

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105442	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER HAINES CITY REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 409 S 10TH ST HAINES CITY, FL 33844	
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 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to assess and maintain the nutritional status of one (#1) of one sampled resident for weight loss as evidence by not following the physician orders [REDACTED]. Findings included: Resident #1 was admitted on [DATE]. The Admission Record included [DIAGNOSES REDACTED]. Review of the Agency for Healthcare Administration (AHCA) form-3008, completed by the transferring facility on 7/2/20, indicated Resident #1 weighed 81.6 kilograms (179.89 pounds (lbs)). The Weight and Vitals Summary for Resident #1 included the following weights: - 7/5/20: 183 lbs. - 7/12/20: 179 lbs. - 8/6/20: 157 lbs. The physician orders [REDACTED]. Enter weight in Weights and Vitals section of PCC. Ordered 7/2/20, start date 7/6/20, end date 8/3/20: Weigh resident daily x 3, weekly x 4, monthly every day shift every 7 days for 4 weeks. Enter weight in Weights and Vitals section of PCC. Ordered 7/2/20, start date 8/3/20: Weigh resident daily x 3, weekly x 4, monthly every day shift every 30 day(s). Enter weight in Weights and Vitals section of Point Click Care (PCC). Review of the Weight and Vitals Summary included one daily weight on 7/5/20, which showed staff did not receive daily weights on 7/3 or 7/4/20. The Weight and Vitals Summary identified one weight was documented during the time that weekly weights were to be obtained, the summary did not document weights for 7/19, 7/26, or 8/2/20. The documented weights show a 26 lb weight loss and a loss of 14.21% of body weight for Resident #1 in 32 days. The Nutrition Assessment, dated 7/6/20, indicated a weight of 183 lbs. and a Usual Body Weight (UBW) of 180 lbs. The assessment did not identify any weight changes in past 6 months. The assessment indicated Resident #1 was on an antibiotic for a Urinary Tract Infection which may impair appetite. The electronic record for Resident #1 did not include any further Nutrition Assessments dictated by the Registered Dietician or show that nursing had notified the Dietician of Resident #1's weight loss. On 8/12/20, a list of residents with unplanned Weight loss was received from the facility, it did not include Resident #1. The Care Plan for Resident #1 identified the resident was at risk for altered nutritional/hydration status related to (r/t) Body Mass Index (BMI) greater than (>) 24.9, [DIAGNOSES REDACTED]. The interventions for this care plan instructed staff to monitor weights, dated 7/6/20. The Admission Minimum Data Set, dated dated [DATE], identified a Brief Interview of Mental Status of 15, which indicated an intact cognition, and that the Resident #1 was not on a physician-prescribed weight-loss regimen. On 8/11/20 at 9:25 a.m., an interview was conducted with the Registered Dietician. She stated whenever someone loses weight she was able to see a report, on the electronic record for significant weight loss. The Dietician stated if a patient had significant weight loss she liked to talk to the resident regarding food preferences, offers snacks, and supplements. At 1:24 p.m., the DON stated weight loss would trigger and then she would contact the Registered Dietician, who may recommend supplements and weekly weights. She stated the facility did have residents with weight loss and the Dietician saw them on Monday, Tuesday, or Wednesday and if the residents consistently lost weight the Dietician would see them once a week. The DON identified weights are first documented on paper by the restorative aides then are inputted into the electronic record by either the facility scheduler or by the Registered Dietician. After reviewing the Weights and Vitals Summary, the DON confirmed Resident #1 had lost 26 lbs in a month time and was not included on the list of residents with unplanned weight loss. The DON explained that the gap in the documentation of the weights was due to using available staff to reconfigure the building for the COVID positive unit. She confirmed if the resident was on a planned weight loss program Resident #1 would have to have a physician order [REDACTED]. Newly admitted residents or readmitted residents - on admission, 24 hours (h), 48h, then weekly for 4 weeks. - b. Residents with weight loss - weekly. - c. If clinically indicated - more frequent than weekly. - d. All others - monthly. The Weight Analysis of the policy identified that the newly recorded resident weight should be compared to the previous recorded weight. A significant change in weight is defined as: - a. 5% change in weight in 1 month (30 days) - b. 7.5% change in weight in 3 months (90 days) - c. 10% change in weight in 6 months (180 days). The policy indicated that documentation of weight monitoring include that the physician be informed of a significant change in weight and nutritional interventions may be ordered and the Registered Dietitian or Dietary Manager should be consulted to assist with interventions; actions are recorded in the nutrition progress notes.</p>		
