

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105858	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER CITRUS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 701 MEDICAL COURT EAST INVERNESS, FL 34452	
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure 1 of 3 sampled residents, Resident #1, received care consistent with professional standards of practice to prevent the development or worsening of pressure ulcers. Findings include: Review of Resident #1's medical records revealed that he was a [AGE] year-old male with a [DIAGNOSES REDACTED]. Review of Resident #1's nursing comprehensive evaluation dated 05/29/2020 read: Right foot bruise on right front side 3 cm (centimeters) by 2 cm, a left elbow bruise 3 cm x 1.5 cm, left hip 4 sets of staples and left outer foot bruise 3.5 cm x 1 cm. Review of the physician orders [REDACTED].#1 revealed, Weekly skin checks. Review of weekly skin check dated 06/02/2020 at 4:44 AM read, Skin observations: does the resident have any new skin impairments that have not been previously reported was checked: yes. Right heel reddened, and left heel reddened. Review of physician order [REDACTED].#1 revealed, Skin prep bilateral heels every shift. Review of VOHRA wound care telemedicine initial evaluation dated 06/09/2020 revealed: History of present illness: At the request of the referring provider (Physician's Name), a thorough wound care assessment and evaluation was performed today. He has an Unstageable DTI (Deep Tissue Injury) for at least 3 days duration. There is no exudate (fluid that seeps out of tissue). Focused wound exam (Site 1), etiology: pressure, unstageable DTI with intact skin wound size 4.5 cm x 2.3 cm x unmeasurable, surface area 10.35 centimeters. Dressing treatment plan: [REDACTED]. Review of the wound evaluation and management summary completed on 06/23/2020 read: Focused wound exam (Site 1), etiology: pressure, unstageable DTI with intact skin, greater than 15 days duration wound size 3.5 cm x 4 cm x unmeasurable, surface area 14 cm, wound progress deteriorated. Review of the physician orders [REDACTED].#1 revealed, Swab left heel with [MEDICATION NAME], apply nonstick dressing and wrap with Kerlix daily. During an interview with Staff H, Wound Care Nurse, on 07/10/2020 at 1:10 PM, she stated, I did assist with the telemedicine visit on 06/09/2020 for (Resident #1's name). It was done with the tablet. I did the measurements of his heel during the visits. The wound care doctor did tell me what she was planning as treatments on that day. She wanted him to have daily [MEDICATION NAME] followed by a dry dressing and covered with a Bulkee foot wrap. These were not ordered until 06/17/2020 when I did a wound evaluation and realized he was still just having skin prep on his heels. I'm not sure how I missed writing these orders, the process was new to me and I should have written them right away. He went without the treatment for [REDACTED]. During an interview with the Director of Nursing on 07/10/2020 at 8:00 AM, she stated, (Resident #1's name) did develop a DTI on his left heel, he was seen and evaluated by the VOHRA physician on 06/09/2020 when the wound was identified on 06/08/2020. The VOHRA physician did the consult via telemedicine with the wound care nurse. The physician recommended [MEDICATION NAME] treatments daily for 30 days. These orders were never placed in the medical record and the resident did not receive the treatments that the physician wanted. It delayed the care from 06/09/2020 until 06/17/2020 when this was reviewed by the unit manager/wound care nurse. We should have caught this sooner and provided that treatment.</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.