

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER CLEWISTON NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 301 SOUTH GLORIA ST CLEWISTON, FL 33440	
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 F 0626	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>Based on interview and record review the facility failed to permit a hospitalized resident to return to the facility for 1 (Resident #1) of 2 residents reviewed for discharge. The findings included: On 6/4/20 at 10:42 a.m., in a telephone interview the hospital Risk Manager said Resident #1 was still a patient at the hospital. The Baker Act was lifted 5/15/20. Resident #1 was still being followed from a psychiatric standpoint. The facility had not come to evaluate him. The Risk Manager said on 5/15/20 at 11:07 a.m., the Case Manager documented the Baker Act was lifted and Resident #1 had negative COVID results. A call was placed to facility who stated they would not be taking him back. On 6/4/20 at 11:00 a.m., record review for Resident #1 showed a progress note dated 5/15/20 at 5:41 p.m., written by the Administrator stating at approximately 10:00 a.m., a call received from the hospital requesting a nurse to nurse. The hospital was instructed the resident was not appropriate for the facility. On 6/4/20 at 12:33 p.m., in an interview the Administrator stated no one had gone to re-evaluate Resident #1 and the hospital was notified the facility won't take him back because of his behavior. On 6/4/20 at 1:30 p.m., in an interview the Social Services Director said she had not evaluated Resident #1 and did not know what hospital he was in. On 6/4/20 at 2:00 p.m., in an interview the Admissions Director said they did not go to the hospital to evaluate Resident #1. The facility would not have the resident returning to the facility because of his behaviors. The resident just didn't follow the rules.</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.