STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106084	A. BUILDING _____ B. WING _____	**09/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVANTE AT OCALA, INC	**2021 SW 1ST AVE OCALA, FL 34474**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0677 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure 3 of 5 sampled residents, who were unable to carry out activities of daily living, Residents #12, #99, and #212, out of a total sample of 40 sampled residents, received the necessary services to maintain good personal hygiene. Findings include: 1. Review of Resident #212's medical records revealed the resident was admitted with the [DIAGNOSES REDACTED]. Review of Resident #212's Minimum Data Set (MDS) with an assessment reference date of 09/08/2020, under Section G, Functional Status, revealed that the resident required extensive assistance of one person for personal hygiene tasks including shaving. On 09/20/2020 at 01:50 PM, Resident #212 was observed in his room, lying in bed, fully dressed. The resident was unshaven. On 09/21/2020 at 08:44 AM, Resident #212 was sitting in bed, with the breakfast tray on the over bed table. The resident was unshaven. On 09/22/2020 at 07:51 AM, Resident #212 was observed sitting in the doorway of his room. The resident was unshaven. During an interview on 09/22/2020 at 08:00 AM, Resident #212 stated he would like to have been shaven. During an interview on 09/22/2020 at 08:36 AM, Staff J, Unit Manager, Licensed Practical Nurse (LPN), confirmed that Resident #212 needed a shave. She stated the wife of the resident said she was going to bring in a special razor. She would follow up with the wife. During an interview on 09/22/2020 at 08:45 AM, Staff J, Unit Manager, LPN, stated Resident #212's wife reported that she brought in a charger for the electric shaver on Sunday, 09/20/2020. The Unit Manager stated that she guessed no one knew the charger had been dropped off. Review of Resident #212's care plan, dated 09/16/2020, read, Focus: (Resident #212's name) has mobility and ADL (Activities of Daily Living) self-care performance deficit r/t (related to)[MEDICAL CONDITION]([MEDICAL CONDITION]/Stroke) w/ (with) right side [MEDICAL CONDITION], impaired balance, pain (right leg), trauma (hip fx (fracture) fracture). Interventions: - Assist with using electric razor prn (as needed). During an interview on 09/23/2020 at 8:07 AM, the Director of Nursing (DON) confirmed that Resident #212's care plan was not implemented regarding assistance with the electric shaver. During an interview on 09/23/2020 at 8:15 AM, Staff J, Unit Manager, LPN, confirmed that Resident #212's care plan was not implemented for assisting the resident with the electric razor. 2. Review of Resident #12's medical records revealed the resident was admitted with the [DIAGNOSES REDACTED]. On 09/20/2020 at 02:12 PM, Resident #12 was observed awake in bed, oriented to name. The resident had facial hair. During an interview on 09/20/2020 at 02:12 PM, Resident #12 stated, I need to be shaved. During an interview on 09/20/2020 at 2:15 PM, Staff D, Licensed Practical Nurse (LPN), stated, The CNA is supposed to make walking rounds with the outgoing shift and get report about the residents' care. During an interview on 09/20/2020 at 2:16 PM, Staff C, CNA (Certified Nursing Assistant), stated she worked for a nursing agency. Staff C was unable to verbalize the care plan for Resident #12. Staff C stated she was not aware if Resident #12 was supposed to be out of bed or if the resident needed assistance with eating. During an interview on 09/20/2020 at 3:13 PM, Staff C, CNA, stated, I do not work here, I work for an agency and will not be here tomorrow. He never told me that he wanted to be shaved. Staff C confirmed she did not shave Resident #12. On 09/21/2020 at 8:15 AM, Resident #12 was observed in bed with facial hair. On 09/21/2020 at 2:26 PM, Resident #12 was observed with facial hair. Review of Resident #12's Minimum Data Set (MDS) with an assessment reference date of 09/05/2020, under Section G, Functional Status, revealed that the resident required extensive assistance of one person for personal hygiene tasks including shaving. Review of Resident #12's care plan read, (Resident #12's name) has ADL (Activities of Daily Living) self-care performance deficit r/t (related to) dementia, recent COVID ([MEDICAL CONDITION] Disease). Goals: - Will improve current level of function in ADL through the review date. Interventions: - Personal hygiene/oral care - the resident is extensive assist x 1. 