

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

PRINTED: 06/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER LUXE AT LUTZ REHABILITATION CENTER (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 19091 N DALE MABRY HWY LUTZ, FL 33548		
(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 2024007572, # 2024010184, #2024012406, #2024012414, #2024005442, #2024006661, #2024015339, #2024016701, #2025000266, #2025000282, #2025001126, #2025001549, #2025002388 and #2025005787 was conducted at Lakes at Lutz Rehabilitation Center on _____ to _____. The facility was not in compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities. Complaints #2024010184, #2024012406, #2024005442, #2025001126, and #2025005787 had deficiencies cited at F684. Complaint #2025002388 had deficiencies cited at F695.	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	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>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).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR 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: Based on observation interview and record review, the facility failed to ensure a post care plan was updated and interventions were implemented in a timely manner for one (#21) of two residents reviewed for .</p> <p>Findings included:</p>	F 656	<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 #21 was immediately assessed by a licensed nurse. No concerns were noted.</p>		

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F 656	<p>Continued From page 2</p> <p>On at 12:02 p.m. Resident #21 was observed sitting in his wheelchair outside his room. He stated he in his room a few days ago. He said, "I stumbled and in my room. I was trying to get to the bed." The resident stated the bed was high and he could not sit on it. He stated he was hurt and went to the hospital. The resident was observed with an open area on his right arm close to the and stitches to his forehead. The resident stated at the moment he was not in .</p> <p>Resident #21 was admitted to the facility on with diagnoses to include , unspecified , other secondary , and difficulty in walking.</p> <p>Review of a progress note for Resident #21 dated at 2:45 p.m. showed . (patient) found on the floor post with an open lack and right arm . MD (Medical Doctor) made aware and ordered to have , sent out, POA (Power of Attorney), DON (Director of Nursing) notified.</p> <p>Review of a Change in Condition (CIC) evaluation on at 4:27 p.m. revealed the evaluation initiated on at 9:03 p.m., had not been completed to document the resident/patient's evaluation and review of notifications.</p> <p>Review of a Change in Condition (CIC) evaluation on at 11:44 a.m. revealed the evaluation initiated on at 9:03 p.m., had not been completed to document the resident/patient's evaluation and review of notifications.</p>	F 656	<p>On , post- care plan for Resident #21 was updated and intervention was implemented by Director of Nursing.</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>By , a quality review was completed by Director of Nursing for post care plan updates and interventions. No additional residents were found to be affected by the alleged deficient practice.</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 , clinical staff were educated on the components of Develop/Implemented a Comprehensive Care Plan with an emphasis on post-care plan updating and intervention in timely manner by the Director of Nursing.</p> <p>Newly hired licensed nurses will be educated on the components of Develop/Implemented a Comprehensive Care Plan with an emphasis on post-care plan updating and intervention in timely manner 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</p>	

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F 656	<p>Continued From page 3</p> <p>Review of a progress note dated at 2:45 p.m. showed the (patient) was received from [Name of Hospital]. received stitches and CT (Computed) unremarkable. was placed in [a specialized chair designed for individuals with limited mobility] upon arrival and has already attempted to get up two times.</p> <p>Review of a care plan for Resident #21 on at 11:20 a.m. showed a focus, the resident is at risk for R/T (related to), assistance required for mobility and transfers, and , meds, , medication, and Date Initiated and revised on . The goal showed the resident's potential for sustaining a -related injury will be minimized by utilizing precautions/interventions though next review date. Date Initiated: and Target Date: Interventions initiated on included - Encourage and assist resident to use bed in the lowest position as tolerated. Encourage and remind resident to use call bell and to wait for staff assistance with transfers, ambulation, toileting, etc. as indicated. Encourage and assist the resident to wear appropriate footwear such as rubber-soled shoes, non-slip bedroom slippers, non-skid socks, etc. when ambulating, transferring, or mobilizing in w/c. Physical and , , consult as needed.</p> <p>The review showed the resident's care plan was not updated/revised following the with injury on .</p> <p>On at 12:06 p.m. an interview was conducted with Staff F, Certified Nursing Assistant</p>	F 656	<p>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 random audits of 5 residents with post care plan and intervention 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure that the facility is within compliance.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.</p>		

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F 656	<p>Continued From page 4</p> <p>(CNA). She stated the resident was positioned outside his room so she can easily monitor him and four other residents observed nearby. She stated the resident was normally but he can be aware of his surroundings sometimes. She stated he 2 days ago, had some and stated he must have hit his . She stated he was taken out to the hospital. Staff F stated Resident #21 was slowly getting to self. Staff F, CNA stated the resident was assisted with all ADLs, and all transfers and was dependent on staff.</p> <p>On at 12:10 p.m. an interview was conducted with Staff E, Licensed Practical Nurse (LPN) assigned to the resident. She stated she was not at the facility when the resident . She stated they were supposed to be monitoring him closely. She stated most of the time this resident was and did not know where he was or what the time was. She stated he required close supervision all the time. Staff E stated when a resident , the nurse completes the Change in Condition evaluation and a post assessment. She stated the care plan should be updated if there were new interventions.</p> <p>During an interview on at 11:29 a.m. with the DON and the Regional Nurse Consultant (RNC), the RNC stated Resident #21 was observed on the right side of the bed on the floor. He stated the resident had a forehead and . He stated the was not witnessed. He said, "He was found on the floor, there was from a on his forehead. He was sent out." During this interview and record review, the DON confirmed the resident on</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>and a CIC was initiated and not completed. She reviewed the resident's record and stated, "It should have been completed fully." She stated the resident had an injury, a hematoma to the _____ and was found on the floor. Review of the care plan with the DON and the RNC revealed there were no post interventions. The DON stated she just updated the care plan. She stated it should have been updated in timely manner.</p> <p>Review of a facility policy titled, "Standards and guidelines: _____ - Managing, preventing and documentation, dated _____ showed, a standard - based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Guideline - The residents plan of care will be developed and followed accordingly to prevent or minimize the risk of _____ or related injuries</p> <p>Under Resident-Centered Approaches to Managing _____ and _____ Risk, the policy showed:</p> <ul style="list-style-type: none"> - The staff will implement a resident-centered prevention plan to reduce the specific risk factor(s) of _____ for each resident at risk or with a history of _____ - If a systematic evaluation of a resident's _____ risk identifies several possible interventions, the staff may choose to prioritize interventions (i.e., to try one or a few at a time, rather than many at once). - Examples of initial approaches might include bed in lowest position, call light in reach, improving footwear, changing the lighting, etc. - If falling recurs despite initial interventions, staff will implement additional or different interventions or indicate why the current approach remains 	F 656			

