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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>106000</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>08/25/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>EVANS HEALTH CARE</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>3735 EVANS AVE<br/>FORT MYERS, FL 33901</b> |   |
| 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 0925<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <b>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</b><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, review of policies and procedures, resident and staff interview, the facility failed to provide a sanitary environment free from pests for three residents (Resident #993, #992, and #991) of 101 residents residing in the skilled nursing facility. The findings included: The facility Policy and Procedure, HL-200 (11/30/14) specified the facility will maintain a pest control program which includes inspection, reporting and prevention. On 8/23/20 at 10:30 p.m., in an interview Licensed Practical Nurse Staff E said she has seen large brown bugs in the facility all the time. On 8/23/20 at 10:40 p.m., during an interview Resident #993 said I have roaches in here every night. There is a big one right there by the air-conditioner, they are there every night and they are big. That big one I named him(NAME) he is always here, it is nasty. Resident #993 said I told the nurse about the bugs, but they are still there. On 8/23/20 at 10:42 p.m., during an observation of Resident #993's room, 2 large brown insects were moving on the floor by the air conditioner unit. On 8/23/20 at 10:45 p.m., during an observation in room [ROOM NUMBER], there was a large, black insect walking on the floor by bed B. On 8/23/20 at 10:50 p.m., an observation in room [ROOM NUMBER] revealed 3 large, brown insects on the floor next to the B bed. Photographic evidence obtained. On 8/23/20 at 10:55 p.m., observation of room [ROOM NUMBER] there was a large brown insect on the floor by the air conditioning unit. On 8/23/20 at 10:58 p.m., in an interview Resident #991 said the roaches are terrible, you see them all night long. The resident said, they run under the air conditioning unit and in the corner under the nightstand, it is disgusting. Resident #991 said she had reported seeing the bugs to the facility management staff. On 8/23/20 at 11:00 p.m., in an interview, Resident #992 said I see the flying little bugs all day. I don't know what you call them, but they are everywhere especially when you want to eat, they are flying in your food and you have to swat them away. On 8/23/20 at 11:15 p.m., in an interview Registered Nurse Staff G said there are roaches here at night. I had seen them in the halls and resident rooms, this is Florida, it happens. On 8/24/20 at 11:15 a.m., during an interview with the Director of Nursing she verified there were several small flying insects in the main dining room and said they had been flying around for the last week or so. On 9/25/20 at 9:20 a.m., in an interview with Certified Nursing Assistant Staff H said, there are terrible big roach bugs on the floor in the resident's rooms, mostly they come at night. On 8/25/20 at 12:15 p.m., in an interview the Maintenance Director confirmed there was an insect problem in the facility. |  |   |
| 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.