nursing are responsible to ensure sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable, physical, mental and _____ well-being of each resident, as required by federal law and sufficient staff to meet applicable state law requirements</p>	N 063	<p>submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director, or shareholders of the facility. The facility has not waived any rights to contest any of these allegations or any allegation or action.</p> <p>N-063, Minimum Nursing Staff</p> <p>Element #1. A review of the _____ of State Minimum Nursing Staff for four (4) weeks (28 days) was conducted on _____, and the facility was identified to have failed to achieve minimum staffing requirements for Nursing on _____ and _____ for Certified Nursing assistants (CNA) on _____, and _____. The facility ensured that appropriate minimum staffing levels were achieved on the dates _____ between those and from _____ forward.</p> <p>Element #2. Nursing Home Administrator (NHA) and/or Director of Nursing (DON) conducted an audit on _____ of resident grievances and/or incidents to ensure that there were no concerns identified which correlated with the day/dates when the facility failed to ensure that minimum staffing requirements were met. No concerns were identified.</p> <p>Element #3. Policy regarding State Minimum Staffing Requirements were reviewed by the Interdisciplinary Team (IDT) and deemed appropriate. Nursing</p>	

Agency for Health Care Administration

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N 063	Continued From page 4 (including minimum staffing ratios). The projected staffing plans are re-evaluated on an on-going basis in response to changes in the facility, resident population, or other circumstances. Staffing is monitored on an ongoing basis through reviews conducted by the Facility. The facility Administrator and Director of Nursing should evaluate staffing on a daily basis. CLASS III	N 063	Home Administrator (NHA) and Director of Nursing (DON) were in-serviced by Regional Nurse Consultant and/or Regional Director of Operations Consultant regarding the requirement that a daily staffing meeting/review is completed to ensure that daily minimum staffing levels are met and maintained. A plan is developed and implemented to enhance the hiring of registered and licensed, and certified nursing staff as required to assist with maintaining daily minimum staffing levels. Nurse and CNA's were called for interviews. Waiting for orientation are four (5) CNA's and one(1) Nurse. Other interviews are scheduled and pending. Element #5: Facility's Allegation of Compliance Date is		
N 112 SS=D	59A-4.122() Physical Environment and Physical Maintenance (3) Each nursing home licensee must establish written policies designed to maintain the physical plant and overall nursing home environment to assure the safety and well-being of residents. (4) The building and mechanical maintenance programs must be supervised by a person who is knowledgeable in the areas of building and mechanical maintenance as determined by the facility. (5) All mechanical and electrical equipment must be maintained in working order and must be accessible for cleaning and inspection. (6) All heating, and air conditioning (HVAC) systems must be maintained in accordance with the manufacturer's	N 112			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2025
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N 112	<p>Continued From page 5</p> <p>recommendation to ensure they are operating within specified parameters to meet manufacturers' specifications. Operation manuals and as-built drawings must be maintained for equipment installed after</p> <p>This Statute or Rule is not met as evidenced by: Based on observation record review and interviews, the facility failed to ensure timely repairs were completed for one of three air conditioning units and failed to ensure resident rooms were maintained in a safe and sanitary manner in two resident rooms (104 and 105) related to cracking, peeling, and dislodged ceiling material with discoloration.</p> <p>Findings included:</p> <p>An interview was conducted on _____ at 10:52 a.m. with the Director of Maintenance (DOM). He stated one of the air conditioning (a/c) unit's main board were not working. He said there were three units on top of the building. The DOM said, the one that is not working has not been functioning for about one month, but we have a portable that has been in use. He stated the _____ was determined on _____. He stated he had obtained quotes which were submitted to corporate office. He said, "At this time, we do not have approval for the work to be done."