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F 656	Continued From page 6 relevant. - If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or until the reason for the continuation of the falling is identified as unavoidable. - Staff will identify and implement relevant interventions to try to minimize serious consequences of falling. - The facility is a " free" environment. Meaning, bed alarms, chair alarms, side rails solely for prevention, and chemical interventions for prevention are not utilized.	F 656			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review the facility did not ensure care orders were put in place and completed timely for one resident (#1) and did not ensure medications were administered appropriately for two residents (#10 and #22) out of twenty-two sampled residents. Findings included:	F 684	(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On . . . , Resident # 1 was immediately assessed by a licensed nurse. No concerns were noted. On . . . , Resident #22 was		

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F 684	<p>Continued From page 7</p> <p>1.</p> <p>Review of Admission Record showed Resident #1 was admitted on _____ with diagnoses including _____, and idiopathic _____, and primary generalized (osteo) _____.</p> <p>Review of Resident #1's Weekly Skin checks showed resident had clear skin on _____. The Weekly Skin check on _____ documented Left -open _____ with current treatment in place.</p> <p>Review of Resident #1's physician orders showed an order for _____ External _____ 2%. Apply to left 2nd _____, every day shift for _____. Start date _____ Discontinued _____.</p> <p>Review of Resident #1's provider notes showed the resident went to an outside _____ on _____. The Assessment/Plan showed _____ of left _____ changes daily, Dakin's moist/dry _____ left 2nd _____ and _____ of left food- _____ solution 0.25%. 1 application every day by miscell. For 30 days. The doctor noted Dakin's solution 0.25% 1 application every day by miscell for 30 days as "prescribed."</p> <p>Review of Resident #1's physician orders showed the orders from the outside _____ were not put in place.</p> <p>Further review of Resident #1's provider notes showed the resident returned to the outside _____ on _____. The Assessment/Plan showed _____ of left _____ changes daily, Dakin's moist/dry _____ left 2nd _____ of _____ without contact.</p>	F 684	<p>immediately assessed by a licensed nurse. No concerns were noted.</p> <p>Resident #10 no longer resides in the facility. Discharged on _____.</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>By _____, a quality review was completed by Director of Nursing/Designee on Quality of Care with emphasis on _____ care orders put in place and completed within a timely manner. No additional residents were found to be affected by the alleged deficient practice.</p> <p>By _____, a quality review was completed by Director of Nursing/Designee on Quality of Care with emphasis on ensuring medications are administered appropriately. No additional residents were found to be affected by the alleged deficient practice.</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 _____, clinical staff were educated on the components of Quality of Care with emphasis on _____ care orders put in place and completed within timely manner by Director of Nursing/Designee.</p>		

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F 684	<p>Continued From page 8</p> <p>Review of Resident #1's physician orders showed the order for "Apply moist/dry to left 2nd daily. Every day shift for left 2nd . Started . Discontinued</p> <p>Review of Resident #1's . Treatment Administration Record (TAR) showed this order was not completed on , and . On and it was documented as "9," Other/See Nurse Notes." The progress notes for those day showed "cleansed" documented.</p> <p>Review of Resident #1's physician orders showed the care order was changed on to Cleanse left 2nd with normal , gently , dry, soak gauze with () strength solution, apply soaked gauze to , cover with dry gauze, wrap with rolled gauze, secure with tape. Change daily on shift and PRN (as needed) if becomes soiled or dislodged. use normal for wet-to-dry if is not available.</p> <p>An interview was conducted on at 10:40 a.m. with the Minimum Data Set (MDS) Director who was observed on the 200 unit and stated she helped with nursing tasks when needed. She reviewed Resident #1's medical record and confirmed there were no care orders put into place until for the 2nd left . She said the doctor should have been notified when the skin check was completed on showing the open because no treatment orders were in place.</p> <p>An interview was conducted on at 11:20</p>	F 684	<p>By , clinical staff were educated on the components of Quality of Care with emphasis on ensuring medications are administered appropriately by Director of Nursing/Designee.</p> <p>Newly hired licensed nurses will be educated on the components of Quality of Care with emphasis on care orders put in place and completed within timely manner and on ensuring medications are administered appropriately 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 random audits of 5 residents for care orders put in place and completed within timely manner 5x a week for 4 weeks, then 2x a week for 4 weeks and then monthly for 1 month to ensure that care orders put in place and completed within timely manner.</p> <p>Director of Nursing/Designee to conduct random audits of 5 residents medication administration 5x a week for 4 weeks, then 2x a week for 4 weeks and then monthly for 1 month to ensure that medications are administered appropriately.</p> <p>The findings of these quality monitoring's</p>		

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F 684	<p>Continued From page 9</p> <p>a.m. with the Director of Nursing (DON). She reviewed Resident #1's weekly skin checks, progress notes, and orders. She confirmed the order for External 2%. Apply to left 2nd , every day shift for would not be considered care orders for an open on the left 2nd . The DON said she did not see any progress notes documenting a provider was notified.</p> <p>An interview was conducted on at 12:48 p.m. with Staff D, Licensed Practical Nurse (LPN). She said when a resident goes to an outside provider, they sometimes come with paperwork and the nurse will put new orders in. She said if the resident does not have paperwork, they will ask any family that may have accompanied the resident or they will call the provider to get orders and the nurse will enter them into he medical record.</p> <p>A follow-up interview was conducted on at 1:00 p.m. with the DON. She said when a resident goes to an outside provider they typically come with paperwork with new orders. She said if they do not, medical records will call and follow-up. The DON reviewed the provider's notes for Resident #1's visit to the on . She said she had not seen the notes until . The DON stated someone must not have followed up. She confirmed the care orders were not put in place until after the resident had a second visit to the .</p> <p>An interview was conducted on at 11:17 p.m. with the Nursing Home Administration (NHA). The NHA said she was the risk manager and</p>	F 684	<p>to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.</p>		

