

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

PRINTED: 03/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2025
NAME OF PROVIDER OR SUPPLIER ST PETERSBURG NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 521 69TH AVE N SAINT PETERSBURG, FL 33702		
(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 A complaint survey for complaint numbers 2025000368 and 2025000877, was conducted on at St. Petersburg Nursing and Rehabilitation. The facility was not in compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities. Complaint number 2025000877 had deficiencies cited at F656 and F689. Complaint number 2025000368 had no deficiencies.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and , , needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and , , well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656			

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 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>() In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and -informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure care plans were accurate or developed for two residents (#2, #3) out of three sampled residents.</p> <p>Findings included:</p> <p>1. Review of Resident #2's Admission Record showed she was admitted to the facility on _____ with diagnoses to include _____ of the _____, major _____, generalized _____, wasting, _____ and reduced mobility.</p> <p>Review of Resident #2's medical record showed</p>	F 656	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists.</p> <p>This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance</p> <p>1. On _____ Residents #2 and #3 had a resident centered comprehensive care plan updated to reflect changes identified</p>	

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F 656	<p>Continued From page 2</p> <p>she was discovered to have _____ to her right and right side of her _____ on _____</p> <p>Resident #2 was sent to the hospital for further evaluation.</p> <p>Further review of the medical record showed the resident was treated in the emergency room on _____ and was found to have a right _____</p> <p>During an interview with the Nursing Home Administrator (NHA) on _____ at 2:11 p.m., she stated through her investigation it was discovered the resident was observed by a staff member on the floor on the side of her bed. She stated the staff member failed to report the _____</p> <p>Review of Resident #2's care plan with a revision date of _____ revealed "The resident is at risk for _____ related to: decreased cognition, decreased mobility, history of _____ decision making, poor _____ communication/comprehension, _____ drug use, frequent attempts to rise without staff assistance." The goal revealed "the risk for with major injury will be minimized through next review." The intervention revealed the following:</p> <ul style="list-style-type: none"> -Assist resident with mobility -Evaluate Resident's environment to identify factors known to increase risk of _____ with a revision date of _____ -Hospice to do medication review for increased _____ needs with an initiation date of _____ -Pommel cushion to wheelchair with a revision date of _____ - _____ screen with a revision date of _____ -[Resident #2] is to be encouraged to be in activities of choice or in common areas when up 	F 656	<p>related to interventions.</p> <p>2. A quality review of current resident's comprehensive care plans was completed by _____ by MDS Director/designee to ensure comprehensive care plans are developed and implemented regarding interventions. Issues or concerns were addressed as they were identified.</p> <p>3. All Interdisciplinary care plan team members responsible for writing care plans re _____ educated on the facility's policy and procedure for developing Comprehensive Care plans; Development and Implementation of a new intervention for each _____ and review of interventions for appropriacy. Direct care staff re-educated on Kardex review for interventions and reporting non-compliance and/or ineffectiveness of interventions.</p> <p>4. DON/Designee will review new admission records for initiation of Baseline Care Plan five times a week X 3 months. DON/Designee will review resident records for _____ documentation to include, Change in Condition, MD Notification, Responsible Party Notification, Care Plan Update with _____ intervention and placement on Kardex _____ f _____ five times a week X 6 weeks; three times a week X 4 weeks, twice a week X 2 weeks, then weekly and PRN as indicated. MDS Coordinator will review care plans weekly in _____</p>		

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F 656	<p>Continued From page 3</p> <p>with an initiation date of</p> <p>A review of the active care plans on at 3:12 p.m. was conducted with the NHA and the Director of Nursing (DON). The DON stated no interventions were put into place after the first on The DON stated they were supposed to put a cushion on her chair. The DON confirmed the care plan should have been updated to reflect interventions. He confirmed the care plan was how the staff were able to know the plan of care for the resident.</p> <p>2. Review of Resident #3's Admission Record showed she was admitted to the facility on with diagnoses to include ataxia, 's wasting, reduced mobility, and</p> <p>Review of Resident #3's medical record revealed the resident had a on and</p> <p>Review of Resident #3's care plan with a revision date of revealed "[Resident #3] has had actual and/or related to injury ...". The goal revealed "Resident will minimize risk of related injuries with staff intervention thru the next review date." The interventions revealed the following: -Keep all personal items within reach with a revision date of -Offer to assist resident to get out of bed ... with a revision date of</p> <p>During an interview with the DON on at 3:25 p.m., he stated after the on the intervention was for the resident to be up in common area while woke and the intervention for</p>	F 656	<p>accordance with care plan review schedule. All care plans will be updated as indicated X 3 months. Audit results will be reviewed by the QAPI Committee until such time consistent substantial compliance has been achieved.</p>	

