

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105397	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER EVERGREEN WOODS		STREET ADDRESS, CITY, STATE, ZIP 7045 EVERGREEN WOODS TRL SPRING HILL, FL 34608	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, clinical record review, and policy and procedure review, the facility failed to ensure the resident's representative was notified when the resident suffered a change in condition for 1 of 3 sampled residents, Resident #2. Findings: Review of the facility policy titled Standard. Notification of Resident/Patient Change in Condition dated February 2020 reads Policy. Nurses will notify the resident/resident representative, if there is a crucial/significant change in the resident condition. If the change in the resident's condition is not crucial or significant, the resident's Physician, resident representative or legal representative will be notified at the earliest convenient time during regular business hours. Procedure. Notify the Physician, resident/representative, and case management when indicated, if there is a significant change in condition, regardless of the time of day. Review of Resident #2's facility clinical record revealed the Resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/25/20, a [DIAGNOSES REDACTED]. Review of the physician's orders dated 5/25/20 revealed stat KUB (kidney, ureters, bladder) one time only for fever for 1 day. Order dated 5/25/20 revealed [MEDICATION NAME] Solution Reconstituted 1 Gram, inject 1 gram intramuscularly one time a day for pneumonia for 7 days. Order dated 5/25/20 revealed [MEDICATION NAME] Packet, give 500 milligrams (mg) by mouth one time a day for pneumonia for 1 day. Order dated 5/25/20 revealed [MEDICATION NAME] Packet, Give 250 mg by mouth one time a day for pneumonia for 4 days. Review of the of the chest x-ray results dated 5/25/20 reads Impression: New small patch densities at the left lung base could be secondary to atelectasis (collapse of lung tissue with loss of volume), pneumonia or [MEDICAL CONDITION]. A review of the Abdomen (KUB) (kidney, urinary, bladder) results dated 5/25/20 reads Impression: No bowel obstruction or ileus (lack of movement anywhere in the intestines). Subcentimeter rounded calcifications are seen at the left upper quadrant and right mid/lower pelvis which could be vascular or urinary tract related. Review of the Change of Condition Evaluation dated 6/25/20 for Resident #1 revealed the resident had [MEDICAL CONDITION] (fluid retention or swelling) starting on the morning of 6/25/20. The Provider Notification and Feedback revealed that it was reported to the clinician on 6/25/20 at 9:00 AM. The clinician ordered [MEDICATION NAME] twice a day and [MEDICATION NAME] once a day and a venous doppler (ultrasound of blood flow). The Resident Representative Notification section of the form was blank. Review of the Physician's Order dated 6/24/20 reads: u/s (ultrasound) venous left lower extremity one time only for [MEDICAL CONDITION] ([MEDICAL CONDITION]; a formation of a blood clot). A review of the Physician's Orders revealed [MEDICATION NAME] (blood thinner) was started on 6/25/20 at 2 mg by mouth at bedtime for [MEDICAL CONDITION] and continues currently with a new dose of 6 mg per day. Order dated 6/26/20 revealed [MEDICATION NAME] Sodium Solution 30 mg/0.3 milliliters, inject 30 mg subcutaneously two times a day related to embolism and [MEDICAL CONDITION] of unspecified vein. Review of the Left Venous Unilateral Duplex Lower Left completed on 6/24/20 revealed Impression: Near complete occlusive venous [MEDICAL CONDITION] of left proximal superficial femoral vein. Left peroneal vein obscured by [MEDICAL CONDITION]. Review of Resident #2's facility clinical record reveal there was no documentation of notification to the POA (Power of Attorney) of the Resident's change in condition with a [DIAGNOSES REDACTED]. A request was made for documentation of the POA having been notified, none was provided. Documentation of the notification to the POA of the Resident's change in condition of [MEDICAL CONDITION] - embolism and [MEDICAL CONDITION], resulting in an ultrasound, and new physician's orders for blood thinners was not in the clinical record. A request was made for documentation of the POA having been notified, none was provided. An interview was conducted with Resident #2's Power of Attorney (POA) on 7/27/20 at 3:30 PM. She stated that she was unaware her mother had pneumonia until about three weeks later. She stated she finally found out about the blood thinners when she called to talk to the nurse, Staff F, Registered Nurse (RN). She had been unaware that she was on blood thinners until that time. An interview was conducted with the Staff F, RN, Unit Manager on 7/27/20 at 5:05 PM. She confirmed there was no documentation in the clinical record showing the POA was notified of the changes in condition for Resident #2. An interview was conducted with the Director of Nursing (DON) on 7/27/20 at 5:15 PM. She stated Staff F, RN did talk to the POA. She stated, If you call the POA she will tell you that she was notified.</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.