STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105132	A. BUILDING _____ B. WING _____	07/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAKESIDE OAKS CARE CENTER	1061 VIRGINIA ST DUNEDIN, FL 34698

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 0572 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Give residents a notice of rights, rules, services and charges.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure 17 of 17 residents who smoke were informed in writing of a change to the rules in the facility revoking smoking privileges and their right to file a grievance regarding this change. Findings Included: On 7/27/2020 at 10:40 a.m., the Nursing Home Administrator reported that the facility had residents who smoke, but they are not smoking at this time. The Administrator stated that, We're protecting them from the spread of [MEDICAL CONDITION]. She indicated that the residents were offered nicotine replacement. On 7/27/20 at 12:50 p.m., the Director of Nursing (DON) was asked about the process of informing the residents that they were no longer able to smoke at the facility. She stated, I just told them they can't smoke anymore, after all the positives for COVID-19. She stated we went to the resident rooms and told them. She indicated that the activities person was with her. The DON said that the residents that had smoked were non-compliant with separation/social distancing even after the times for smoking had changed. She went on to say that all the residents had been offered nicotine patches. The facility provided a list of residents that had tested positive for COVID-19. The list indicated the first resident at the facility had tested positive for COVID-19 on 7/15/2020. On 7/16/2020, one additional resident was positive. On 7/17/2020, three additional residents were positive. On 7/17/2020, the facility indicated smoking privileges were revoked, however, none of the residents who had tested positive as of that date were smokers. On 7/18/2020, the list identified four more residents positive for COVID-19. Then on 7/19/2020, ten more residents were positive for COVID-19. Out of the ten additional residents that were positive for COVID-19, two were smokers. On 7/27/20 at 1:45 p.m., the Nursing Home Administrator was asked if she was involved with the DON's decision to no longer allow the residents to smoke in the patio. She stated. I get her reason. I told her to call our regional person about it. Our regional said that it was specific to each individual facility. We thought it would help in mitigating the transfer of COVID-19. However, because we stopped it so fast, they never abided by the east or west unit smoking times. The residents would come from both units when it was just the time for one of the units. It didn't stop them from congregating. 1. On 7/27/20 at 1:00 p.m., an interview was conducted with Resident #1 who indicated he had been at the facility for about a month. He said that he had chosen this facility for his rehabilitation because they allowed smoking. Resident #1 stated, If I knew they were going to take away the smoking, I would have gone to a different place. He confirmed that he was offered the nicotine patch but stated that three days ago, they ran out of them. Resident #1 stated, It's hard to get patches because so many people smoke here. Resident #1 said that he had been dependent on nicotine for [AGE] years. Resident #1 looked outside of his bedroom window at that time and pointed to the back of the facility where staff were observed to be smoking. He stated if we can't smoke, how come the employees can still smoke? I watch them outside smoking. They shouldn't be able to smoke if we can't. The resident said the employees come to our room and I can smell the smoke on them. The resident stated that this makes it even more difficult. Resident #1 said that they don't want us sitting close to each other. We sat far away from each other. We were waiting in the hallway to go outside and smoke. They got mad at us because we were sitting too close to each other. He stated, We only have a half an hour to smoke. Resident #1 stated, I feel more anxious. I miss it badly. Resident #1 stated he never received anything in writing from the facility related to the change in smoking privileges and there was no discussion other than being offered the nicotine patch. The Medication Administration Record [REDACTED]. A new order dated on 7/2/2020 was present for a Nicotine step 1 patch 24-hour 21 mg/24 hours apply one patch [MEDICATION NAME] one time a day for smoking cessation. On 7/22/2020 the MAR indicated [REDACTED]. A review of the nursing notes for 7/22/2020 revealed no documentation related to not administering the nicotine patch. A review of the MAR for 7/23/2020 related to the Nicotine patch revealed no documentation was present. A review of the MAR for 7/24/2020 revealed a code with the number 2 indicating the resident refused. On 7/25/2020 and on 7/26/2020 the MAR indicated [REDACTED]. Nursing notes were reviewed for 7/25 and 7/26/2020 with no documentation related to why the nicotine patch was not administered. A review of Resident #1's care plan revealed he was a smoker. The care plan was not updated to indicate the change in smoking privileges which occurred on 7/17/2020. Follow-up interview with Resident #1 after a review of his record revealed, I never refused the nicotine patch. I told you, they ran out of the patches. 