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F 684	<p>Continued From page 10</p> <p>looked at concerns related to Resident #1's care. She said on the weekend of - the nurse did not use solution because it was locked in the care office. She said she was under the impression a provider was called to change the order. The NHA reviewed Resident #1's medical record and confirmed the call and change in orders was not completed until The NHA was unaware of the outside orders from .</p> <p>Review of a facility policy titled "Clean Changes," revised , showed: Standard: the purpose of this procedure is to provide guidelines for the application of dry, clean</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Verify that there is a physician's order for this procedure period (Note: this may be generated from a facility protocol.) 2. Review the resident's care plan, current orders, and diagnoses to determine if there are special resident needs. <p>...</p> <ol style="list-style-type: none"> 9. Document completion of procedure in the resident record. 10. If the resident refused the treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives. Document family and physician notification of refusal. <p>Reporting: Notify the supervisor if the resident refuses the change.</p> <p>Report other information in accordance with facility policy and professional standards of practice.</p>	F 684			

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OMB NO. 0938-0391

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F 684	<p>Continued From page 11</p> <p>2. Review of Resident #10's Admission Record revealed she was admitted to the facility on with diagnoses to include , replacement surgery, and aftercare following ,</p> <p>Review of the Resident #10's Medication Administration Record (MAR) revealed the following orders: " Oral Tablet 10 MG (,), Give 1 tablet by at bedtime for " " " Oral Tablet 10 MG (,), Give 1 tablet by every 4 hours as needed for "</p> <p>Review of the MAR revealed the sleep medication " " was marked with a chart code of "9" on and ; marked as given on ; marked with the cart code "5" on . The chart code "9" is defined as "Other/See nurses notes." And "5" is defined as "Hold/see nurses notes."</p> <p>Review of resident #10's MAR for revealed there were no nurses notes related to this medication, indicating the medication was not given.</p> <p>Further review of the MAR revealed the , medication " " was not given on or on</p> <p>3.. An observation and interview was conducted with Resident #22 on at 12:35 p.m. Resident #22 was observed lying in bed dressed in day clothes. Resident stated she almost left this morning because she could not get her ,</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>every 6 hours as needed for moderate , " -" Capsule 150 MG (Pregabalin) Give 1 capsule by two times a day for , , "</p> <p>A Review of the MAR revealed the medication was not given twice on , twice on , and once on . On it was marked with "12" indicating the medication was on order from the pharmacy/MD [Medical Doctor] aware. On it was marked with "5" indicating "hold/see nurses notes"</p> <p>Review of resident #22's MAR for revealed there were notes were found in the medical record to indicate the medical doctor was aware.</p> <p>Further review of the MAR showed the medication " " was not given on , and .</p> <p>On at 12:43 p.m. an interview with Staff E, Licensed Practical Nurse (LPN) was conducted. She stated "when a resident is admitted, once we reconcile the medications the pharmacy will bring them. It depends on when the resident arrives." She went on to state if there is a medication such as , medication like , we have an Emergency Drug Kit (EDK) that we can pull from if we have the order or prescription for the medication. If we cannot get a medication for a resident such as a medication prescribed for , , we would call the doctor.</p> <p>On at 3:40 p.m. an interview with the Director of Nursing (DON) was conducted.</p>	F 684			

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F 684	Continued From page 14 She stated if a resident is prescribed , medication it would not be appropriate for the resident to not get the medication. A review of policy titled "Standards and Guidelines: Medication Administration" with a revision date of revealed the following: Policy: Standard: Medications are ordered and administered safely and as prescribed. Procedure: 3. Medications are administered in accordance with prescriber orders ... 16. If a drug is withheld ...the individual administering the medication shall document the rational in the resident's medical record and notify the physician.	F 684		
F 695 SS=G	Care and Suctioning CFR(s): 483.25(i) § 483.25(i) care, including care and suctioning. The facility must ensure that a resident who needs care, including care and suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to ensure continuous was provided in consistent with professional standards of practice, related to failure to ensure the resident's record included accurate and active physician orders and on-going assessment of the resident's status and response to for two (#18 and #12) of two residents reviewed, resulting in Resident #18	F 695	(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #18 no longer resides in the facility. Discharged	

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F 695	<p>Continued From page 15</p> <p>experiencing _____, distress requiring emergency hospitalization.</p> <p>Findings included:</p> <p>1.</p> <p>Review of the admission record showed Resident #18 was originally admitted to the facility and readmitted on _____ with diagnoses of acute _____ due to _____, acute _____, failure with _____, and _____ (_____).</p> <p>Review of a hospital History and Physicals for Resident #18 dated _____ revealed under history of presenting complaint, "This is an _____ male resident of an extended care facility with a history of _____ . He was brought to the emergency room with complaints of increased _____. At the time the [Emergency Medical Services] got the patient 02 [_____] saturation was 82% on 2 L [liters] of _____. The patient was placed on nonretreater mask and brought to the emergency room for further evaluation. In the emergency room, the patient transitioned to BIPAP [Bilevel Positive Airway Pressure]. This morning, he is currently doing better and placed on _____, feeling much better compared to when he came to the hospital." The consultation showed, " _____ responded to a call at the patient's rehabilitation facility, where they found the patient in distress with an _____</p>	F 695	<p>Resident #12 no longer resides in the facility. Discharged</p> <p>On _____, Staff LPN "D", was immediately re-educated on _____ care and suctioning with emphasis on continuous _____ with emphasis on accurate and active physician's orders and ongoing assessment of the resident's status and response to _____ by the Director of Nursing.</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>By _____ a quality review was completed by Director of Nursing/designee on continuous _____ with emphasis on accurate and active physician's orders. No additional residents were found to be affected by the alleged deficient practice.</p>		