3. Review of Resident #99's medical records revealed the resident was admitted with [DIAGNOSES REDACTED]. On 09/20/2020 at 2:36 PM, Resident #99 was observed in bed unshaven. On 09/21/2020 at 9:01 AM, Resident #99 was observed self-propelling around the common area. The resident was unshaven. On 09/22/2020 at 11:17 AM, Resident #99 was observed in bed. The resident was unshaven. During an interview on 09/22/2020 at 11:21 AM, Staff F, Licensed Practical Nurse (LPN), confirmed Resident #99 needed to be shaven and needed some oral care. On 09/22/2020 at 3:02 PM, Resident #99 was observed seated at the edge of the bed, unshaven with facial hair. During an interview with Resident #99 on 09/22/2020 at 3:03 PM, when asked if he wanted to be shaven, Resident #99 responded, Yes. During an interview on 09/22/2020 at 3:04 PM, Staff F, LPN, confirmed Resident #99 had not been shaven. Review of Resident #99's Minimum Data Set (MDS) with an assessment reference date of 08/12/2020 under Section G, Functional Status, revealed that the resident required extensive assistance of one person for personal hygiene tasks including shaving. Review of Resident #99's care plan with a revision date of 05/19/2020 read, (Resident #99's name) has ADL (Activities of Daily Living) self-care performance deficit r/t (related to) weakness, dementia, poor motivation. Interventions: - Assist with ADL and mobility tasks as needed for successful completion. - Observe/document/report PRN (as needed) any changes, any potential for improvement, reasons for self-care deficit, expected course, decline in function. Review of the facility policy and procedure titled Activities of Daily Living (ADLS) Maintain Abilities issued and revised on 03/02/2019, read, Policy: It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs. Procedure. . 3. The facility will provide care and services for the following activities of daily living: a. Hygiene - bathing, dressing, grooming and oral care.
F 0759 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure medication error rates are not 5 percent or greater.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the medication error rate was less than 5%. The medication error rate was 7.69%. Findings include: 1. On 09/21/2020 at 4:16 PM, Staff H, Licensed Practical Nurse (LPN), was observed for administration of Resident #73's medications including Tamsulosin HCL ([MEDICATION NAME] acid) capsule 0.4 mg (milligrams), give one capsule by mouth one time a day for [MEDICAL CONDITION], give one capsule by mouth 1/2 hour after same meal once daily. Review of the physician's order for Resident #73 dated 12/27/2017 revealed an order for [REDACTED]. During an interview on 09/22/2020 at 12:45 PM, Staff G, LPN, confirmed that according to the EMAR (Electronic Medication Administration Record) for Resident #73, the Tamsulosin was administered on 09/21/2020 at 4:27 PM by Staff H, LPN. 2. On 09/21/2020 at 4:30 PM, Staff I, LPN, was observed for administration of Resident #2's medications. Staff I administered [MEDICATION NAME] 300 mg, [MEDICATION NAME] 25 mg, Trazadone 50 mg, and Sodium [MEDICATION NAME] 650 mg for Resident #2. Review of the physician's order for Resident #2 dated 08/25/2020 revealed an order to give Trazadone

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 0759 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) HCL 50 mg, give 1 tablet by mouth at bedtime for depression with [MEDICAL CONDITION]; take at HS (hour of sleep/bedtime). Review of the EMAR for Resident #2 revealed Trazadone was signed/initialed on 09/21/2020 at 10:00 PM, indicating it was administered again. During an interview on 09/22/2020 at 12:45 PM, Staff G, LPN, confirmed that according to the electronic Medication Administration Record [REDACTED]. During an interview on 09/22/2020 at 2:48 PM, the Director of Nursing (DON) stated, HS/bedtime medications are administered at 9:00 PM. During an interview on 09/23/2020 at 11:55 AM, when asked about Resident #2's medication discrepancy related to observation of medication administration by Staff I, the DON stated, She works for an agency and we have been trying to reach her. Review of the telephone statement made by Staff I, LPN, presented by the DON, read, The reason why I gave the medication early, the patient was tearful and requested it to be given. Review of the facility's medication administration time sheet revealed every HS (every hour of sleep) medication was to be given at 9:00 PM. Review of the facility policy and procedure titled 6.0 General Dose Preparation and Medication Administration, with effective date of 12/01/2007 and revision date of 05/01/2010 and 01/01/2013 read, Procedure: 1. Facility staff should comply with facility policy, applicable law and the State Operations Manual when administering medications. . 4. Prior to administration of medication, facility staff should take all measures required by facility policy and applicable law, including, but not limited to the following.: 4.1 Facility staff should: 4.1.1 Verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident, as set forth in Appendix 17; Facility Medication Administration Times Schedule . 5. During medication administration, facility staff should take all measures required by facility policy and applicable law, including, but not limited to the following . 5.4 Administer medications within timeframes specified by facility policy.