</p> <p>Review of an undated facility's maintenance log (electronic work system) listed a service request showing, "43 days ago" "Roof Top Unit Hallway _____. The status was listed as "pending".</p> <p>Review of a repairs proposal #87763468, titled</p>	N 112	<p>This plan of correction is submitted as required under state and federal laws. The submission of this plan of correction does not constitute an admission on the part of the skilled nursing facility as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied. Any changes to facility policy and procedures should be considered remedial measures as that concept is employed in rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director, or shareholders of the facility. The facility has not waived any rights to contest any of these allegations or any allegation or action.</p> <p>N-112, Physical Environment and Physical Maintenance</p> <p>Element #1. The facility's air conditioning unit was repaired on _____. Ceiling in resident _____ are scheduled for repair on _____.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2025
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N 112	<p>Continued From page 6</p> <p>HVAC (heating and air conditioning) Main Board and Tstat (thermostat), dated , documented the project scope:" [The DOM] requested service for a rooftop unit in of the hallway, which was not providing heat. The technician on site found that the thermostat in the main hallway was indicating a temperature of 58 degrees. Furthermore, they discovered that the main board of the rooftop unit was defective, causing it to be unresponsive ..." the quote was listed of total amount \$2011.00. Under schedule it showed, "Work is expected to start on site days following approval ..."</p> <p>Review of a Purchase requisition, #092550, dated , showed charges for labor and material for HVAC repairs main board and Tstat in the amount of , \$2011.00.</p> <p>On at 3:57 p.m., the Nursing Home Administrator (NHA) provided an e-mail, dated , which showed your PR (purchase requisition) has been approved. No further information was provided regarding the time estimate of repair of the a/c unit.</p> <p>On at 1:41 p.m., a tour of resident was conducted. There were no residents currently residing in . The ceiling in , in the middle, was observed to have 3 areas of cracking peeling dislodged paint, approximately 2 by 3 each. Resident was observed to have cracks in the ceiling, with dislodged and discolored painted material approximately 2 by 2 . Four residents currently resided in the room.</p> <p>An interview conducted on at 3:57</p>	N 112	<p>Element #2. The facility's remaining air conditioning units were inspected for proper functioning on and no concerns were identified. Resident room ceilings were inspected for cracked and/or peeling paint on . No areas of noncompliance were identified.</p> <p>Element #3. Nursing Home Administrator (NHA) or designee in-serviced Concierge personal and staff regarding the identification and reporting of any areas of disrepair or noncompliance of the physical environment in resident rooms. Nursing Home Administrator (NHA) and/or designee in-serviced Maintenance Director regarding the Physical Environment Policy. Regional Director of Operations Consultant in-serviced Nursing Home Administrator (NHA) regarding management of product or equipment requisitions.</p> <p>Element #4. Nursing Home Administrator (NHA) will randomly audit resident room ceilings and air conditioning units five (5) times weekly times eight (8) weeks to ensure that ceilings do not have cracked/peeling paint and that air conditioning units are properly functioning. Completed audits will be brought to the stand up meetings and reviewed by the Interdisciplinary Team (IDT). Results of the audits will be brought by the Nursing Home Administrator (NHA) or Director of Nursing (DON) and discussed at monthly Quality Assurance Performance Improvement meetings for review and recommendation.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2025
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N 112	Continued From page 7 p.m. with the NHA, she stated the PR e-mail was the approval. She confirmed that as of the date of survey, _____, the a/c unit had not been fixed. The NHA did not comment on A maintenance and repairs policy was not provided. (Photographic Evidence Obtained) Class III	N 112	Element #5: Facility's Allegation of Compliance Date is _____	
