

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER ST PETERSBURG NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 521 69TH AVE N SAINT PETERSBURG, FL 33702	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to honor resident rights related to being bathed/showered by preferred staff for one (#1) of three sampled residents. Findings included: Review of the facility policy titled Quality of Life-Resident Self Determination and Participation with a revised date of December 2016 revealed, 1. Each resident is allowed to choose activities, schedules and health care that are consistent with his or her interests, values, assessments and plan of care, including: a. Daily routine, such as sleeping and walking, eating, exercise and bathing schedules; b. Personal care needs, such as bathing methods, grooming styles and dress: . Interview with Resident #1 on 10/13/20 at 10:00 a.m. revealed that this resident preferred to be bathed by female staff. She reported that there had been instances that she had not received her bath as scheduled due to the facility only having male staff available to provide care to her. Review of the Minimum Data Set ((MDS) dated [DATE], revealed that the resident had a Brief Interview for Mental Status (BIMS) with a score of 15, (cognitively intact.) Further review of the MDS revealed that Resident #1 was totally dependent on staff for bathing. Review of the resident's care plan dated 5/26/20, indicated that the resident had A self care deficit with dressing, grooming, bathing r/t (relate to): impaired mobility r/t bilateral lower arm and leg amputations. The interventions included Provide hands on assistance with dressing, grooming, bathing as needed. Staff to anticipate residents needs with ADL's. Review of Resident #1's record revealed a progress note dated 9/17/20, which indicated that Resident stated it was her shower day but on the floor we only have male cnas. She does not mind male cnas giving her care but not a shower. Rescheduled shower for tomorrow when she can have a female aide. Interview on 10/13/20 at 2:55 p.m., with the Director of Nursing (DON) revealed that she was aware that Resident #1 had a preference to have female Certified Nursing Assistants (CNA) provide her with showers/baths. She reported that the resident did allow for one or two male CNAs of her choosing to shower her, but her preference was for a female CNA. She reported that the resident had not missed any showers/baths due to not having female CNAs available to her. The DON reported that the progress note dated 9/17/20, was as a result of a female staff calling out sick and the replacement staff was a male, leaving the unit with two male CNAs. She reported that the resident agreed to have her shower the following day. Interview on 10/13/20 at 3:10 p.m. with Staff A, Licensed Practical Nurse (LPN), revealed that Resident #1 required total assistance from staff for a bath or shower. She reported that there were, Maybe one or two male staff who she would allow to bathe her, but the resident preferred female staff to perform her bathing task. Staff A reported that all staff were aware of Resident #1's preferences and always tried to honor the residents preference. She reported that she was not aware of a time when the resident's preference was not honored. Interview on 10/13/20 at 3:12 p.m. with Staff B, CNA, revealed that he was assigned to Resident #1's hall but was not assigned to Resident #1 as the resident did not want male CNAs caring for her. He reported that he had been employed with the facility for approximately two and a half months and was typically assigned to the same area and had never worked with Resident #1 as Everyone knows she doesn't like men caring for her.		
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.