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F 695	Continued From page 16 saturation of 82% on 2L via a non-breathair mask. ...The patient reported a decreased appetite over the past few days, with occasional that has since resolved. He is currently on _____ and _____ for _____, shows central _____, as well as right-sided small _____. He was started on [_____] _____ and _____ in the ER [Emergency Room]and was subsequently admitted to the [_____] for further management. Further review under medical decision making showed, "the patient will be admitted for acute hypoxic _____, distress. VBG [_____ gas] in the ED [Emergency Department] shows hypercapnia [too much _____ (CO2) in the bloodstream]. Patient started on BiPAP to help blow off CO2. However, patient with worsening repeat measurements and becoming more _____. Discussed with patient's power of attorney/who is his [family member]. Confirms that patient is a [_____]/DNI [Do Not Intubate]. Will admit to [_____], maximize supportive care. Started on _____ and _____ dosage _____ carefully chosen due to history of _____ requiring _____ for Vaso [_____] support. Family is not opposed to _____ care consult."	F 695	(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; By _____, Clinical staff were educated on the components of _____ care and _____ with emphasis on continuous and active physicians orders and ongoing assessment of the resident's status and response to _____ by the Director of Nursing /Designee. By _____, clinical staff completed competency for Recognizing Change in Condition. By _____, nursing staff completed RN/LPN competency checklist. Newly hired licensed nurses will be educated on the components of _____ care and _____ with emphasis on accurate and active physicians orders and ongoing assessment of the resident's status and response to _____ by Director of		

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F 695	<p>Continued From page 17</p> <p>called for him, he did not answer, he had a look, fixed and not moving, I tried to arouse him. He was not responding." Staff D, LPN stated she asked the CNA to stay with him, and she went to get help. She stated another staff member got the DON (Director of Nursing) and the cart. Staff D, LPN stated, "I continued to call him, and he did not respond, he was disoriented." Staff D, LPN stated Resident #18 was supposed to be on all the time, had compromised breathing, and had a similar episode before.</p> <p>Review of active physician orders for Resident #18 showed an order dated () at 3L (liters) NC (). The order was noted verbally received. The order did not show scheduling or order administration scheduling details.</p> <p>Review of a Hospital Transfer Form dated showed under treatments, the resident received at 2L/Min (minute), .</p> <p>Review of an SBAR (Situation Background Assessment and Recommendation) form dated showed the Change In Condition (CIC) reported on this CIC Evaluation are/were: Seems different than usual Tired, Weak, , or Drowsy. Since this started it has gotten: Worse. At the time of evaluation resident/patient vital signs, and were:- : 14:45 Position: Lying l/arm - : P 75 - 14: Type: Regular - RR: R 19.0 - 15:16 - Temp: T 98.0 - 15:16 Route: Forehead (non-contact) - Oximetry: 88 % -</p>	F 695	<p>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 random audits of 5 residents with continuous daily x 4 weeks, then 5 x a week for 4 weeks then 2 x a week for 4 weeks then weekly for 1 month to ensure that accurate and active physicians orders and ongoing assessment of the resident's status and response to , are in place.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until compliance determines substantial compliance has been met.</p>	

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F 695	<p>Continued From page 18</p> <p>14:45 Method: via The mental status evaluation showed increased and disorientation. Functional status evaluation showed general .</p> <p>Review of the notification section showed the Primary Care Physician (PCP) was notified with orders to send to ER (Emergency Room).</p> <p>Review of a physician encounter progress note dated showed the Reason for : Consultation. Chief Complaint / Nature of Presenting Problem: management during admission for rehab. History Of Present Illness: ... [Resident # 18] was admitted to the facility on for exacerbation with PNA () (Secondary to) (,). Today, patient is lying bed. He says he is doing ok. He voiced no concerning complaints. His () continue to be low at times. Since last visit, patient was discharged to ALF (Assisted Living Facility). He then developed () and was readmitted to hospital for HF () and exacerbation. Upon discharge he was advised to use 3L NC . Returned to [name of facility] as of . Nursing notes, Physician/ARNP (Advanced Registered Nurse Practitioner) notes, hospital records, labs, imaging, and VS (Vital Signs) trends were reviewed.</p> <p>Review of a document titled Assessment and Recommendation Form - dated showed Resident #18 was assessed and his FIO2 (Fraction of inspired) was documented at 3L. Breath sounds were</p>	F 695			

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F 695	<p>Continued From page 19</p> <p>documented to be "diminished RLL [Right Lower] and LLL [left lower]. The report confirmed an , , concentrator was in use.</p> <p>Review of a physician encounter progress note dated showed Resident #18 was seen for a follow -up. Under , , assessment, reduced NC to 3L diminished bases due to poor inspiratory effort was documented.</p> <p>Review of a care plan for Resident #18 initiated and revised on showed the resident is at risk for altered , , status/difficulty breathing r/l (related to) recent and , , (, ,), and need for supplemental , , .</p> <p>Interventions included: Encourage adequate rest periods in between tasks/activities. Encourage and assist resident to elevate of bed to facilitate breathing as tolerated. Monitor for s/sx. (Signs and Symptoms) of , , distress and report to MD PRN (Medical Doctor, As needed) increased , , ; Decreased - oximetry; Increased rate (, ,); Restlessness; Diaphoresis; , , ; , , ; Pleuritic , , ; Accessory usage; Skin color changes to blue/grey. Administer medication/inhalers/ as ordered. Administer , , as ordered. Monitor O2 saturations as ordered/PRN. Change tubing per MD order and PRN. Notify MD as indicated. Encourage sustained deep breaths by: Using demonstration (emphasizing slow inhalation, holding end inspiration for a few seconds, and passive exhalation); Using incentive spirometer (place close for convenient resident use); Asking resident to maintain a clear airway by encouraging</p>	F 695			

