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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105664 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/27/2020 |
| NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF GAINESVILLE | | STREET ADDRESS, CITY, STATE, ZIP 4000 SW 20TH AVE GAINESVILLE, FL 32607 | |
| 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 0626 Level of harm - Actual harm Residents Affected - Few | <p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to permit 1 of 3 sampled residents, Resident #1, to return to the facility after specialized residential center treatment. Failure to permit the resident to return to his facility home resulted in a decrease in his psychosocial wellbeing. Findings include: Review of the current resident census revealed Resident #1 was not residing in the facility on 08/27/2020. During an interview on 08/27/2020 at approximately 8:45 AM with the Administrator and the Director of Nursing (DON), the Admission/Transfer and Discharge List was discussed. The Administrator and the DON verified Resident #1 received a physician's orders [REDACTED]. Review of Resident #1's record revealed his date of admission was 03/13/2017. His [DIAGNOSES REDACTED]. Resident #1 was transferred to hospice on 06/25/2020. Review of Resident #1's progress notes dated 06/25/2020 at 7:43 PM read, This resident was transferred to have (sic.) hospice house this afternoon. The resident had come up to this nurse this morning to complain of new onset of pain and discomfort. The resident described the pain as at his right flank with the pain radiating to his abdomen. Several contacts were made with (local hospice's name) today with the majority of the conversation between this nurse and (the hospice nurse's name) who is employed by (Hospice's name). Once the resident's condition shared with nurse (hospice nurse's name). She indicated that she would be contacting the hospice physician and will get back to the nurse. She did returned (sic.) the call and indicated that the doctor had made the decision to transfer the resident to (local hospice's name) for further evaluation. Indications were that the resident would be transferred between 3 PM and 3:30 PM. The transfer was at 4:15 PM this afternoon. All necessary paperwork were sent with the resident. This facility's ADON was made aware of the resident's condition and what action (local hospice's name) had taken. During an interview with the Hospice Case Manager for Resident #1 on 08/27/2020 at 10:28 AM, she stated Resident #1 was residing in their center. He was transferred to hospice on 06/25/2020. There was no documentation regarding a discharge or appeal process provided to the resident. She stated he wanted to go back to the facility because his friends were there. She called the facility and talked to the Director of Nursing but was told they did not have enough room for him. Review of the records provided by the Hospice Case Manager for Resident #1 revealed an entry dated 07/13/2020, He stated he wanted to return to (facility's name). Dated 07/14/2020, Called SW (Social Worker) at facility to discuss bed availability and needs in the way of COVID testing for pt (patient) return. There were no definite answers. SW faxed referral to (facility's name). Dated 07/16/2020, Hospice Liaison spoke with DON of (facility's name). She relayed to SW that pt would not be able to return there and (name) should find another placement for him. Call made to Ombudsman Office during week of 07/20/2020 by Patient Care Manager for assistance for pt. Pt should have received 30-day notice for discharge and appeal process information, pt denied receiving this. Dated 07/20/2020, SW made three calls to (facility's name). SW was unable to reach DON. Transferred to facility SW and left message, not returned. Dated 07/21/2020, SW placed call to DON at facility, message left for (name) with information for message return. No return call. Dated: 07/22/2020, SW placed call to DON at facility. Receptionist paged the DON twice but she did not answer. SW explained this was third attempt. Previous calls not returned. Receptionist stated she would email the DON. There was no return call. Dated 07/27/2020, SW placed call to facility spoke with receptionist. Requested number of regional or corporate office. She looked for but was unable to provide this information. Transferred call to facility SW. She stated she worked there a short time and did not have the information either. SW asked to speak with Administrator. She said he was not in yet and had no expected time. SW asked to leave message for him. SSD (Social Services Director) offered leaving message for DON. SW explained messages left with no return calls. Transferred to Administrator's voice mail which was full. SW spoke with pt about calling state agency hotline. He stated he wanted to return to this facility again. Dated 07/28/2020, SW and pt made complaint to state agency. He stated he wished to return to facility because that is where his friends live. During an interview with Resident #1 on 08/27/2020 at 4:00 PM, he stated he wanted to go back to this facility because his friends were there, and he did not have family. He stated he did not realize when he left, he would not be able to return to the facility. He stated he had been very unhappy without the ability to see his friends since he had no one else. Review of the facility floor plan with the DON and the Administrator revealed the location of the facility rooms. Some of the rooms were color highlighted to note the rooms that had air conditioning units. The Administrator stated they used the floor plan to show the rooms that are to be painted. The Administrator provided a list of rooms located on the 300 hall which had been repainted. The Administrator stated they determined they wanted to make all the rooms private rooms and they had a goal of 79 residents. A request was made for the written action plan for the downsizing. No documentation was provided. During an interview with the Administrator and the DON on 08/27/2020 at 9:45 AM, they confirmed they told the Hospice Case Manager for Resident #1 to find another placement for him when he was ready to leave the hospice. They stated they were new to the facility, employed about three months there. They stated at the time the Hospice SW attempted to return the resident, they rejected him, by stating they did not have room. They felt they were over their target amount. They were able to provide all of the care and services the resident needed. They confirmed there was no known change to Resident #1's care and services, compared to his stay prior to the transfer, on 06/25/2020. They confirmed the census is currently 80 and they were licensed for 120 beds. They denied any awareness the Hospice SW was trying to reach them. There was no further information provided.</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.