

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105621	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER NORTH CAMPUS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 700 N PALMETTO ST LEESBURG, FL 34748	
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)		
<p>F 0921</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to provide a safe, functional, sanitary and comfortable environment for residents and staff. Findings include: On 07/08/2020 at 9:50 AM, Resident #5 and Resident #6's Room was observed to be cluttered with paper debris on the floor and in the bathroom. There were several large areas of paint scraped off from the door and from the wall next to the bathroom. There was a large scratched area on the door and on the wall near the bathroom. On 07/09/2020 beginning at 10:20 AM, a tour with the Administrator revealed the following: 1. Resident #4's Room: four (4) ceiling panels with a reddish-brown stain and lifted off the ceiling; and one broken electrical outlet next to Resident #4's bed, with a hole and scratches on the wall. 2. Resident #5 and Resident #6's Room: Several large areas of paint scraped off from the door and from the wall next to the bathroom. (Photographic evidence obtained) During an interview on 07/09/2020 at 10:25 AM, Resident #4 stated that she lived there for two years. When asked regarding the broken electrical outlet in the room, Resident #4 stated, That has been broken since I moved to this room about eight to nine months ago. Regarding the stained ceiling panels, Resident #4 stated, Maintenance man looked at it some weeks ago and he has not returned to fix it. During an interview on 07/09/2020 at 10:26 AM, the Administrator stated and confirmed that Staff E, Maintenance Director, was a one-man employee in the department. The Administrator stated that the facility was leased from the hospital and they had the responsibility to fix the ceiling panels. He stated that the corporate office was in contact with the hospital and that his hands are tight. He stated that the facility had a person that used to come in every Wednesday to do the painting but that had also stopped. He stated that scratches on the door and wall in Resident #5 and Resident #6's Room were caused by residents propelling their wheelchair. During an interview with Staff E, Maintenance Director, in the presence of the Administrator on 07/08/2020 at 10:33 AM, when asked about the maintenance process, he stated, I check on holes on wall, room needed repair and painting. I usually walk through and write a long list of things to do. I prioritize the work orders. Right now, I am working in the kitchen. I am alone in the department. I have done wall patches, and just need painting. There is a maintenance log on every unit that I check three times daily. The staffs also call me when something needed to be done right away. When a task is completed, I sign my name and date the maintenance log that it has been resolved. During an interview with Staff E, Maintenance Director on 07/09/2020 at 11:22 AM, when asked about the maintenance policy and procedure, he stated he had never seen or read the maintenance policy until today. Review of Maintenance Service Policy Statement/ Policy Interpretation and Implementation, revised December 2009, read: Maintenance service shall be provided to all areas of the building, grounds, and equipment in a safe, operable manner at all times. Functions of maintenance personnel include but are not limited to: a. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. b. Maintaining the building in good repair and free from hazards.</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.