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F 695	<p>Continued From page 20</p> <p>resident to clear own _____ with effective coughing. If _____ cannot be cleared, suction as ordered/required to clear _____. Use _____ management as appropriate. Monitor/document side effects and effectiveness.</p> <p>Review of a skilled services progress note dated _____ showed Resident #18 was "redirected for _____. Refused alternate meal or snacks.</p> <p>Resident _____ with low saturation this afternoon. MD notified. Resident became more aroused gradually with O2 and non-rebreather. Resident then asked to go to ER. MD notified. _____ and family also notified.</p> <p>Review of a skilled services progress note dated _____ showed [Resident #18] has complaints of (_____) this afternoon, PRN (as needed) _____ treatment provided and are effective.</p> <p>Review of a medication administration progress note dated _____ showed to encourage and assist the resident to elevate HOB (_____ of bed) for ease of breathing/ (_____) while lying flat every shift related to acute _____ due to _____ acute and _____ failure with _____ and _____.</p> <p>Review of a summary of skilled services note dated _____ showed, "New orders received for desaturation [a decrease in the amount of _____ in the _____]."</p> <p>Review of progress notes dated _____ showed Resident #18 had a CIC. At the time, his _____ was 89%. The nurse practitioner was notified of desaturation despite _____ and _____ treatments.</p>	F 695			

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F 695	<p>Continued From page 21</p> <p>New orders for STAT (without delay) (,) and 40mg (milligrams) p.o. (by) once.</p> <p>Review of a physician encounter note dated showed, "today patient is lying in bed. (,) remains labile with , intermittently. Denies any recent . States breathing is worse, 4L increased recently. Under , assessment it was noted, and attempting to but cannot, increased NC 4L, diminished bases due to poor inspiratory effort.</p> <p>Review of physician orders for Resident #18 did not show the orders to increase to NC 4L as ordered on .</p> <p>On at 12:23 p.m. an interview was conducted with Staff D, Licensed Practical Nurse (LPN). Staff, LPN denied knowing of the order to increase to 4L on stating, he has always been on . I don't remember new orders. She stated it was a nursing expectation to monitor his with a , and document. She stated she could not speak of the MAR/TAR (Medication Administration Record /Treatment Administration Record) documentation that was missing. She stated to ask the DON.</p> <p>Review of a nursing note dated showed Resident #18 exhibited and this morning. Upon assessment, resident's sounds are diminished both lower . Writer gave resident his scheduled inhaler. Notified [staff member] with . Resident already has (a combination of two</p>	F 695			

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F 695	<p>Continued From page 22</p> <p>medicines) scheduled q6 (every 6 hours), we will continue that order and add PRN q4 (every 4 hours) for / . MD was notified.</p> <p>Review of a skilled services progress note for Resident #18 dated showed Resident is A/O (alert and oriented) x3 is able to make needs known, Resident has HX (history) of issues. on at 3L via N/C, NEB TX (treatment) in place Q6.</p> <p>Review of a nursing readmission evaluation dated showed 94% on 21:16 Method: via . Resident appear even and unlabored. The resident does not exhibit or report current issues. No issues noted/observed. On the question if the resident utilizes the following devices or equipment, it is noted "None". Under notifications the assessment showed physician order treatment plan of care, medications discharge planning reviewed with resident and/responsible party. Medication reconciliation completed with medical provider. All orders confirmed and verified.</p> <p>Review of a progress note dated showed patient complained of , checked , Ox stating at 86%. Patient stated he wanted to go to the hospital. Notified MD of change, Per orders the patient will be sent out.</p> <p>Review of a Social Services progress note dated showed, resident stated he has at ALF. He would like a portable one and resident has a wheelchair at facility.</p>	F 695			

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NAME OF PROVIDER OR SUPPLIER LUXE AT LUTZ REHABILITATION CENTER (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 19091 N DALE MABRY HWY LUTZ, FL 33548		
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F 695	<p>Continued From page 23</p> <p>Review of an IDT(Interdisciplinary Team) progress note dated showed resident is on supplemental and states he becomes of lying flat. Care plan was updated.</p> <p>Review of a general admission progress note for Resident #18 dated showed upon arrival the resident's was 90% -- 18:04 Method: via . Resident appear even and unlabeled. The resident current exhibits or has reported the following symptoms: while lying flat at all times. The resident utilizes the following devices or equipment: . The residents along sounds are adventitious: right upper has audible , right lower has audible and the left lower has audible .</p> <p>Review of all progress note types for Resident #18 effective to did not show documentation related to on-going assessment of the resident's status and response to .</p> <p>On at 3:33 p.m. an interview was conducted with the DON. The DON stated Resident #18 went out to the hospital yesterday () because of low . She said, "He has had a history of it, he was out of it. We called the doctor. He was able to stabilized with the we administered." The DON stated Resident #18 came around before the arrived. The DON stated he wanted to go the ER, so they sent him out due to . The DON stated she could not comment on the lack of monitoring documentation in the MAR/TAR. She said, "I will look at it and get</p>	F 695			

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F 695	<p>Continued From page 24 with you."</p> <p>On at 12:41 p.m. an interview was conducted with the DON, Nursing Home Administrator (NHA) and the Regional Nurse Consultant (RNC). The RNC stated Resident #18 was sent out due to (low levels of in the body tissues). Reviewing the residents electronic medical record (EMR), the RNC stated the resident had an order dated - which was discontinued when he was sent out to the hospital. The RNC stated Resident #18 returned on . The DON, RNC, and NHA reviewed the residents record and confirmed the order was not transcribed completely. The RNC said, "The nurse should have clarified the level of and how often it should be administered." They confirmed the order was put in wrong. The RNC stated the nurses were not able to document in the MAR/TAR because it was transcribed wrong. They all reviewed the MAR/TAR and confirmed the resident was not being monitored for use from to when the resident was sent out for emergency care. The DON said, "I see, it was entered incorrectly." The RNC and DON could not speak of the order to increase on and why the administration orders were not documented.</p> <p>2. Resident #12 was originally admitted to the facility on , readmitted on and discharged on . The resident was admitted with diagnoses to include , failure with and .</p>	F 695		

