

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER GROVES CENTER		STREET ADDRESS, CITY, STATE, ZIP 512 S 11TH ST LAKE WALES, FL 33853	
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 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews, the facility failed to provide rehabilitative services for one (#1) of three sampled residents who experienced a decrease in mobility. Findings included: A review of Resident #1's Admission Record revealed that Resident #1 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED].#1 on 07/27/2020 at 11:56 AM.</p> <p>Resident #1 stated that she was admitted to the facility for rehabilitation services following a stroke which affected her right side. Resident #1 stated that she was supposed to be receiving restorative therapy through the nursing department, but the nursing staff was too busy to complete the therapy with her. Resident #1 also stated that she only received 3 days of Physical Therapy since her admission, but she is able to perform exercises on her own to help maintain mobility in her right arm and hand. Resident #1 stated that she is able to stand and pivot to her wheelchair with the assistance of 1 staff member, reposition herself in the bed, and feed herself, but she could not stand or walk on her own.</p> <p>A review of Resident #1's physician's orders [REDACTED]. Resident #1 also had an order dated on 04/14/2020 for Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) evaluate and treat as needed. A review of Resident #1's care plan revealed a focus marked as Resolved of an ambulation goal which stated that the resident will demonstrate the ability to walk with Limited Assist greater than or equal to: 5 feet, with a resolution date of 05/11/2020. A review of Resident #1's Physical Therapy Plan of Care revealed a therapy necessity statement which stated that skilled PT was medically indicated to improve strength and functional mobility to optimal level and decrease burden of care. Without immediate intervention, resident is at risk for falls, decline in functional mobility, and increase burden of care. Resident #1's initial PT Assessment, dated on 04/21/2020, revealed long term goals of performing range of motion program with caregiver support and 100% accuracy and ability to ambulate 20 feet requiring minimal assistance with a hemi-walker. A review of Resident #1's Physical Therapy Discharge Summary, dated on 04/27/2020, revealed that the long term goal of performing range of motion program with caregiver support and 100% accuracy was met. The Discharge Summary also revealed that the goal of ability to ambulate 20 feet requiring minimal assistance with a hemi-walker was not met. Resident #1's discharge plan stated that the resident was discharge to work with the Restorative Nursing Program with 100% return demonstration on range of motion and ambulation program. A review of Resident #1's Restorative Therapy Notes revealed a start date of 04/29/20 with goals for Resident #1 to ambulate using the hallway side rail or hemi-walker with moderate assistance for 5 feet and increased distance as tolerated 3 to 5 times weekly, which was marked as resolved on 05/11/2020. Resident #1 also had a goal for active range of motion exercises to the left leg and active assistive range of motion to the right leg 20 repetitions of joint motion 3 to 5 times weekly, which was marked as resolved on 06/01/2020. An interview was conducted with the facility's Director of Nursing (DON) on 07/27/2020 at 01:28 PM. The DON stated that residents are assessed upon admission by the therapy department to assess for therapy needs. After the resident is assessed they may be discharged to the restorative nursing program for further treatment. If the resident shows no improvement after 30 days, then they are referred back to therapy for further assessment. If a resident meets a goal, then that resident is discharged from restorative therapy. The DON stated that range of motion exercises are provided by the Certified Nurse's Aides during routine care activities, such as dressing and showering. A follow up interview was conducted with the DON at 03:07 PM. The DON stated that Resident #1's goal to ambulate using the hallway side rail or hemi-walker with moderate assistance for 5 feet and increased distance as tolerated 3 to 5 times weekly was resolved on 05/11/2020 because Resident #1 was too weak to participate and was unable to meet the goal. The DON was not able to state why Resident #1 was not referred back to therapy due to being unable to make progress in the restorative nursing program. A telephone interview was conducted at 04:08 PM with the facility's Rehab Program Director, who stated that if a resident was not doing well or making progress with the restorative nursing program then the nursing staff should make a referral back to therapy. The Rehab Program Director also stated that she would expect the nursing staff to make a referral to therapy if a resident was too weak to make progress in the restorative nursing program. The Rehab Program Director was unable to state why the restorative nursing program was ended so early for Resident #1 and stated that the nursing department oversees the program. An interview was conducted with the DON at 04:34 PM. The DON stated that typically a resident would be in the restorative nursing program for at least a month, after which the care team would meet to discuss discharging the resident from the program. The DON also stated that Resident #1 should have been referred back to therapy by the nursing staff since she was displaying weakness and was unable to complete ambulation goals in the restorative nursing program. The DON stated that CNA's should let either the Unit Managers or himself know the status of a resident who is not doing well in the restorative nursing program so they can make the appropriate referral to therapy.</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.