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F 656	Continued From page 4 the on was for the resident to be up in common area while woke and to have personal items in reach. No interventions were put in place after each on the care plan. They were revised on .	F 656			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure adequate supervision was provided for two residents (#2, #3) of three residents sampled for accidents. Findings include: 1. Review of Resident #2's Admission Record showed Resident was admitted to the facility on with diagnoses to include of the , major , generalized , wasting, and reduced mobility. Review of Resident #2's medical record showed she was discovered to have to her right and right side of her on Resident #2 was sent to the hospital for further evaluation.	F 689	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance 1. risk evaluations completed for Resident #2 and Resident #3. Appropriate revisions were made to the care plans to reflect all current interventions. 2. Risk Evaluation completed for all		

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F 689	<p>Continued From page 5</p> <p>Further review of the medical record showed the resident was treated in the emergency room on _____ and was found to have a right _____</p> <p>During an interview with the Nursing Home Administrator (NHA) on _____ at 2:11 p.m., she stated through her investigation it was discovered the resident was observed by a staff member on the floor on the side of her bed. She stated the staff member failed to report the _____</p> <p>Review of Resident #2's risk evaluation dated _____ showed a score of 14 indicating the resident is a high risk.</p> <p>Review of Resident #2's medical record showed she had another _____ on _____. A progress note dated _____ stated "Resident during last rounds before shift change was found on the bedside mat with bed in lowest position. Resident assisted _____ to bed by three staff members ... Resident placed into Geri chair at nurses' station ..."</p> <p>Review of a progress note dated _____ stated "IDT [interdisciplinary team] team met to discuss resident change of plane on _____ where resident was found sitting on floor mats. Resident is to be encouraged to be in activities of choice or in common areas."</p> <p>A review of the active care plans on _____ at 3:12 p.m. was conducted with the NHA and the Director of Nursing (DON) present. The DON stated no interventions were put into place after the first _____ on _____. The DON stated they were supposed to put a cushion on her chair. The _____</p>	F 689	<p>residents currently residing in the facility by _____. Care plans reviewed and revised as indicated for residents identified as at risk for _____ to make certain interventions are documented for each _____ and are reflected on the Kardex.</p> <p>3. Regional Director of Clinical Services/Designee educated staff on Accidents and Supervision policy; Prevention in Long Term Care; and Resident Rights with emphasis on the development and implementation of a person-centered care plan. Licensed staff educated on _____ Prevention Program and reviewing the Kardex for interventions.</p> <p>4. Director of Clinical Services (Nursing)/Designee will review new admission records for initiation of Baseline Care Plan to make certain those identified to be at risk for _____ have interventions/safety measures, five times a week x 4 weeks and once weekly x8 weeks, then as needed as indicated.</p> <p>Director of Clinical Services/Designee will review records of residents who sustain _____ to make certain documentation includes Change in Condition, Physician Notification, Responsible Party Notification, Care Plan Update with intervention and placement on Kardex five times a week X 2 weeks; three times a week X 4 weeks, twice a week X 2 weeks, then weekly x4 weeks, and as needed as indicated. The findings of these quality _____</p>		

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F 689	<p>Continued From page 7</p> <p>"IDT team met to discuss on to discuss with resident. IDT team discuss to get labs on resident, ensure that resident is up in chair in activities / common areas when woke."</p> <p>Review of a progress note dated , stated "This writer observed the resident lying on the floor in a prone position next to her bed. When questioned, the resident stated, " I was trying to turn off the TV". ..The resident's left side of her cheek and , is . The resident can move her and she denies and jaw . The resident c/o [complains of] a . The new order send the patient to ED was for treatment and evaluation."</p> <p>Review of the hospital physician notes from showed the resident was admitted to the hospital for a hematoma and</p> <p>During an interview with the DON on at 3:25 p.m., he stated after the on the intervention was for the resident to be up in the common area while woke. The intervention for the on was for the resident to be up in the common area while woke and to have personal items in reach. No interventions were put in place after each on the care plan. They were revised on . The DON went on to state residents with a high risk score of 8 or higher should be supervised by staff while in common areas. The common area is at the end of the hall. The DON stated Resident #3 was a high risk and she should be supervised while not in her bed. He stated it would not be appropriate for Resident #3 to be in the common area unsupervised and it would not be appropriate for Resident #3 to be sitting in her</p>	F 689		