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F 695	<p>Continued From page 25</p> <p>Review of progress notes dated showed Resident #12's family member came to the facility and was upset the resident was not on ... Resident with a history of . "All orders checked, and resident has no orders for at this time. Hospital discharge paperwork reviewed, and was discontinued upon discharge from the hospital patient readmitted on ." The family member called 911 and the resident was transferred to the hospital stating, "[Resident #12] needed to be on ."</p> <p>Review of the TAR for Resident #12 dated showed : NC/mask continuous. Encourage and assist resident to use at 2 liters. The TAR showed was administered on and . It was discontinued on when Resident #12 went to the hospital. The TAR did not show the order was reinstated upon returning from the hospital on .</p> <p>Review of the TAR for Resident #12 dated revealed documentation of continuous administered at 2 liters, documented on day, evening, and night shift.</p> <p>Review of Resident #12's care plan initiated on showed the resident had difficulty breathing related to diagnosis of , failure, , and dependent on supplemental . Interventions included to administer as ordered. Monitor saturations as ordered/change tubing per facility protocol/MD order. Notify MD as indicated.</p> <p>Review of physician orders summary report for</p>	F 695			

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F 695	<p>Continued From page 26</p> <p>Resident #12 showed the history of orders as follows: On : 2L/min via at continuing as needed for (left blank) On : 2L/min via at continuing.</p> <p>The review showed the most recent orders dated , were not discontinued.</p> <p>Review of an admission/readmission nursing evaluation dated , showed Resident #12 was readmitted from the hospital. Under notifications the evaluation showed: Physician order treatment of care medications discharge planning reviewed with Resident and/resident responsible party, medications reconciliation completed with medical provider. All orders confirmed and verified.</p> <p>This evaluation did not indicate discontinuing of orders for a resident with a known diagnosis and historical use of .</p> <p>On at 2:13 p.m. an interview was conducted with the DON and the RNC. The DON stated she had reviewed Resident #12's orders and said, "He had no orders at the time." The DON reviewed the EMR and could not show physician orders to discontinue use for Resident #12 who was dependent on . The RNC reviewed the hospital discharge record for Resident #12 and stated he was admitted for issues. He confirmed the orders were not discontinued by the hospital. The RNC stated he would have expected the nurse to call the doctor and re-instate the orders.</p>	F 695			

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F 695	Continued From page 27	F 695			
F 842 SS=E	<p>Requested and did not receive the facility's policy on _____ administration.</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and () Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; () For public health activities, reporting of neglect, or domestic violence, health oversight</p>	F 842			

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F 842	<p>Continued From page 28</p> <p>activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>() The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, _____, and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and policy and procedure review, the facility did not ensure resident medical records and confidential medical information were safeguarded in a confidential manner that would prevent unauthorized access on</p>	F 842	(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?		

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F 842	<p>Continued From page 29</p> <p>two (100 and 200) of two halls toured.</p> <p>Findings included:</p> <p>A tour of the 200 hall was conducted on at 9: 32 a.m. A two-tiered rack was observed in the hallway. The rack contained white binders with room numbers on them, and a () book containing resident specific information. The binders were observed to be easily accessible to anyone walking down the hallway to include residents, family members, vendors and visitors.</p> <p>Subsequent tours of the 200 hall were conducted on at 4: 45 p.m. and at 10: 44 a.m. The two-tiered rack containing white binders with room numbers and resident specific information and the book were observed to remain in the hallway during these times,easily accessible to anyone walking down the hallway. Upon opening one of the white binders it was observed to contain a Resident Sheet and an AHCA (Agency for Healthcare Administration) form 3008, containing resident specific information including but not limited to resident name, date of birth,, diagnoses and insurance information.</p> <p>During a facility tour on at 4: 46 p.m., residents paperwork was observed on top the nursing station counter which contained resident specific medical information, this medical information was observed to be easily accessible to anyone who walked up to the nursing station counter.</p>	F 842	<p>On , two tier racks and paperwork were relocated to a secured and confidential area for 100 and 200 hallways.</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>By , a quality review was completed by Nursing Home Administrator on two tier racks and paperwork for 100 and 200 hallways were relocated to a secured in confidential area. No additional residents were found to be affected by the alleged deficient practice.</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 , staff were educated on the components of Resident Records – Identifiable Information with an emphasis safeguarding resident medical records and confidential medical information in a confidential manner that would prevent</p>		

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F 842	<p>Continued From page 30</p> <p>There were no staff observed at the nursing stations during these observations.</p> <p>A tour of 100 hall was conducted at approximately 9:32 a.m. to 10: 00 a.m. revealing a two-tiered rack observed in the hallway. The rack contained white binders with room numbers on them, and a () book containing resident specific information. The binders were observed to be easily accessible to anyone walking down the hallway including residents, family members, vendors and visitors.</p> <p>Subsequent tours of the 100 hall were conducted on between 4: 45 p.m. and 5 p.m. and at 10 :31 a.m. The two-tiered rack containing white binders with room numbers and resident specific information and the book were observed to remain in the hallway during these times easily accessible to anyone walking down the hallway. Upon opening one of the white binders it was observed to contain a resident sheet and an AHCA form 3008 containing resident specific information including but not limited to resident names, date of birth, diagnoses and insurance information.</p> <p>On at 10:31 a.m. and at 3:43 p.m., a book containing resident's specific laboratory (lab) information was observed on the nursing station counter, easily accessible to anyone who walked up to the nursing station counter.</p> <p>There were no staff observed at the nursing stations during these observations.</p>	F 842	<p>unauthorized access by the Nursing Home Administrator.</p> <p>Newly hired staff will be educated on the components of Resident Records – Identifiable Information with an emphasis safeguarding resident medical records and confidential medical information in a confidential manner that would prevent unauthorized access by the Nursing Home Administrator/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>Nursing Home Administrator/Designee to conduct random audits of 4 nursing stations 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure that resident medical records and confidential medical information are safeguarded in a confidential manner.</p> <p>The findings of these quality monitoring's to be reported to the Quality</p>		