2. Interview on 7/27/2020 at approximately 2:00 p.m. revealed Resident #2 was a smoker at the facility. He confirmed that he was offered the nicotine patch and stated, It doesn't work, and I don't want a patch on me. I want to smoke. I've been here for ten years. And they say I can't smoke anymore. He denied receiving anything in writing indicating that his smoking privileges were revoked at the facility. Resident #1 went on to state I was a fisherman my whole life and was able to smoke whenever I wanted to. He said he had been dependent on nicotine since he was a teenager. He said that since he hasn't been able to smoke, he gets angry. He was asked if anyone had followed up with him after his smoking privileges had been revoked. He stated no one. He stated that since they revoked the smoking privileges and he has been without nicotine, I have been getting nightmares. It messes me up in the head. There is nothing I can do about it. He added, the patio was locked now. I can't even go outside to the garden that I took care of. Resident #2 stated, They were saying we were not staying 6 feet apart, which is (expletive). A review of the clinical record for Resident #2 revealed no documentation for 7/17/2020 that indicated he was informed that his smoking privileges were revoked. No follow up notes were present to address how the resident had been feeling since the absence of nicotine. A review of the MAR for Resident #2 revealed a Physician order [REDACTED]. On 7/26 and on 7/27/2020 the MAR indicated [REDACTED]. No nursing notes relating to the Nicotine patch could be located for 7/26 and 7/27/2020. Further review of the nursing notes revealed no evidence of any monitoring for the abrupt removal of nicotine. A Community Life note dated on 7/20/2020 revealed a quarterly note indicating the resident loves gardening and finds it to be therapeutic. He loves to take care of the patio. He participates in coffee and some parties. He loves to be outdoors. He got really upset when the patio got closed for a couple of days. And wanted to smoke out on the patio. The DON offered patches to all the smokers. Review of Resident #2's care plan revealed he was a smoker. The care plan did not reflect that his smoking privileges had been revoked on 7/17/2020. 3. On 7/27/20 at 2:50 p.m., Resident #4 confirmed she had been dependent on nicotine for [AGE] years. She said that she came to the facility because she was able to smoke and stated that she had been at the facility since March of 2020. The resident confirmed that she was offered a nicotine replacement patch. She stated that they took if off and was never given another one after the first day. Resident #4 then stated, It doesn't help. The resident stated she was feeling anxious all the time since they stopped the smoking privileges. She stated, It's horrible. It's such a struggle for me. She stated that she would go outside, smoke a cigarette, and was able to relax, but now she can no longer relax. Resident #4 stated, I'm thinking about moving so I can smoke again. She was asked if the facility had asked her if she wanted assistance in finding a different nursing home that would accommodate her smoking, she stated no. She was asked if anyone had followed up with her after her smoking privileges had been revoked. She said no one cares. She confirmed that she was told she could not smoke anymore. She denied being provided any thing in writing about her revocation of smoking and there was nothing that they could do about it. A review of Resident #4's, MAR indicated [REDACTED]. On 7/18/2020 through 7/26/2020 documentation indicated that the patch had been refused. Resident #4's care plan revealed the resident was a smoker with a goal to not

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 0572 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) smoke without supervision through the next review. The care plan did not reflect that her smoking privileges were revoked on 7/17/2020 due to lack of compliance with social distancing nor any other reason to indicate a loss of smoking privileges. The NHA reviewed the nursing notes for Resident #4 and confirmed that no documentation or any monitoring was done related to the effects of nicotine withdrawal. 