

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3601 LAKEWOOD BLVD NAPLES, FL 34112	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on record review and staff interview facility failed to prevent abuse for 1 (Resident #999) of 1 resident reviewed for abuse. The findings included: On 3/17/20 at 9:15 a.m., review of the facility's records revealed an eyewitness observation by Staff B who observed Staff A striking resident #999 in the head with her balled fist on 2/3/20, which she immediately reported to the Assistant Director of Nursing of the facility who immediately took appropriate actions and pulled Staff A off the floor from providing care services. Staff A was then suspended by the Administrator pending an internal investigation. Review of the facility policy, Patient Protection Abuse, Neglect, Exploitation, Mistreatment & Misappropriation Prevention, HCR ManorCare 2016 HCR Healthcare LLC, revealed 483.12 Freedom from abuse, neglect and exploitation. The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The center offers employees orientation and ongoing education about the prohibition of abuse. Train: Annual, mandatory, review. (a) The facility must: (1) Not use verbal, mental, sexual or physical abuse. The policy defines Abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, mental anguish. The Policy also defines Physical abuse includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment. The facility completed a Federal day 1 and day 5 adverse incident report. The facility investigation concluded Staff A did indeed use her balled fist hand to strike Resident #999 as witnessed. Staff were in-service on Abuse/Neglect on 2/4/20 where only 9 staff members which consisted of laundry, housekeeping and maintenance personnel participated in the training during the day and evening shift. There was no evidence of in-service on Abuse/Neglect conducted with the nursing, nurse aides, and/or office and management personnel immediately after the allegation was reported. In an interview on 3/17/20 at 9:37 a.m., the Administrator confirmed when he was informed of the allegation Staff A was suspended without pay pending investigation of the allegation. He said Staff A was terminated after the investigation and the allegation was substantiated. The Administrator notified the Department of Children and Families, the abuse hotline, and involved law enforcement. He said he also referred her nursing license to the board of nursing. In an interview on 3/17/20 at 10:00 a.m., Staff B she confirmed that she observed Staff A strike Resident #999 in the head with her balled fist hand, she stated she was walking by the hallway when she observed the altercation. She also said the resident was lying in the bed with her hands positioned in the air as if trying to cover her head and face during the altercation. In an interview on 3/17/20 at 10:42 a.m., the Assistant Director of Nursing confirmed she received the report from Staff B of Staff A striking Resident #999 and she immediately pulled Staff A from the floor providing care services and reported to the Administrator what was reported to her. She said she was accompanied by Staff C when she performed a full body assessment of the resident on 2/3/20 and noted there was no physical signs of abuse or bruising on Resident #999. The allegation was reported to the family representative, law enforcement, and an internal investigation was implemented immediately. On 3/17/20 at 11:25 a.m., a review of Staff A's personnel file revealed documentation of participation in orientation on abuse on 2/1/18 and participation in initial training on abuse on 3/7/18 and no further evidence of documentation of Staff A participation in annual abuse training. Review of documentation of staff training from 2/4/20 on abuse revealed participation of housekeeping, laundry, and maintenance personnel. No participation by frontline staff of nurses, nurse aides, and office staff was conducted after the allegation. In an interview on 3/17/20 at 11:35 a.m., the Director of Nursing confirmed there was no evidence of documentation in Resident #999's file of neuro checks performed by facility staff, no evidence of documentation by the family representative refusal of the psychiatry consult, and no evidence of documentation of further assessments of Resident #999. In an interview on 3/17/20 at 1:30 p.m., the Director of Nursing confirmed there was no evidence of documentation to show that Staff A participated in annual abuse training as required according to facility policy. She confirmed the documentation provided revealed only housekeeping, maintenance, and laundry personnel participated in abuse training conducted immediately after the allegation on 2/4/20. No frontline staff which included nursing, nurse aides, and office personnel participated in the abuse training, and no evidence of documentation to show what was discussed during the abuse training.</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.