

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105810	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER MIRACLE HILL NURSING & REHABILITATION CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 1329 ABRAHAM STREET TALLAHASSEE, FL 32304	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview, the facility failed to maintain a safe, clean and comfortable environment for 2 of 16 rooms toured on the Southwest Hall rooms (#2 & #14); and failed to maintain [MED]gen concentrator tubing in safe operating condition for 2 of 5 residents sampled for [MED]gen tubing (#33, and #90). The finding include: Resident #2 On [DATE]20 at approximately 11:00 AM, a tour was conducted of the Southwest Hall. An air conditioning (AC) unit in disrepair was visible from the doorway of room [ROOM NUMBER]. The AC unit's electrical outlet box was detached from the wall, revealing the two anchors in the back exposed. Several more observations of the room were conducted on [DATE]20, 03/09/2020 and 0[DATE]20, which revealed the AC unit in the same unsafe condition observed upon entrance. (Photographic evidence obtained) An interview was conducted with the Director of Maintenance and Housekeeping on 0[DATE]20 at 3:58 PM. When asked how items in disrepair are identified and communicated to the maintenance department, she stated that a maintenance log book is kept at each of the nurse's stations, which she checks every morning and if an issue is identified during the day staff know to notify her directly. She also stated that morning meetings are held with department heads in which they discuss the findings of the daily walk through's they conduct. She stated they always have the same set of rooms assigned to them and that they look for issues like non-functioning light switches, loose bedrails, chipped paint or holes in the wall, etc. A walk through of room [ROOM NUMBER] was conducted with the Director of Maintenance and Housekeeping on 0[DATE]20 at 4:04 PM. She confirmed the unit was in disrepair and stated that the resident backs up into the power supply with his w/c and knocks it off the wall. Resident #14 On [DATE]20 at 12:58 PM, during the initial tour, a resident in room [ROOM NUMBER] was observed receiving [MED]gen via nasal cannula (NC). A layer of dust coated the control panel and there was a heavy build-up of dust in the handle area on both sides of the concentrator. Several more observations were made of the resident's concentrator on 03/09/2020, 0[DATE]20 and 03/11/2020 which revealed it to be in the same unsanitary condition. (Photographic evidence obtained) An interview was conducted with the Director of Maintenance and Housekeeping on 0[DATE]20 at 3:58 PM. When asked who was responsible for the cleaning and maintenance of resident equipment such as [MED]gen concentrators, she stated that nursing is responsible for changing the filters, but her staff were supposed to wipe the equipment down as needed. A walk through of room [ROOM NUMBER] was conducted with the Administrator on 03/11/2020 at 10:38 AM. The Administrator confirmed that the concentrator was filthy. She stated that they have management staff that tour the rooms and building everyday to ensure equipment and rooms are in good condition.</p> <p>Resident #33 On [DATE], [DATE] and [DATE] multiple observations were made of resident #33 who was receiving [MED]gen via nasal cannula at 2 liters, there was not a label anywhere on the cannula. On [DATE] at approximately 3:50 PM a record review was conducted. There was an order for [REDACTED]. There were no nursing notes indicating that the tubing had been changed in the previous month. Resident #90 On [DATE], [DATE], and [DATE] multiple observations were made of resident #90 who was receiving [MED]gen via nasal cannula at 2 liters, there was not a label anywhere on the cannula. On [DATE] at approximately 4:30 PM a record review was conducted. There was an order for [REDACTED]. There were no nursing notes indicating that the tubing had been changed in the previous month. On [DATE] a review of the Miracle Hill Nursing and Convalescent Center Inc. policy titled Use and Care of Oxygen Tanks and Tubing was reviewed. The policy stated that the [MED]gen cannula and humidifier should be labeled with the patient's name, date, and liter flow. The next line of the policy stated that nasal cannula's should be changed monthly and as needed. The policy also stated dates and times of services rendered to [MED]gen equipment should be documented in the medical record.</p>		
F 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and staff interview, the facility failed to dispose of garbage and refuse properly. The findings include: Observations of facility dumpster behind kitchen on 0[DATE]20 and 3/11/20 revealed debris including food boxes, empty containers and cigarette butts. (Photographic evidence obtained) On [DATE] at approximately 2:45 PM, an interview was conducted with staff member C, a dietary assistant, during which she confirmed the debris observed near dumpster. Staff C stated that she could not state if facility staff or neighborhood persons were responsible for the debris near the dumpster. On [DATE] at approximately 3:00 PM, an interview was conducted with the facility Maintenance Supervisor who stated that if there is a maintenance concern staff complete a work order, which she reviews each morning however no work order noted for the area around the facility dumpster.</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.