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F 689	Continued From page 8 wheelchair next to her bed asleep. A review of policy titled Accidents and Supervision dated . with a revision date of . revealed the following: Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes: 1. Identifying hazard(s) and risk(s). 2. Evaluating and analyzing hazard(s) and risk(s). 3. Implementing interventions to reduce hazard(s) and risk(s).4. Monitoring for effectiveness and modifying interventions when necessary.	F 689			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2025
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N 000	<p>INITIAL COMMENTS</p> <p>A complaint survey for complaint numbers 2025000368 and 2025000877, was conducted at St. Petersburg Nursing and Rehabilitation on . The facility had deficiencies at the time of the survey.</p> <p>Complaint number 2025000877 had deficiencies cited at N072 and N0216.</p> <p>Complaint number 2025000368 had no deficiencies.</p>	N 000		
N 072 SS=D	<p>59A-4.109(2), FAC; Comprehensive Care Plans</p> <p>59A-4.109 FAC</p> <p>(2) The nursing home licensee develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure care plans were accurate or developed for two residents (#2, #3) out of three sampled residents.</p> <p>Findings included:</p> <p>1. Review of Resident #2's Admission Record showed she was admitted to the facility on with diagnoses to include of the , major .</p>	N 072	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists.</p> <p>This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 072	<p>Continued From page 1</p> <p>generalized wasting, and reduced mobility.</p> <p>Review of Resident #2's medical record showed she was discovered to have to her right and right side of her on</p> <p>Resident #2 was sent to the hospital for further evaluation.</p> <p>Further review of the medical record showed the resident was treated in the emergency room on and was found to have a right</p> <p>During an interview with the Nursing Home Administrator (NHA) on at 2:11 p.m., she stated through her investigation it was discovered the resident was observed by a staff member on the floor on the side of her bed. She stated the staff member failed to report the</p> <p>Review of Resident #2's care plan with a revision date of revealed "The resident is at risk for related to: decreased cognition, decreased mobility, history of , decision making, poor communication/comprehension, , drug use, frequent attempts to rise without staff assistance." The goal revealed "the risk for with major injury will be minimized through next review." The intervention revealed the following: -Assist resident with mobility -Evaluate Resident's environment to identify factors known to increase risk of with a revision date of -Hospice to do medication review for increased / needs with an initiation date of -Pommel cushion to wheelchair with a revision</p>	N 072	<p>1. Residents #2 and #3 had a resident centered comprehensive care plan updated to reflect changes identified related to interventions.</p> <p>2. A quality review of current resident's comprehensive care plans was completed by by Care Plan Coordinator/Designee to ensure comprehensive care plans are developed and implemented regarding interventions. Issues or concerns, if any, were addressed as they were identified.</p> <p>3. All Interdisciplinary care plan team members responsible for writing care plans re-educated on the facility's policy and procedure for developing Comprehensive Care plans; Development and Implementation of a new intervention for each , and review of interventions for appropriacy. Direct care staff re-educated on Kardex review for interventions and reporting non-compliance and/or ineffectiveness of interventions.</p> <p>4. Director of Clinical Services (Nursing)/Designee will review new admission records for initiation of Baseline Care Plan to make certain those identified to be at risk for have interventions/safety measures, five times a week x 4 weeks and once weekly x8 weeks, then as needed as indicated.</p> <p>Director of Clinical Services/Designee will review records of residents who sustain</p>	
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NAME OF PROVIDER OR SUPPLIER ST PETERSBURG NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 521 69TH AVE N SAINT PETERSBURG, FL. 33702		
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N 072	<p>Continued From page 2</p> <p>date of screen with a revision date of</p> <p>- [Resident #2] is to be encouraged to be in activities of choice or in common areas when up with an initiation date of</p> <p>A review of the active care plans on at 3:12 p.m. was conducted with the NHA and the Director of Nursing (DON). The DON stated no interventions were put into place after the first on The DON stated they were supposed to put a cushion on her chair. The DON confirmed the care plan should have been updated to reflect interventions. He confirmed the care plan was how the staff were able to know the plan of care for the resident.</p> <p>2. Review of Resident #3's Admission Record showed she was admitted to the facility on with diagnoses to include ataxia, 's wasting, reduced mobility, and</p> <p>Review of Resident #3's medical record revealed the resident had a on and</p> <p>Review of Resident #3's care plan with a revision date of revealed "[Resident #3] has had actual and/or related to injury ..." The goal revealed "Resident will minimize risk of related injuries with staff intervention thru the next review date." The interventions revealed the following: -Keep all personal items within reach with a revision date of -Offer to assist resident to get out of bed ... with a revision date of</p> <p>During an interview with the DON on at</p>	N 072	<p>to make certain documentation includes Change in Condition, Physician Notification, Responsible Party Notification, Care Plan Update with intervention and placement on Kardex five times a week X 2 weeks; three times a week X 4 weeks, twice a week X 2 weeks, then weekly x4 weeks, and as needed as indicated.. Care Plan Coordinator will review care plans weekly in accordance with care plan review schedule. All care plans will be updated as indicated. The findings of these quality reviews are to be reported to the Quality Assurance/Performance Improvement Committee monthly x 3 months, or until committee determines substantial compliance.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2025
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N 072	Continued From page 3 3:25 p.m., he stated after the on the intervention was for the resident to be up in common area while woke and the intervention for the on was for the resident to be up in common area while woke and to have personal items in reach. No interventions were put in place after each on the care plan. They were revised on Class III	N 072		
N 201 SS=D	400.022(1)(i), FS Right to Adequate and Appropriate Health Care (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. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure adequate supervision was provided for two residents (#2, #3) of three residents sampled for accidents. Findings include: A review of policy titled Accidents and Supervision dated , with a revision date of , revealed the following: Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive	N 201	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance 1. risk evaluations completed for	

