

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105712	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER ALHAMBRA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7501 38TH AVE N SAINT PETERSBURG, FL 33710	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, observation and interviews, the facility failed to provide supervision while smoking, for one resident (#12) of two residents who required supervision, of a total of 12 sampled residents who smoked. Findings included: During the tour of the facility, conducted on 06/09/20 at 11:45 a.m., the Director of Nursing (DON) and the Nursing Home Administrator (NHA) showed the surveyors the smoking court. A clear observation of the smoking court, from the main lobby area, was prevented by the shrubbery plantings that were close to the window. As the surveyor walked out of the plantation doors onto a walkway, one single person was observed in the smoking court, Resident #12. He was sitting in a motorized wheelchair and he had a slender like cigar in his mouth, the cigar was being smoked, while his arms were crossed. Further observation reflected a lack of ash trays or ash disposal containers within the reach of where the resident was located. (The nearest ash tray or butt bucket was located approximately 10 feet from the resident.) Resident #12 stated his name and that everyone at the facility was fine. Resident #12 was observed to continue to smoke. During the interview with the resident, the ashes at the opposite end of the cigar had accumulated, and then the ashes were observed to drop on Resident #12's upper folded arm. The DON was observed to brush the ashes off the resident's upper arm. After leaving the patio, the NHA confirmed that the resident was not a safe smoker, that the ashes had fallen on the arm of the resident, and that he was going to get an aide (Certified Nursing Assistant) to go out with the resident to supervise his smoking. The NHA and the DON were asked if the facility had designated smoking times. Both reported that they did not. The NHA and DON were asked if the facility provided supervised smoking. They said, No. An interview was conducted on 06/09/20 at approximately 1:30 p.m. with the DON. She reported that the facility had smoking aprons that they could use. An interview conducted on 06/09/20 at 2:00 p.m. with the NHA, he was asked if the facility had smoking aprons. He stated that he did not believe so. He said that they could check in central supply. The surveyor accompanied the NHA to the Central Supply room and interviewed Staff A, Staffing Coordinator. Staff A reported that she did not have any smoking aprons in stock, but, that she could get one from a sister facility. A review of Resident #12's Admission Record revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. A review of Resident #12's Quarterly FGS Risk Screen dated 4/16/20 revealed the resident was a safe smoker and observation was recommend for the resident while smoking and that the degree of supervision was included in the resident's care plan. A review of Resident #12's care plan initiated on 10/7/19 and revised on 11/1/19 revealed a Focus Area that documented, The resident is a smoker/tobacco user. 10/31/19 Silicone cigarette holder provided to the resident. The goal documented, Resident will smoke safely at designated area (s) thru next review. The Intervention list included: Observe clothing and skin for signs of [MEDICAL CONDITION] care/prn (as needed) initiated 10/07/19, and the Resident requires SUPERVISION while smoking (initiated 10/21/19). A review of the facility's policy titled, Standards and Guidelines: SG Safe Smoking, issued 10/01/2004 and last revised on 11/01/2016, documented: Standard: It is the policy of this facility to provide a smoke free environment for all residents and staff . Smoking Accommodation: Smoking should occur in the facility's designated area. The facility accommodates supervised smoking opportunities for residents who require supervision . Planning-If the IDT (interdisciplinary team) members determine that the resident is an unsafe smoker, the resident may be required to wear a protective smoking vest/apron and have a greater degree of staff supervision while smoking . A review of the facility's policy titled, Smoking Policy, undated, revealed, 5. Residents evaluated as requiring supervision or assistance may only do so with assistance or staff or a responsible party as determined by the facility and may have specific smoking times assigned.</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.