F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medications and biologicals were stored in locked compartments and accessible only to authorized personnel, and failed to remove expired medications from active medications in 2 of 3 medication rooms, the South and East Wing medication rooms. Findings include: 1. An observation on 09/20/2020 at 9:26 AM on the North Wing 200 Hall revealed a treatment cart that was left unsecured/unlocked. Upon opening of the drawers, the treatment cart contained multiple residents' topical medications. The top drawer contained twenty-two (22) plastic packs of normal saline. The third drawer of the treatment cart contained the following medications: [REDACTED]&D ointment and additional wound dressing supplies. During an interview on 9/20/2020 at 9:35 AM, Staff A, Licensed Practical Nurse (LPN), confirmed the unsecured treatment cart. Staff A, LPN stated, Sorry, it should be locked all the time. I work only on weekends and it was probably open since I came on to work today at 7:00 AM. 2. An observation on 09/21/2020 at 10:12 AM in the COVID-19 ([MEDICAL CONDITION] Disease 2019) unit, the East Wing medication room showed four (4) [MEDICATION NAME] lock flush 3 ml (milliliters) with an expiration date of 07/31/2020. During an interview on 09/21/2020 at 10:15 AM, Staff E, LPN, confirmed the medication had expired. 3. An observation on 09/20/2020 at 10:09 AM of the South Wing medication room revealed the following medications and biologicals: One (1) 500 milliliter of 0.9% Normal Saline (NS) with [MEDICATION NAME] 1400 mg/500 ml with an expiration date of 9/6/2020. Two (2) [MEDICATION NAME] lock flush 500 units/5 ml with an expiration date of 6/3/2019. One (1) Acquacel Surgical 3.5 x 10 inches with an expiration date of 5/1/2020. Five (5) [MEDICATION NAME] top laboratory tubes with serum gel with an expiration date of 9/12/2020. During an interview on 09/20/2020 at 10:23 AM, Staff B, LPN, confirmed the medications and biologicals were expired. During an interview on 09/21/2020 at 4:17 PM, the Vice-President of Ancillary Services stated, Expired medications should be removed from the area. During an interview on 09/21/2020 at 10:38 AM, the Director of Nursing (DON) stated, Unit Managers are responsible for checking the medication rooms for compliance weekly. Review of the facility policy and procedure titled Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles with the last revision date of 10/28/2019 read, Procedure: . 2. Facility should ensure that medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, refrigerators/freezers of sufficient size to prevent crowding . 3.3. Facility shall ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors . 4. Facility should ensure that medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separately from other medications until destroyed or returned to the pharmacy or supplier . 16. Facility should ensure that medications and biologicals for expired or discharged or hospitalized residents are stored separately, away from use, until destroyed or returned to the provider. 17. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals in accordance with pharmacy return/destruction guidelines and other applicable law and in accordance with Policy 8.2 (Disposal/Destruction of Expired or Discontinued Medication). 18. Facility personnel should inspect nursing station storage areas for proper storage compliance on a regularly scheduled basis.