4. On 7/27/2020 at 3:00 p.m., Resident #3 was observed sitting in his wheelchair in his bedroom. He was receptive to an interview when approached and said he had been at the facility for a couple of years now and confirmed that he used to smoke at the facility. He went on to state, I heard there would be no more smoking because someone was positive for COVID-19. He confirmed that no one told him or gave him anything in writing saying that my smoking privileges were revoked. He said that he had been a smoker for over [AGE] years and, I'm now wanting to get out of here and will go against medical advice (AMA). He went on to say that prisoners of war (POW) were treated better, and they did not give us any warning. Resident #3 said that he would look forward to going out on the patio daily, but the patio was now closed and locked. At that time, the resident's volume in his voice became louder as he stated, Now I'm being told I can't leave my room. I'm only [AGE] years old. The resident stated he felt anxious since he could no longer smoke. He stated, no one has asked how I feel. Resident #3 was asked if he had been offered any form of nicotine replacement like a patch. He stated, no one offered me the patch. A review of Resident #3's medical record confirmed that he had been at the facility for over two years. The form indicated that he was his own responsible party and could make his own medical and health care decisions. The [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 15, indicating no cognitive impairment. A review of nursing notes dated 7/17/2020 at 7:14 a.m. revealed a Behavior Note: resident refused medication stating it was his choice one that he has left. Resident is very upset about smoke patio being closed. Said give me a 30-day notice. Care plan was reviewed and in place for smoking. The care plan did not reflect that his smoking privileges were revoked on 7/17/2020. On 7/27/2020 at 3:09 PM, the NHA reviewed the nursing notes for Resident #3 and confirmed that no documentation or any monitoring was done related to the effects of nicotine withdrawal. The NHA was informed that residents had reported the nicotine patches were not available. The NHA reported that she would follow-up. No follow up from the facility was provided prior to exiting the building on the lack of nicotine patches. A blue laminated sign was posted by the patio doors stating, attention residents and staff: to allow for the smoke porch to remain open, per regulations, residents using the patio are to remain 6 feet apart from one another. This will be in effect until further notice. 5. On 7/27/20 at 12:36 pm, the Activities Director revealed that when one on one visits are done with residents they have a chance to voice their concerns. The Activities Director stated, Residents didn't want the smoking to be stopped. We explained that it was for their safety and Nicotine Patches were offered. On 7/27/20 at 3:45 pm, the Resident Council President stated that if changes were being done in the facility, I get report about it. If residents have had to stop smoking they didn't tell me. I should know since I'm the president, and I was here during that time. I haven't seen either one of the activity coordinators and if this change was made, I don't think that's right. If residents aren't sick, they should not be banned from smoking. On 7/27/20 at 4:05 pm, a follow interview with the Activities Director revealed that the activities department normally does a visit with the president and the vice president on the 1 on 1 visits, but they don't have an agenda in place. She stated that there were no minutes for these individual meetings. She stated that We asked about having resident council meetings in small groups, but they told us we were not able to. This is my 1st day back so I'm not sure what changes have been made. I wasn't able to talk with the resident council president about the changes, just other residents who were current smokers that were told they could not go out to smoke. 6. https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive Tobacco, Nicotine, and E-Cigarettes Research Report Is nicotine addictive? January 2020. Most smokers use tobacco regularly because they are addicted to nicotine. Addiction is characterized by compulsive drug-seeking and use, even in the face of negative health consequences. A transient surge of endorphins in the reward circuits of the brain causes a slight, brief euphoria when nicotine is administered. This surge is much briefer than the high associated with other drugs. However, like other drugs of abuse, nicotine increases levels of the neurotransmitter [MEDICATION NAME] in these reward circuits, 20,21,27 which reinforces the behavior of taking the drug. Repeated exposure alters these circuits' sensitivity to [MEDICATION NAME] and leads to changes in other brain circuits involved in learning, stress, and self-control. For many tobacco users, the long-term brain changes induced by continued nicotine exposure result in addiction, which involves withdrawal symptoms when not smoking, and difficulty adhering to the resolution to quit.28,29 The pharmacokinetic properties of nicotine, or the way it is processed by the body, contribute to its addictiveness.24 When cigarette smoke enters the lungs, nicotine is absorbed rapidly in the blood and delivered quickly