N 201 SS=D	400.022(1)(l), FS Right to Adequate and Appropriate Health Care (l) 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. This Statute or Rule is not met as evidenced by: Based on observation record review and interviews, the facility failed to ensure timely _____ care and services were provided to promote Quality of Life for one (#2) of five sampled residents. Findings included: During a facility tour on _____ at 9:29 a.m., Resident #2 was observed continuously calling for help. The resident continued calling for	N 201	This plan of correction is submitted as required under state and federal laws. The submission of this plan of correction does not constitute an admission on the part of the skilled nursing facility as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied. Any changes to facility policy and procedures should be considered	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2025
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N 201	<p>Continued From page 8</p> <p>toileting from 9:29 a.m. to 9:58 a.m. and was observed to have waited approximately 30 minutes for and care.</p> <p>On at 9:29 a.m., Resident #2 was heard calling out from her room, stating, "Help me", "Help". The resident's verbalization could be heard from the middle of the West hall. During the observation and interview of the resident in her room, Resident #2 was observed on a specialized mattress, and the covers pulled up to her. Resident #2 stated she needed help, she had "messed" herself. Resident #2 was heard to continue her cries for help and waiting to be assisted.</p> <p>On at 9:30 a.m., Staff A, Licensed Practical Nurse (LPN), was observed at the nursing station. When asked which aide was assigned to Resident #2, she stated it was Staff B, Certified Nursing Assistant (CNA). Staff A, LPN, stated "I think she went outside".</p> <p>During multiple observations conducted on , the following was observed: At 9:33 a.m., Staff A, LPN, was observed to walk through the hall past Resident #2's room. She did not respond to Resident #2's call. At 9:36 a.m., Staff B, CNA, was observed to walk through the hall, past Resident #2's room. She walked to the linen room, pulled out a bin of socks, placed the bin on the nursing station counter, and proceeded to look at the socks in the bin. She did not respond to Resident #2's call. At 9:38 a.m., Staff B, CNA, returned the bin of socks to the linen room, walked past the nursing station, and past Resident #2's room, and proceeded to a resident room on the west hall. She did not respond to Resident #2's call. At 9:38 a.m., the Maintenance Director was</p>	N 201	<p>remedial measures as that concept is employed in rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director, or shareholders of the facility. The facility has not waived any rights to contest any of these allegations or any allegation or action.</p> <p>N-201, Right to Adequate and Appropriate Healthcare</p> <p>Element #1. Resident #2 was provided with care on in response to her requests, and no adverse outcomes were noted. Care Plans for Resident #2 were reviewed and deemed appropriate.</p> <p>Element #2. Director of Nursing (DON) and/or Designee conducted an interview audit with , interviewable residents on /205 to determine if their verbalizations/requests were responded to and addressed in a timely manner. No additional residents were identified.</p> <p>Element #3. Staff A (Licensed Practical Nurse/LPN), Staff B (Certified Nursing Assistant/CNA), Maintenance Director, Activities Director, and Staff D (Licensed Practical Nurse/LPN) were individually in-serviced by Director of Nursing (DON) regarding the expectation that staff respond to and address resident</p>		

Agency for Health Care Administration

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N 201	<p>Continued From page 9</p> <p>observed to enter the hall from the East side of the building, walked past the nursing station, and walked past Resident #2's room. He did not respond to Resident #2's call.</p> <p>During this time period, Resident #2 was observed to be heard calling for help continuously saying, "Help me, Please, Help me".</p> <p>At 9:39 a.m., Staff A, LPN, was observed walking from the East hall, approached the nursing station, placed a roll of plastic bags in a bin on the nursing station counter and then returned to the East hall. She did not respond to Resident #2's call.</p> <p>At 9:40 a.m., the Activities Director, was observed coming from the West hall, past the nursing station, and entered the restroom, then exited and walked past Resident #2's room to the West hall, without responding to the call.</p> <p>At 9:42 a.m., Staff C, CNA, was observed to walk in the building from the East door in the hall, walked past the nursing station, and past Resident's #2's room toward the west hall. She did not respond to Resident #2's call.</p> <p>At 9:43 a.m., Staff D, LPN, was observed to approach the medication cart across from the nursing station, removed the trash from the side of the medication cart, and walked away.</p> <p>Resident #2 was still calling without answer.