

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

PRINTED: 04/23/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105965</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/27/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAPRI HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 EAST VENICE AVENUE VENICE, FL 34292</b>	
(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  An unannounced complaint survey for #2025003782, #2024013902 and #2025003411 was conducted on _____ through _____ at Capri Health and Rehabilitation Center, a skilled nursing facility in Venice, Florida.  Complaint #2025003782 was substantiated at F607. Complaint #2024013902 and #2025003411 were unsubstantiated.  Capri Health and Rehabilitation Center is not in compliance with the Code of Federal Regulations (CFR) 42, Part 483, Subparts B-F, Requirements for Long-Term Care Facilities.	F 000		
F 607 SS=D	Develop/Implement /Neglect Policies CFR(s): 483.12(b)(1)-(5)(i)(iii)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent _____, neglect, and _____ of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95,  §483.12(b)(4) Establish coordination with the QAPI program required under §483.75.  §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the	F 607		

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 607	<p>Continued From page 1</p> <p>Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and observation, the facility failed to implement policies and procedures to investigate allegations of and neglect for 1 of 2 (#1) residents sampled.</p> <p>The findings included:</p> <p>A policy on Neglect, Mistreatment, and Injury of Unknown Origin (ANEMMI) last revised on which stated that the Center will seek and accept concerns, complaints, or grievances from residents, resident families and staff without reprisal. The right to report a concern or incident is not limited to a formal, written grievance process, but includes any verbalized complaint to any facility staff member. Any resident event that is reported to any staff by resident, family, or their staff or any other person will be considered as possible ANEMMI if it meets any of the following criteria:</p> <p>A. Any resident or family complaint of physical harm, or mental anguish resulting from willful infliction from others. Any and all staff observing or hearing about such events must report the event immediately to the Administrator.</p>	F 607	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On Resident # 1 was immediately assessed by a licensed nurse. No concerns were noted related to the alleged deficient practice.</p> <p>On Resident #1s care plan was reviewed and revised to include a stop sign on her doorway to deter any other residents from into her room.</p> <p>On Social Service Director completed a assessment for resident #1. No concerns were noted</p>	

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F 607	<p>Continued From page 2</p> <p>Immediate Supervisor and one of the following, the Director of Nursing (DON), ANNEMI Prevention Coordinator, or Risk Manager, so that appropriate reporting and investigation procedures take place immediately.</p> <p>B. Any complaint of deprivation by an individual caregiver of goods and services necessary to attain or maintain physical, mental, and well-being to include toileting issues.</p> <p>Resident #1 is a adult who was admitted to the facility on . She is diagnosed with 's , and communication .</p> <p>Resident #1 was last assessed as on by scoring a 13 on the Brief Interview of Mental Status ( ), a test for potential . The resident was receiving , for her aphasia (language which affects a person's ability to communicate) until . The resident is not currently receiving for her difficulty with voice volume and phonation (ability to produce sound), she was last seen . A Social Service Assessment was performed on which showed that the resident had a negative screen and was documented as "usually understood."</p> <p>On at 10:00 a.m., during an interview Resident #1 said, "a man laid in bed with me" when asked about the incident. There was an allegation of someone coming into her room. The resident was asked, "How did that make you feel?" The resident said, "scared" and "can't sleep." When asked "was it a staff member or a</p>	F 607	<p>related to the alleged deficient practice.</p> <p>On a grievance was filed on resident #1s behalf</p> <p>On a thorough investigation was conducted regarding the allegation of male resident into resident # 1s room. Results of investigation did not rise to a level of meeting reporting criteria.</p> <p>On the Administrator and Director of Nursing were re-educated by the Regional Nurse Consultant on facility policy and procedures regarding reporting and investigation.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On a quality review was completed by Director of Nursing/designee on current interviewable residents regarding , neglect, and , with focus on other residents into their rooms. No additional residents were found to be affected by the alleged deficient practice.</p> <p>On The Director of Nursing/Designee completed a quality review of current resident progress notes for past 7 days to identify any areas of concern that may require additional investigation. No further concerns noted.</p> <p>On The Director of</p>	