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F 842	<p>Continued From page 31</p> <p>An interview was conducted with the DON (Director of Nursing) on _____ at 4: 00 p.m. The DON stated the resident records have always been out in the hall on the cart, and not secured behind the nurse's stations. She stated papers should not be left on the medication carts or counters without being turned over. The DON observed the photographic evidence of the paperwork left on top of the 200-hall nursing station and stated it was a _____ sheet and belonged to a CNA (Certified Nursing Assistant). She stated it should not have been left out to be seen by anyone walking by.</p> <p>An interview was conducted with the Nursing Home Administrator (NHA) on _____ at 4:00 p.m. The NHA stated the resident records have been in the hallway since she got here. She agreed they are easily accessible by all residents and visitors or anyone in the halls and there was no barrier to prevent anyone from accessing the resident's records. The NHA stated staff should not leave papers with resident information out on the counters or medication carts.</p> <p>Review of a facility policy titled, Resident Rights, issued _____ Revised _____ showed- Resident Rights Standards and Guidelines: Standard - A facility must treat each resident with respect and dignity and care for each resident in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each residents individuality. The facility must protect and promote the rights of the residents.</p> <p>Guideline: Employees shall treat all residents with</p>	F 842	<p>Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.</p>		

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F 842	Continued From page 32 kindness, respect, and dignity. Procedure: 3. The unauthorized release, access, or disclosure of resident information is prohibited, All release, access or disclosure or resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA compliance officer. A facility policy titled, Administration Standards and Guidelines: Medical Records, Issued Revised showed - Standard: Medical Records will be maintained within the facility per federal requirements.	F 842			
F 880 SS=E	(Photographic Evidence Obtained) Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and §483.80(a) prevention and control program. The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff,	F 880			

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F 880	Continued From page 33 volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable or before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable or should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of ; ()When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and (vi)The hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880			

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F 880	<p>Continued From page 34</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations interviews and policy review, the facility failed to ensure proper control practices were in place for two (100 and 200) out of two halls related to use and availability of personal protective equipment (PPE) and performing hygiene.</p> <p>Findings included:</p> <p>On _____ at 9:33 a.m. an empty PPE supply cart was observed located outside of # _____ was observed with a contact isolation sign present. The observation revealed the facility staff did not have readily available PPE to provide care for a resident on contact isolation. An observation of lunch service on _____ at 12:36 p.m., _____ revealed a contact precautionsign hanging above door. Staff A, Certified Nursing Assitant (CNA), was observed entering the room without performing hygiene prior to entering the room. Staff A, CNA was observed putting on the gown at bedside. Staff A, CNA proceeded to touch the resident with bare _____, positioned the resident for meal and proceeded to feed the resident. Staff A,CNA did not don gloves, or wash _____ or apply sanitizer during the care process.</p>	F 880	<p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On _____, clean linen cart on 200 unit was removed and cleaned.</p> <p>On _____, central supply personnel replenished supply cart for # _____ with personal protective equipment.</p> <p>On _____, central supply personnel replenished supply cart for # _____ with personal protective equipment.</p> <p>On _____, central supply personnel replenished supply cart for # _____ with personal protective equipment.</p> <p>On _____, central supply personnel replenished supply cart for # _____ with personal protective equipment.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2025
FORM APPROVED
OMB NO. 0938-0391

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F 880	Continued From page 35 An interview was conducted with Staff A, CNA on at 1:31 p.m. She stated she knew the resident was on contact precautions and she would normally wear the Personal Protective Equipment (PPE). Staff A, CNA stated she knew how to put on PPE. Staff A, CNA stated any staff can restock the supplies if the supply carts were empty. During a tour of Facility on at 10:35 a.m. the following was observed. An observation of revealed a Contact Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns or gloves. An observation of revealed an Enhanced Barrier Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns or gloves. An observation of revealed an Enhanced Barrier Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns. An observation of revealed an Enhanced Barrier Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns. An observation of revealed a Contact Precautions sign posted at the doorway. The supply cart outside of the room did not have gloves. An observation of revealed an Enhanced Barrier Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns. An observation of revealed an Enhanced	F 880	On , central supply personnel replenished supply cart for # with personal protective equipment. On , central supply personnel replenished supply cart for # with personal protective equipment. On , central supply personnel replenished supply cart for # with personal protective equipment. On , central supply personnel replenished supply cart for # with personal protective equipment. On , central supply personnel replenished supply cart for # with personal protective equipment. On , Employee "A" was immediately re-educated by the Director of Nursing on isolation precautions/proper PPE use and hygiene. On , Employee "G" was immediately re-educated by the Director of Nursing on isolation precautions/proper PPE use and hygiene.		

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F 880	<p>Continued From page 36</p> <p>Barrier Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns.</p> <p>An observation of _____ revealed a Droplet Precautions sign posted at the doorway. The supply cart outside of the room did not have masks or eyewear.</p> <p>An observation of _____ revealed a Droplet Precautions sign posted at the doorway. The supply cart outside of the room did not have gowns or eyewear.</p> <p>The observations revealed the facility staff did not have readily available PPE to provide care for a residents who were on isolation.</p> <p>An observation of Staff B, Housekeeper, in _____ revealed she was in the room mopping the floor near the resident. Staff B had a surgical mask placed below her _____, no gloves, gown, or eyewear. The Droplet Precautions sign posted at the doorway indicated that staff must always wear a facemask (N-95 or higher), wear _____ protection, a gown, and gloves.</p> <p>An interview was conducted with Staff B, Housekeeper, on _____ at 1:55 p.m. Staff B, Housekeeper, stated she did know the resident in _____ was on droplet precautions. Staff B, Housekeeper stated she does know how to put on PPE. Staff B, Housekeeper stated she does not know where to obtain supplies or who restocks the supply carts outside the doorway.</p> <p>An observation was made of Staff C, Activities Assistant entering _____ at 1:34 p.m. There was a Droplet Precautions sign posted at the doorway, which indicated staff must always clean</p>	F 880	<p>On _____, Central supply personnel were re-educated by the Director of Nursing on supply cart replenishment.</p> <p>On _____, Employee "B" was immediately re-educated by the Director of Nursing on isolation precautions/proper PPE use and _____ hygiene.</p> <p>On _____, Employee "C" was immediately re-educated by the Director of Nursing on isolation precautions/proper PPE use and _____ hygiene.</p> <p>On _____, _____ staff members were immediately re-educated by the Director of Nursing on isolation precautions/proper PPE use and hygiene.</p> <p>On _____, Visitor education and encouragement for _____ Control/PPE use and proper _____ hygiene posted conspicuously in reception area by Director of Nursing.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be</p>	