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N 201	<p>Continued From page 4</p> <p>devices to prevent accidents. This includes: 1. Identifying hazard(s) and risk(s). 2. Evaluating and analyzing hazard(s) and risk(s). 3. Implementing interventions to reduce hazard(s) and risk(s).4. Monitoring for effectiveness and modifying interventions when necessary.</p> <p>1. Review of Resident #2's Admission Record showed Resident was admitted to the facility on with diagnoses to include _____ of the _____ major _____, generalized _____, wasting, _____ and reduced mobility.</p> <p>Review of Resident #2's medical record showed she was discovered to have _____ to her right _____ and right side of her _____ on _____.</p> <p>Resident #2 was sent to the hospital for further evaluation.</p> <p>Further review of the medical record showed the resident was treated in the emergency room on _____ and was found to have a right _____.</p> <p>During an interview with the Nursing Home Administrator (NHA) on _____ at 2:11 p.m., she stated through her investigation it was discovered the resident was observed by a staff member on the floor on the side of her bed. She stated the staff member failed to report the _____.</p> <p>Review of Resident #2's _____ risk evaluation dated _____ showed a score of 14 indicating the resident is a high _____ risk.</p> <p>Review of Resident #2's medical record showed she had another _____ on _____ . A progress note</p>	N 201	<p>Resident #2 and Resident #3. Appropriate revisions were made to the care plans to reflect all current interventions.</p> <p>2. Risk Evaluation completed for all residents currently residing in the facility by _____. Care plans reviewed and revised as indicated for residents identified as at risk for _____ to make certain interventions are documented for each and are reflected on the Kardex.</p> <p>3. Regional Director of Clinical Services/Designee educated staff on Accidents and Supervision policy; Prevention in Long Term Care; and Resident Rights with emphasis on the development and implementation of a person-centered care plan. Licensed staff educated on _____ Prevention Program and reviewing the Kardex for _____ interventions.</p> <p>4. Director of Clinical Services (Nursing)/Designee will review new admission records for initiation of Baseline Care Plan to make certain those identified to be at risk for _____ have _____ interventions/safety measures, five times a week x 4 weeks and once weekly x8 weeks, then as needed as indicated.</p> <p>Director of Clinical Services/Designee will review records of residents who sustain _____ to make certain documentation includes Change in Condition, Physician Notification, Responsible Party Notification, Care Plan Update with intervention and placement on Kardex five times a week X 2 weeks; three times a</p>	

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N 201	<p>Continued From page 6</p> <p>mobility, and</p> <p>Review of a risk evaluation completed after showed a risk score of 11 which indicated a high risk.</p> <p>Review of Resident #3's medical record revealed on , she was observed lying on her next to her bed on the floor.</p> <p>Review of a Progress note dated stated " Resident was observed lying on her next to her bed on the floor, the incident was unwitnessed. Writer assessed resident assisting staff to transfer resident to bed writer continued assessing resident no new injuries noted at this time ..."</p> <p>Review of a progress note dated stated "IDT team met to discuss on to discuss with resident. IDT team discuss to get labs on resident, ensure that resident is up in chair in activities / common areas when woke."</p> <p>Review of a progress note dated , stated "This writer observed the resident lying on the floor in a prone position next to her bed. When questioned, the resident stated, " I was trying to turn off the TV". ...The resident's left side of her cheek and , is . The resident can move her and she denies and jaw, . The resident c/o [complains of] a . The new order send the patient to ED was for treatment and evaluation."</p> <p>Review of the hospital physician notes from showed the resident was admitted to the hospital for a hematoma and</p>	N 201		

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N 201	<p>Continued From page 7</p> <p>During an interview with the DON on at 3:25 p.m., he stated after the on the intervention was for the resident to be up in the common area while woke. The intervention for the on was for the resident to be up in the common area while woke and to have personal items in reach. No interventions were put in place after each on the care plan. They were revised on . The DON went on to state residents with a high risk score of 8 or higher should be supervised by staff while in common areas. The common area is at the end of the hall. The DON stated Resident #3 was a high risk and she should be supervised while not in her bed. He stated it would not be appropriate for Resident #3 to be in the common area unsupervised and it would not be appropriate for Resident #3 to be sitting in her wheelchair next to her bed asleep.</p> <p>Class III</p>	N 201		
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