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F 607	<p>Continued From page 3</p> <p>resident?" She replied, "A resident." The resident then began using repetitive words, and it became difficult to continue the interview.</p> <p>On _____ at 10:26 a.m., direct observation of Resident #1 sitting in a wheelchair in her room with a mesh banner across her doorway that said "STOP."</p> <p>On _____ at 10:30 a.m., during an interview the Director of Nursing (DON) said that she did not interview the resident when she became aware of the allegation. The DON verified she did not contact the resident's daughter, did not interview other residents on the unit, and did not notify the Administrator of the allegation. The DON didn't believe that any of the male residents on that floor could transfer from a wheelchair to a bed without assistance. The DON said she believed that the STOP banner was sufficient to make the resident feel safe and that the event was likely a matter of another resident _____ into her room by mistake.</p> <p>On _____ at 11:19 a.m., during an interview Resident #1 said that "yes" the uninvited resident put his _____ in the bed, and "yes" that she believed he was trying to get into bed with her. The resident was then observed to draw both of her _____ under her _____ and her _____ became wide. The resident appeared tense and the interview was stopped.</p> <p>On _____ at 9:34 a.m., during a phone interview the Hospice Director said that Resident #1's "daughter notified Hospice via a phone call to report that her mother had a man come into her room and get in bed with her. We were told that she reported the incident to the DON at the</p>	F 607	<p>Nursing/Designee completed a quality review of facility grievance for past 30 days for any areas of concern that may require additional investigation. No further concerns noted.</p> <p>On _____ a quality review was completed by Director of Nursing/Designee of current residents to identify any resident who may have potential to _____ into other residents rooms. Care plans revised as appropriate.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>By _____, Current facility staff were educated on the components of F607 with an emphasis on _____ reporting and investigation by the Director of Nursing/Designee.</p> <p>By _____, Current Nursing staff were educated on _____ characteristics and redirection techniques. Newly hired nursing staff will be educated on _____ characteristics and redirection techniques by the Director of Nursing/Designee at orientation as a part of the systematic changes.</p> <p>Newly hired staff will be educated on the components of F607 with an emphasis on _____ reporting and investigation by the Director of Nursing/Designee at orientation as a part of the systematic changes.</p>	

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F 607	Continued From page 4 facility."  On at 11:44 a.m., during an interview the Administrator stated, "it is possible that someone getting into bed with another resident could be an incident that needs to be reported, depending on the situation."  On at 3:28 p.m., during an interview Staff A Licensed Practical Nurse (LPN) stated that the night shift staff knows who can walk but was not aware of a list of residents who	F 607	(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:  Director of Nursing/Designee to conduct audits of 10 current residents nursing progress notes 3 times a week for 4 weeks, then 1 time a week for 4 weeks, then 2 times weekly for 4 weeks and then weekly for 4 weeks to ensure response/investigation for any potential allegations that meet federal reporting requirements.  Administrator/Designee to conduct audits of Grievances 3 times a week for 4 weeks, then 2 times a week for 4 weeks and then weekly for 4 weeks to ensure a response/investigation for any potential allegations that meet federal reporting requirements.  The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35960901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/27/2025</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint survey for #2025003782, #2024013902 and #2025003411 was conducted on _____ through _____ at Capri Health and Rehabilitation Center, a skilled nursing facility in Venice, Florida.</p> <p>Complaint #2025003782 was substantiated at N0040. Complaint #2024013902 and #2025003411 were unsubstantiated.</p> <p>The following is the description of the deficiencies.</p>	N 000		
N 040	<p>59A-4.106( ) FAC Facility Policies Required</p> <p>(2) Each nursing home licensee must adopt, implement, and maintain written policies and procedures governing all services provided in the facility.</p> <p>(3) All policies and procedures must be reviewed at least annually and revised as needed with input from the facility Administrator, Medical Director, and Director of Nursing.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to implement policies and procedures to investigate allegations of _____ and neglect for 1 of 2 (#1) residents sampled.</p> <p>The findings included:</p> <p>A policy on _____, Neglect, _____, Mistreatment, and Injury of Unknown Origin (ANEMMI) last revised on _____ which stated that the Center will seek and accept concerns, complaints, or grievances from residents,</p>	N 040	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X8) DATE  /25
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NAME OF PROVIDER OR SUPPLIER  
**CAPRI HEALTH AND REHABILITATION CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1450 EAST VENICE AVENUE  
VENICE, FL 34292**

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N 040

Continued From page 1

resident families and staff without reprisal. The right to report a concern or incident is not limited to a formal, written grievance process, but includes any verbalized complaint to any facility staff member. Any resident event that is reported to any staff by resident, family, or their staff or any other person will be considered as possible ANEMMI if it meets any of the following criteria:

A. Any resident or family complaint of physical harm, or mental anguish resulting from willful infliction from others. Any and all staff observing or hearing about such events must report the event immediately to the Administrator, Immediate Supervisor and one of the following, the Director of Nursing (DON), ANNEMI Prevention Coordinator, or Risk Manager, so that appropriate reporting and investigation procedures take place immediately.

B. Any complaint of deprivation by an individual caregiver of goods and services necessary to attain or maintain physical, mental, and well-being to include toileting issues.

Resident #1 is a adult who was admitted to the facility on . She is diagnosed with 's , and communication .