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F 880	<p>Continued From page 37</p> <p>when entering and leaving the room, wear a facemask (N-95 or higher), wear , protection, a gown, and gloves. An observation of Staff C, Activities Assistant revealed the staff member did not perform hygiene before entering the room. She had a surgical mask on but not an N-95 or higher. Staff C, Activities Assistant was observed writing on a clip board that was resting on the resident's dresser Staff C, Activities Assistant was observed leaving at 1:45 p.m. performed hygiene with Based Rub (ABHR). Staff C did not sanitize the clipboard or pen and did not wear an N-95 mask, gloves, gown, or eyewear.</p> <p>An interview was conducted with Staff C, Activities Assistant on at 1:47 p.m. Staff C, Activities Assistant said, "a mask is required for Droplet Precautions..." Staff C, Activities Assistant, stated she knows how to put on PPE and she knows where PPE is located and stored within the facility. Staff C did not explain why she did not wear proper PPE.</p> <p>An observation on at 1:03 p.m. revealed had a droplet precaution signage. An unidentified , staff member was observed in the room not wearing , wear. The unidentified staff member was assessing the resident for safe transfer into a wheelchair. The resident had a visitor in the room and the visitor was not wearing any PPE.</p> <p>A request was made to the Director of Nursing (DON) to provide information about PPE staff education. As of at 5:30 p.m., the education was not provided.</p>	F 880	<p>taken;</p> <p>By , a quality review was completed by Director of Nursing/designee on Prevention & Control with emphasis on PPE use, PPE availability, and hygiene. Any issues identified were immediately corrected.</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 , staff were educated on the components of Prevention & Control with an emphasis on use and availability of personal protective equipment (PPE) and performing hygiene by the Director of Nursing/Designee.</p> <p>Newly hired staff members will be educated on the components of Prevention & Control with an emphasis on use and availability of personal protective equipment (PPE) and performing hygiene by the Director of Nursing/Designee at orientation as a part of the systematic changes.</p>		

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F 880	<p>Continued From page 38</p> <p>An interview was conducted with the Director of Nursing (DON) and Regional Nurse Consultant (RNC) on _____ at 1:40 p.m. said "No, it would not be appropriate for staff to be in the room without PPE." The DON said, "We encourage visitors to wear the right PPE, but we can't make them. We educate them on admission to the facility."</p> <p>3- An observation was conducted on _____ at 4:46 p.m. of Staff C, Activities Assistant, who entered _____ with no PPE on. The room had a Contact Isolation sign posted on the door and a PPE cart outside the door. The staff member was observed standing at the resident's bedside with a cart of supplies. She was then observed shaving the resident's _____ with no gown or gloves on. At 4:47 p.m. a second staff member, Staff G, Certified Nursing Assistant (CNA), walked into _____ with no PPE on, went to the resident's bedside to talk to Staff C, then exited the room without performing _____ hygiene.</p> <p>An interview was conducted on _____ at 4:48 p.m. with Staff G, CNA. She confirmed _____ had a contact isolation sign and she did not wear PPE. She said she had been trained on the signs and PPE, but she did not see the sign.</p> <p>An interview was conducted on _____ at 4:57 p.m. with Staff C, Activities Assistant. Staff C exited _____ with her supply cart and confirmed there was a contact isolation sign on the door. She said she saw the sign, but "these are the ones if you are doing care with _____ or _____ you put on PPE." Staff C said she didn't know she had to wear PPE</p>	F 880	<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 random audits of 5 resident rooms with transmission-based precautions 2x a week for 4 weeks, then 1x a week for 4 weeks and then monthly for 1 month to ensure use and availability of personal protective equipment (PPE) and proper _____ hygiene.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.</p>		

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F 880	<p>Continued From page 39</p> <p>to go in the room and didn't know she shouldn't have taken her cart in the room. She said _____ was her last room for one-to-one activities and she was going to wipe the cart down anyway. Staff C said she had training on PPE and isolation precautions.</p> <p>On _____ at 4:49 p.m. an observation was conducted on the 200 unit of a clean linen cart in the hall. There were additional items such as toothpaste, plastic bags, lotion, body wash, and gloves being stored on the shelf with clean linen inside the cart.</p> <p>An interview was conducted on _____ at 3:23 p.m. with the Director of Nursing (DON). She said all staff are trained in _____ control and PPE use. She said her expectation if a Contact Isolation sign is on a door is for anyone that entered the room to have on a gown, glove, and mask. The DON said she would not be surprised to hear staff were in a contact room with no PPE on. She said they constantly educate but a lot of staff "don't care or become so lackadaisical." She confirmed an activities cart should not have been in a contact isolation room either. The DON also confirmed no items should be stored in the clean linen cart except clean linen.</p> <p>A follow-up interview was conducted on _____ at 3:26 p.m. with the DON. The DON was asked why the facility had three different versions of Droplet Precaution signs with different instructions on different rooms. She said she was unaware there were different droplet precaution signs. She reviewed pictures of different droplet precaution signs and agreed it could cause _____. The _____.</p>	F 880			

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F 880	<p>Continued From page 40</p> <p>DON said she would look at the signs, but her expectation would be for anyone entering the room to have on a gown, gloves, eyewear, and masks.</p> <p>Review of a facility policy titled "Transmission Based Precautions," revised _____, showed: Guideline: All staff received training on transmission-based precautions upon hire and at least annually. Procedure: 2. Contact Precautions a. Intended to prevent transmission of agents which are spread by direct or indirect contact with the resident or the resident's environment. c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain _____ 3. Droplet Precautions a. Intended to prevent transmission of _____, _____ or _____ spread through close _____ or _____ contact with _____ (i.e. _____, _____ droplets that are generated by a resident who is coughing, sneezing, or talking) c. Healthcare personnel wear a surgical mask for close contact with _____ resident.</p> <p>Photographic evidence obtained.</p>	F 880			