F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview, and facility policy review, the facility failed to properly store food in accordance with professional standards for food service safety in one of two nourishment room refrigerators sampled. Findings include: On 09/22/2020, at 7:25 AM, a tour was conducted of the nourishment area located behind the 100 Hall South nursing station. A partially unwrapped deli sandwich belonging to a resident was located inside the refrigerator. The sandwich was in a paper bag that was torn near the top, exposing the sandwich to open air. The sandwich wrapper was not dated. (Photographic Evidence Obtained.) On 09/22/2020, at 7:30 AM, during an interview, Staff G, Licensed Practical Nurse, stated that the refrigerator was used to store food brought to the facility by residents and snacks supplied by the facility's kitchen. Staff G confirmed that the sandwich should have been securely wrapped and dated. A review of the facility's Policy and Procedure titled, Dietary Services-Food Brought in the Facility by Family or Visitors, revealed, Procedure 2. all food items that are already prepared by the family or visitor brought in will be labeled with name and dated; a. The facility will refrigerate label and date prepared items in the nourishment refrigerator. A review of the facility's Quick Reference Guide titled, Facility Snacks in Nourishment Room, revealed, Process 6. Perishable snacks are to be labeled with date, and, Process 8. Ready-to-eat foods are to be consumed within 72-hours of date of placement in the refrigerator and placed in an appropriate covered plastic or Styrofoam container. Any foods displaying spoilage by visual or smell are to be discarded immediately.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement an infection prevention and control program to prevent the possible spread of infection. The facility failed to ensure the staff performed hand hygiene during wound care for 1 of 2 residents sampled for wound care, Resident #34, in a total sample of 40 residents. Findings include: On 09/21/2020 at 3:15 PM, the Wound Care Registered Nurse (RN), was observed approaching Resident #34 and explaining she would be providing the resident's wound care. After completing the wound care to the wound located on the resident's sacral area, the RN performed hand hygiene at the sink, donned a pair of gloves, and removed the soiled wound dressing from the resident's right heel. The RN did not remove her gloves or perform hand hygiene. The RN cleansed the right heel with normal saline and patted it dry. The RN did not remove her gloves or perform hand hygiene. The RN applied approximately two inches of hydrogel solution, padded it securely, and covered the wound dressing with a Kerlix wrap, and applied security tape around the Kerlix. The RN removed the soiled gloves and used hand sanitizer. The RN dated the dressing using a sharpie, repositioned the resident in bed, and elevated/floated both the resident's feet on a pillow. The RN propped a pillow behind the resident's back to keep off sacral pressure. The RN exited the resident's room without performing hand hygiene. During an interview on 09/21/2020 at 3:50 PM, the Wound Care RN confirmed that she failed to change gloves and failed to perform

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 2) hand hygiene after removing the soiled wound dressing from the resident's right heel wound, that she did not perform hand hygiene after she cleansed the site with normal saline, and then applied the hydrogel solution to the wound bed, and that she failed to wash her hands before exiting the resident's room. Review of the facility policy and procedure titled Clean Dressing Change, issued and revised on 03/02/2019, read, Policy: It is the policy of the facility to ensure change dressings in accordance with State and Federal Regulations, and national guidelines. Procedure: . 10. Perform hand hygiene. 11. Put on clean gloves. 12. Remove dressing and place in the resident's trash can. 13. Remove gloves and perform hand hygiene. 14. Put on clean gloves. 15. Cleanse wound with gauze and prescribed cleaning solution using single outward [MEDICAL CONDITION]. 16. Use dry gauze to pat the wound dry. 17. Remove gloves and perform hand hygiene. 18. Put on clean gloves. 19. Apply clean dressing as ordered and ensure the dressing is dated. 20. Remove gloves and perform hand hygiene. 21. Reposition the resident and ensure the call light is in place. 22. Discard all disposable items into the appropriate receptable. 23. Clean the bedside stand/table with germicidal disposable cloth. 24. Remove trash from resident's room. 25. Wash and dry hands thoroughly. Review of the facility policy and procedure titled Infection Control- Hand Hygiene issued and revised on 03/02/2019, read, Policy: It is the policy of the facility to perform hand hygiene in accordance with national standards from the Centers for Disease Control and Prevention (CDC) and the World Health Organization. Procedure: 1. Soap and water is required for hand hygiene when: a. Hands are visibly soiled . c. After potential exposure to body fluid . 2. Alcohol-based hand rub may be used for all other hand hygiene opportunities (e.g. when soap and water is not indicated per #1 above) . 3. The Centers for Medicare and Medicaid State Operations Manual indicates that hand hygiene should be performed: . H. Before and after changing dressing.