

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OCEAN VIEW NURSING &amp; REHABILITATION CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2810 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on a review of facility records and an interview with the Administrator, the facility failed to report neglect that resulted in serious bodily injury for one (Resident #1) of one residents reviewed for neglect, from a total of four sampled residents. The findings include: A record review for Resident #1 found she was [AGE] years old. She had a Discharge Return Anticipated Minimum Data Set (MDS) assessment with an assessment reference date of 6/28/20. Resident #1 was noted with an unplanned discharge to an acute hospital. She had severely impaired cognition for daily decision making, required extensive assistance with bed mobility, and was totally dependent on staff for toileting. She was noted as always incontinent of bowel and bladder. Her [DIAGNOSES REDACTED]. She had one fall with injury since her prior assessment. The quarterly MDS assessment, dated 4/24/20, noted Resident #1 had a brief interview for mental status (BIMS) score of 5 out of a possible 15 points, indicating severe cognitive impairment, and she required extensive assistance of two or more staff for bed mobility and toileting. Resident #1 was care planned for activities of daily living (ADL)/self-care performance deficit related to her weakness, cognitive impairment, and impaired mobility. The care plan noted Resident #1 was non-ambulatory and required total assistance of two to three staff members for repositioning and turning in bed. She also required total assistance of two staff members for dressing and toilet use. Hospital records dated 6/28/20, noted Resident #1 had an unwitnessed fall resulting in right ankle deformity. X-ray results showed distal tibia-fibula fractures (the two lower leg bones above the ankle), distal femoral fracture (the large bone in the upper leg) and a possible [MEDICAL CONDITION] (knee bone). A review of facility reports confirmed that on 6/28/2020, at approximately 3:00 pm, Employee D, the certified nursing assistant (CNA) assigned to Resident #1, went into the resident's room to provide incontinence care. As the resident was being assisted onto her side, the CNA turned to obtain a clean adult protective undergarment. Resident #1 slid out of the bed at that time and her legs landed awkwardly. She was sent to the emergency room and was diagnosed with [REDACTED]. An investigation revealed the resident had care plans instructing that two staff be present to provide care, and Employee D had acted alone. The facility's policy and procedure on Abuse (revised July 2017) noted under Role of the Administrator: 1. If an incident or suspected incident of resident abuse, mistreatment or neglect is reported, the Administrator will assign an investigation to an appropriate individual . . . 5. The Administrator or designee will provide the appropriate agencies a written report of the findings of the investigation within five (5) working days of the occurrence of the incident . The policy did not incorporate the requirement for an immediate report to the State Survey Agency following serious bodily injury. Review of state federal immediate and 5 day reports found no report was filed after the facility investigation revealed the employee's negligence in adhering to Resident #1's care plan and the resulting fall with major injuries to this resident. An interview was conducted with the Administrator at 2:45 pm on 7/27/20. He confirmed he did not file and immediate or 5-day federal report, because he thought he only had to file a 15-day adverse incident report to fulfill the regulatory requirements. The regulation was read to him and he acknowledged the reporting requirements.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.