</p> <p>At 9:44 a.m. Staff C, CNA, was observed to return from the West hall, walked past Resident #2's room, and proceeded to the nursing station counter, took a bag from the bin on the counter, and proceeded to another room which was located two rooms from Resident #2's room. Staff C stated to one of the residents in that room she was going to get him up.</p> <p>During this time, Resident #2 was observed to continue her call for help repeatedly. The staff were not observed responding to Resident #2's call for help.</p>	N 201	<p>verbalizations/requests in a timely manner. Interdisciplinary staff were in-serviced by the Director of Nursing (DON) and/or Nursing Home Administrator (NHA) regarding the expectation that any staff member can/should respond to resident verbalizations/requests to ensure that they are addressed in a timely manner.</p> <p>Element #4. Director of Nursing (DON) and/or Designee will conduct interview audits with _____, interviewable residents three (3) times weekly for four (4) weeks, then two (2) times weekly times eight (8) weeks and/or until substantial compliance is achieved to ensure that resident verbalizations/requests are responded to and addressed in a timely manner. Grievances will be completed on behalf of those residents verbalizing concerns. Completed audits will be brought to the daily stand up meetings and reviewed by the Interdisciplinary Team (IDT). Results of the audits will be brought by the Director of Nursing (DON) and discussed at monthly Quality assurance Performance Improvement Meetings for review and recommendation.</p> <p>Element #5: Facility's Allegation of Compliance Date is _____ /20525.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2025
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N 201	<p>Continued From page 10</p> <p>On _____ at 9:50 a.m., an interview was conducted with the Director of Nursing (DON) The DON stated if a resident was calling out for help, he would expect staff to enter the room and inquire what the issue was for the resident.</p> <p>On _____ at 9:54 a.m., an interview was conducted with Resident #2 and the DON present. Resident #2 stated, "I just want to be clean".</p> <p>On _____ at 9:58 a.m., Staff D, LPN and Staff C, CNA were observed to enter Resident #2's room, with no more observations of Resident #2 calling out for help.</p> <p>An interview was conducted on _____ at 2:20 p.m. with the Clinical Reimbursement Director, Registered Nurse. She confirmed she completed the MDS (Minimum Data Set) and Care Plans. She stated she comes to the facility two days a week. She stated Resident #2, did not use the call bell or call light, but she would call out. She reported, "when I am down there, I will go and check on her."</p> <p>An interview was conducted on _____ at 3:30 p.m. with the DON. He confirmed Resident #2 had had a _____ movement during the morning observations. He stated, staff should at least go into the resident's room when she is crying out for help. He said he would be in-servicing the staff. He said it does not matter what position the staff member worked, anyone could go in and check with the residents. The DON confirmed Resident #2 had a _____ on her _____ and timely care was important.</p>	N 201		

Agency for Health Care Administration

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N 201	<p>Continued From page 11</p> <p>A review of Resident #2's Admission Record revealed a readmission date of _____ with diagnoses of unspecified sequelae of _____, and _____.</p> <p>A review of Resident #2's Care Plan showed a Focus on _____ last revised on _____. The resident is _____ of _____, initiated on _____. The goal of the plan showed to establish resident specific toileting program to support highest level of _____ functioning, reduce risk of _____, reduce risk of skin _____ and improve self-esteem. Interventions initiated on _____ included providing assistance with toileting and personal hygiene to keep clean, dry, and odor free.</p> <p>A second focus in the same care plan under ADL (Activities of Daily Living) showed the resident has an ADL Self Care Performance _____, last revised _____. Interventions initiated on _____ showed for toilet use, Resident #2 was dependent.</p> <p>A third focus in the care plan under Behavioral, initiated on 10/08/2024 showed the resident had a behavior problem, continuously calls out for help. The goal showed the resident will have fewer episodes by review date. Interventions initiated on 10/08/2024 included to _____ and meet the resident needs, observe for behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations.</p> <p>The facility did not provide a policy.</p> <p>Class III.</p>	N 201		
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