STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105702	A. BUILDING _____ B. WING _____	**06/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TARPON POINT NURSING AND REHABILITATION CENTER	**5157 PARK CLUB DRIVE SARASOTA, FL 34235**

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 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, and record review, the facility failed to implement and/or follow fall interventions to reduce hazards and risks for 1 (Resident #1) of 3 residents sampled. This resulted in Resident #1 experiencing 2 further falls after an initial fall with a fracture on 3/3/20. The findings included: Review of the facility Incident and Accident Standards of Care, revised 10/15, no policy number, included . Implementing interventions to reduce hazard(s) and risk(s). On 6/24/20, record review revealed Resident #1 was admitted to the facility on [DATE] with a history of unsteadiness on feet, other abnormalities of gait and mobility. Section G of the admission Minimum Data Set indicated Resident #1 required extensive assistance of one-person physical assist for transfers. The facility determined the resident had poor safety awareness and was at risk for falls. On 7/20/19 the facility initiated a care plan for at risk for falls and/or fall related injury related to [DIAGNOSES REDACTED]. The interventions on 7/20/19 included to keep the bed in low position, keep the environment free of clutter in the walkways, wear appropriate footwear, keep call light within reach, and attempt to identify root cause for falls. On 6/24/20, record review revealed on 3/3/20, Resident#1was observed on the floor while rounding at shift change. She was assessed and her range of motion was within normal limits. There was no complaint of pain, no signs and symptoms of injury. The 3-11 nurse supervisor assisted staff to move Resident #1 to a standing position with gait belt and then to a wheelchair. Resident #1 was assisted with toileting and assisted back to bed. Subsequent x rays revealed a fractured left femur (leg) and possible pelvis fracture. Resident #1 was transferred to a local hospital for surgery. On 6/24/20, record review revealed no evidence of new fall interventions to help keep Resident #1 safe from falling again after she returned from hospital following surgery to her left femur/hip. On 6/24/20, record review revealed Resident #1 sustained a second fall on 3/20/20. Resident #1 was found on the floor at 8:01 a.m. and sustained a 0.7-centimeter (cm) x 0.5 cm laceration to her head that required medical care by the facility Advanced Registered Nurse Practitioner. New fall interventions after this fall included toileting before and after meals and at bedtime. On 6/24/20, further record review revealed Resident #1 sustained a third fall on 6/11/20 at 9:30 a.m. Resident #1 was found lying on her back on the floor after she attempted to self-ambulate to the restroom. She sustained a 1cm x 1cm skin tear to her right elbow. She was immediately placed at the nurse's med cart with a therapy screen requested. On 6/25/20, record review of Resident #1 revealed a physician order [REDACTED]. Further review of the record revealed no evidence of documentation the 2-hour toileting schedule was ever initiated for Resident #1. On 6/25/20 at 4:15 p.m., in an interview, Certified Nursing Assistant Staff H, stated I've been working for this facility over [AGE] years now. I've been taking care of that resident for two years. That's my regular assignment . In the beginning of my shift I always assist the resident to go the bathroom, after meals also. I check everybody, safety first. She does not have any orders. I was not aware of the resident 2-hour toileting orders. On 6/26/20, at 2:30 p.m. in an interview, the Administrator and the Director of Nursing confirmed there was no evidence of new fall interventions initiated after Resident #1 returned to the facility after the first fall. In addition, they confirmed there was no documented evidence the physicians order for 2-hour toileting of Resident #1 was ever initiated.

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.