F 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to ensure one (#1) resident out of one resident sampled for the maintenance of an Intravenous (IV) site received the treatment necessary in accordance with professional standards of practice. Findings included: Resident #1 was admitted to the facility on [DATE]. The Admission Record included [DIAGNOSES REDACTED]. The Order Summary Report, dated 8/12/20, indicated a physician order, dated 7/21/20, that instructed staff to insert IV (Intravenous) midline for antibiotic therapy. Review of the Treatment Administration Record (TAR), dated 7/1 - 7/31/20, indicated that on 7/21/20 an IV midline was inserted for antibiotic therapy. The July 2020 Medication Administration Record (MAR) included orders for the following with days of administration: - [MEDICATION NAME] solution reconstituted 1 gram (gm) IV in the morning for Urinary Tract Infection [MEDICAL CONDITION] for 7 days. Administered on 7/22, 7/23, 7/24, 7/26, 7/27, and 7/28/20. The medication was held on 7/25/20, due to hold/see nurse notes. The nursing notes, dated 7/25/20, did not include documentation reason the antibiotic was held. - Sodium Chloride 0.9% - use 10 cubic centimeter (cc) IV in the morning for maintain IV patency for 7 days, 10cc before and after medication administration. The MAR indicated the Sodium Chloride was administered on 7/22 through 7/28/20. - [MEDICATION NAME] lock flush solution - use 1 dose IV in the morning for maintain patency for 7 days. The MAR indicated the medication was administered on 7/22 through 7/28/20. The Order Summary Report, dated 8/12/20, showed an order for [REDACTED]. The report did not include an order to change the intravenous midline dressing or to continue flushes to ensure the intravenous access patency. Review of the July 2020 Treatment Administration Record did not indicate the dressing to Resident #1's midline IV access had been changed. A review of the nursing notes did not include documentation that an assessment was completed of the midline IV site or that staff had changed the midline dressing. A review of Resident #1's physician orders [REDACTED]. A review of the August TAR did not identify that the midline dressing had been changed. A request was made, on 8/12/20, for the facility to provide copies of Resident #1's August 2020 MAR and TAR, which was not received. An interview, at 1:24 p.m., was conducted with the Director of Nursing (DON). She stated she was unaware if the resident still had a Midline or a Peripherally inserted central catheter (PICC) line. The DON reviewed the electronic record and was unable to determine if the resident had a Midline/PICC line. During a phone call from the DON's office to the COVID positive unit at 1:52 p.m., Staff Member F, Registered Nurse (RN), confirmed being assigned as Resident #1's nurse and stated the resident did not have a PICC line/Midline. Staff F asked for a moment and confirmed, again, that the resident did not have a PICC line. The DON asked to speak with Staff Member E, Unit Manager (UM). The UM stated Resident #1 did have a left upper extremity midline peripheral access. The DON asked the UM to contact the physician and ask if the resident was going to get another IV antibiotic. At 2:09 p.m., an interview was conducted with Staff Member E who stated that the Midline was to be discontinued by the nurse after speaking with the physician. At 2:18 p.m., the DON reviewed the physician orders [REDACTED].#1's midline had missed</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.

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F 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>two (2) weeks of flushes, that the resident had received a liter of Sodium Chloride on 8/6/20, eight (8) days after the last administration of intravenous antibiotic and physician orders [REDACTED]. The review of the physician orders [REDACTED]. The policy titled, Flushing Midline and Central line IV Catheters, dated April 2017, identified Midline and Central Line IV catheters ([MEDICAL CONDITION]) will be flushed to maintain patency; to prevent mixing of incompatible medications and solutions; and to ensure entire dose of solution or medication is administered into the venous system. The Flushing Protocol indicated the following: 1. Flush catheters at regular intervals to maintain patency AND before and after the following: - a. Administration of intermittent solutions. - b. Administration of medication. - c. Administration of blood or blood products. - d. Obtaining blood samples. - e. Converting from continuous to intermittent therapies. The policy identified that the residents' medical record should include the type of solution used for flushing and amount administered, the condition of the IV site before and after administration, notification of physician if any complications, and the residents' response. A request was made for a copy of the facility policy regarding Midline IV Maintenance. The Centers of Disease Control and Prevention guideline titled, Intravascular Catheter-related Infection (BSI) Guidelines for the Prevention of Intravascular Catheter-Related Infections, dated 2011, indicated that catheter site dressing should replace catheter site dressing if the dressing becomes damp, loosened, or visibly soiled and/or Replace dressings used on short-term CVC (central venous catheter) sites at least every 7 days for transparent dressings. This information was located at https://www.cdc.gov/infectioncontrol/guidelines/bsi/.</p>		