to the brain, so that nicotine levels peak within 10 seconds of inhalation. But the acute effects of nicotine also dissipate quickly, along with the associated feelings of reward; this rapid cycle causes the smoker to continue dosing to maintain the drug's pleasurable effects and prevent withdrawal symptoms.30 Withdrawal occurs as a result of dependence, when the body becomes used to having the drug in the system. Being without nicotine for too long can cause a regular user to experience irritability, craving, depression, anxiety, cognitive and attention deficits, sleep disturbances, and increased appetite. These withdrawal symptoms may begin within a few hours after the last cigarette, quickly driving people back to tobacco use. When a person quits smoking, withdrawal symptoms peak within the first few days of the last cigarette smoked and usually subside within a few weeks.31 For some people, however, symptoms may persist for months, and the severity of withdrawal symptoms appears to be influenced by a person's genes.30,31 In addition to its pleasurable effects, nicotine also temporarily boosts aspects of cognition, such as the ability to sustain attention and hold information in memory. 32 In addition, people in withdrawal from nicotine experience neurocognitive deficits such as problems with attention or memory.33 These neurocognitive withdrawal symptoms are increasingly recognized as a contributor to continued smoking.34 A small research study also suggested that withdrawal may impair sleep for severely dependent smokers, and that this may additionally contribute to relapse.35 Nicotine dependence occurs when you need nicotine and can't stop using it. Nicotine is the chemical in tobacco that makes it hard to quit. Nicotine produces pleasing effects in your brain, but these effects are temporary. So you reach for another cigarette. The more you smoke, the more nicotine you need to feel good. When you try to stop, you experience unpleasant mental and physical changes. These are symptoms of nicotine withdrawal. You have withdrawal symptoms when you try to stop. Your attempts at stopping have caused physical and mood-related symptoms, such as strong cravings, anxiety, irritability, restlessness, difficulty concentrating, depressed mood, frustration, anger, increased hunger, [MEDICAL CONDITION], constipation or diarrhea. Nicotine is the chemical in tobacco that keeps you smoking. Nicotine reaches the brain within seconds of taking a puff. In the brain, nicotine increases the release of brain chemicals called neurotransmitters, which help regulate mood and behavior. [MEDICATION NAME], one of these neurotransmitters, is released in the reward center of the brain and causes feelings of pleasure and improved mood. The more you smoke, the more nicotine you need to feel good. Nicotine quickly becomes part of your daily routine and intertwined with your habits and feelings. Depression or other mental illness. Many studies show an association between depression and smoking. People who have depression, [MEDICAL CONDITION], post-traumatic stress disorder or other forms of mental illness are more likely to be smokers https://www.mayoclinic.org/diseases-conditions/nicotine-dependence/symptoms-causes/syc- 584. Nicotine: And tobacco - particularly when smoked - is highly addictive. The cigarette sends the nicotine straight to the lungs, where it's absorbed by the blood, carried to the heart, and pumped up to the brain. One aspect of addiction is withdrawal, and the symptoms of nicotine withdrawal usually begin within hours and consist of craving, irritability, anxiety, restlessness, and increased appetite. The craving may last for months - even years. The psychological effects of nicotine at first seem contradictory: increasing alertness while providing a sense of relaxation and calm. One possible explanation is that the effect varies with the user's initial state. For someone who's agitated, nicotine has a calming effect. For someone who isn't, it heightens alertness. This difference may also help explain why nicotine, unlike many other addictive drugs, doesn't behave in a simple additive manner as the dose increases. Nicotine is addictive because it triggers a reaction in the brain's reward system, the structures responsible for giving us pleasurable sensations. More specifically, the drug intensifies the activity of the neurotransmitter [MEDICATION NAME] in a part of the brain called the nucleus accumbens. Cocaine and [MEDICATION NAME] do much the same thing; nicotine is tame in comparison. But experts theorize that it may have an added effect because the drug amplifies the brain's response to the behaviors associated with smoking. In other words, it's not just nicotine, but the pleasurable sensations it confers on behaviors associated with smoking that make nicotine so addictive. https://www.health.harvard.edu/newsletter_article/Nicotine_It_may_have_a_good_side. Photographic evidence was obtained.

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