Resident #1 was last assessed as a on by scoring a 13 on the Brief Interview of Mental Status ( ), a test for potential . The resident was receiving . for her aphasia (language which affects a person's ability to communicate) until . The resident is not currently receiving . for her difficulty with voice volume and phonation (ability

N 040

On Resident # 1 was immediately assessed by a licensed nurse. No concerns were noted related to the alleged deficient practice.

On Resident #1's care plan was reviewed and revised to include a stop sign on her doorway to deter any other residents from into her room.

On Social Service Director completed a assessment for resident #1. No concerns were noted related to the alleged deficient practice.

On a grievance was filed on resident #1's behalf

On a thorough investigation was conducted regarding the allegation of male resident into resident # 1s room. Results of investigation did not rise to a level of meeting reporting criteria.

On the Administrator and Director of Nursing were re-educated by the Regional Nurse Consultant on facility policy and procedures regarding reporting and investigation.

(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;

On a quality review was completed by Director of Nursing/designee on current interviewable residents regarding , neglect, and , with focus on other residents

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N 040	<p>Continued From page 2</p> <p>to produce sound), she was last seen . A Social Service Assessment was performed on which showed that the resident had a negative screen and was documented as "usually understood."</p> <p>On at 10:00 a.m., during an interview Resident #1 said, "a man laid in bed with me" when asked about the incident. There was an allegation of someone coming into her room. The resident was asked, "How did that make you feel?" The resident said, "scared" and "can't sleep." When asked "was it a staff member or a resident?" She replied, "A resident." The resident then began using repetitive words, and it became difficult to continue the interview.</p> <p>On at 10:26 a.m., direct observation of Resident #1 sitting in a wheelchair in her room with a mesh banner across her doorway that said "STOP."</p> <p>On at 10:30 a.m., during an interview the Director of Nursing (DON) said that she did not interview the resident when she became aware of the allegation. The DON verified she did not contact the resident's daughter, did not interview other residents on the unit, and did not notify the Administrator of the allegation. The DON didn't believe that any of the male residents on that floor could transfer from a wheelchair to a bed without assistance. The DON said she believed that the STOP banner was sufficient to make the resident feel safe and that the event was likely a matter of another resident into her room by mistake.</p> <p>On at 11:19 a.m., during an interview Resident #1 said that "yes" the uninvited resident put his in the bed, and "yes" that she</p>	N 040	<p>into their rooms. No additional residents were found to be affected by the alleged deficient practice.</p> <p>On The Director of Nursing/Designee completed a quality review of current resident progress notes for past 7 days to identify any areas of concern that may require additional investigation. No further concerns noted.</p> <p>On The Director of Nursing/Designee completed a quality review of facility grievance for past 30 days for any areas of concern that may require additional investigation. No further concerns noted.</p> <p>On a quality review was completed by Director of Nursing/Designee of current residents to identify any resident who may have potential to into other residents rooms. Care plans revised as appropriate.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>By , Current facility staff were educated on the components of N040 with an emphasis on reporting and investigation by the Director of Nursing/Designee.</p> <p>By , Current Nursing staff were educated on characteristics and redirection techniques.</p>	
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N 040	<p>Continued From page 3</p> <p>believed he was trying to get into bed with her. The resident was then observed to draw both of her _____ under her _____ and her _____ became wide. The resident appeared tense and the interview was stopped.</p> <p>On _____ at 9:34 a.m., during a phone interview the Hospice Director said that Resident #1's "daughter notified Hospice via a phone call to report that her mother had a man come into her room and get in bed with her. We were told that she reported the incident to the DON at the facility."</p> <p>On _____ at 11:44 a.m., during an interview the Administrator stated, "it is possible that someone getting into bed with another resident could be an incident that needs to be reported, depending on the situation."</p> <p>On _____ at 3:28 p.m., during an interview Staff A Licensed Practical Nurse (LPN) stated that the night shift staff knows who can walk but was not aware of a list of residents who _____</p> <p>Class III</p>	N 040	<p>Newly hired nursing staff will be educated on _____ characteristics and redirection techniques by the Director of Nursing/Designee at orientation as a part of the systematic changes.</p> <p>Newly hired staff will be educated on the components of N040 with an emphasis on _____ reporting and investigation by the Director of Nursing/Designee at orientation as a part of the systematic changes.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>Director of Nursing/Designee to conduct audits of 10 current residents nursing progress notes 3 times a week for 4 weeks, then 1 time a week for 4 weeks, then 2 times weekly for 4 weeks and then weekly for 4 weeks to ensure response/investigation for any potential allegations that meet federal reporting requirements.</p> <p>Administrator/Designee to conduct audits of Grievances 3 times a week for 4 weeks, then 2 times a week for 4 weeks and then weekly for 4 weeks to ensure a response/investigation for any potential allegations that meet federal reporting requirements.</p> <p>The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has _____</p>		

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