

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER TERRACE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7207 SW 24TH AVE GAINESVILLE, FL 32608	
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	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. Based on observation, interview and record review, the facility failed to provide housekeeping and maintenance services necessary to maintain a safe, clean, comfortable and homelike environment. Findings include: 1. On 09/08/2020 at 12:13 PM, two large black plastic bags were observed in Resident #52's room on the floor next to the foot of the bed with two packs of incontinent briefs. The two plastic bags contained Resident #52's personal clothing. The closet was observed to be empty. During an interview on 09/08/2020 at 12:30 PM, Resident #52 stated, When they moved me here, they left the bag of my clothes on the floor. They have no time to put it in my closet. On 09/09/2020 at 1:12 PM, a plastic bag full of Resident #52's clothing and incontinent briefs were observed on the floor. During an interview on 09/09/2020 at 1:25 PM, the Assistant Director of Nursing (ADON) confirmed that Resident #52's clothing and incontinent care briefs were in a plastic bag on the floor. During an interview on 09/09/2020 at 2:33 PM, Staff E, Certified Nursing Assistant (CNA), confirmed that Resident #52's personal belongings are in a plastic bag on the floor. Staff E stated, I was working alone yesterday and not able to put it away. 2. On 09/08/2020 at 1:38 PM, a large black smear/stain was observed in the toilet bowl in Resident #73's bathroom. During an interview on 09/08/2020 at 1:38 PM, Resident #73 stated, It has been like that for three days and they have not cleaned my room and toilet. On 09/09/2020 at 8:30 AM, the toilet bowl in Resident #73's bathroom was observed uncleaned with a large area of black smear on the side of the toilet bowl. During an interview on 09/09/2020 at 8:31 AM, Resident #73 stated, Housekeeping came in my room yesterday afternoon and just wiped off the room counter below the television and left the room. On 09/09/2020 at 1:15 PM, the toilet bowl in Resident #73's bathroom was observed uncleaned. During an interview on 09/09/2020 at 1:21 PM, ADON confirmed that the toilet bowl in Resident #73's bathroom was not cleaned, stating, That is disgusting. During an interview on 09/10/2020 at 10:02 AM, Staff B, Director of Maintenance and Housekeeping, stated, Housekeeping aides are to clean every resident's room daily and throughout the day and more if needed. 3. During a tour of the laundry department on 09/09/2020 at 10:50 AM, Staff A, Laundry Aide, was observed in the dryer room area eating. There were paper debris on the floor, and hampers were full to the rim and uncovered. Laundry hallway was unclean, and there were several cleaning carts in the hallway. There was sticky brownish colored substance and several paper debris on the floor. On 09/09/2020 at 11:12 AM, upon entry to the soiled laundry room with Staff B, the soiled receiving room floor was observed to be unclean. There was sticky brownish colored substance on the floor. There were debris and other dirt particles and dark colored stain in and around the sides of two sinks. During an interview on 09/09/2020 at 11:15 AM, Staff B confirmed that the floor and sinks are dirty. Review of the facility policy number 21.14.001 titled Environmental Services Cleaning Guidelines, issued in 3/2018, read, Standard: It is the policy of this facility that the workplace will be maintained in a clean and sanitary condition with a written schedule of cleaning and decontamination based on the area of the facility, type of surface to be cleaned, type of soil present and tasks being performed in the area. Purpose: It is important that a clean, safe and sanitary environment is maintained for our residents.		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure 1 of 3 residents, who were unable to carry out activities of daily living (ADL), Resident #99, received the necessary services to maintain good grooming and personal and oral hygiene. Findings include: Review of Resident #99's clinical records revealed she was admitted with the [DIAGNOSES REDACTED]. During an interview on 09/08/2020 at 12:40 PM, Resident #99 stated she had not had a shower, and no one had brushed her teeth and she was unable to do so. On 09/08/2020 at 02:39 PM, Resident #99 was observed with facial hair. All fingernails were long with dark colored substance underneath the nails. On 09/09/2020 at 8:22 AM, Resident #99 was observed up on her wheelchair with legs elevated. Fingernails were unclean with black colored substance underneath each fingernail. During an interview on 09/09/2020 at 8:23 AM, Resident #99 stated, I did not receive any bed bath, mouth care or morning care before I got out of bed this morning. They did not wash my face or brush my teeth. I have not had a shower for weeks and no one had offered to give me a shower or bed bath. On 09/10/2020 at 9:02 AM, Resident #99 was observed up in her wheelchair. Her fingernails were long and unclean. During an interview on 09/10/2020 at 10:02 AM, Resident #99 stated Staff has not offered to shower me and I have not refused any bath or shower up until early this morning when they woke me up around 6:00 AM. I do not feel like getting up that early. During an interview on 09/10/2020 at 10:22 AM, the Director of Nursing (DON) stated, The CNAs (Certified Nursing Assistants) are supposed to perform nail care during shower days. During an interview on 09/10/2020 at 10:30 AM, the Assistant Director of Nursing confirmed Resident #99's fingernails were long and unclean, stating, Yes, it is dirty, and will get her showered this afternoon. Review of Section GG (Functional Abilities and Goals) of Resident #99's Minimum Data Set (MDS) with assessment reference date of 09/01/2020 revealed the resident was dependent in oral care, toileting hygiene, shower/ bathe, and upper and lower body dressing. Review of Resident #99's Minimum Data Set (MDS) with assessment reference date of 08/18/2020 read, Section C. Cognitive Patterns: Brief Interview for Mental Status (BIMS) Summary score: 12. Review of Resident #99's Minimum Data Set (MDS) with assessment reference date of 09/07/2020 read, Section G. Functional Status. G0110. Activities of Daily Living (ADL Assistance. A. Bed Mobility and B. Transfer: ADL Self-performance: 3. Extensive; ADL support provided: 3. Two+ persons physical assist. G. Dressing, I. Toilet Use, and J. Personal Hygiene: ADL Self-performance: Extensive assistance; ADL support provided: One-person physical assist. Review of the shower schedule revealed Resident #99 was scheduled to be showered every Monday, Wednesday and Friday on 3 PM- 11 PM shift. Review of the CNA's plan of care (POC) response history worksheet for Resident #99 revealed a check mark indicating the resident refused a shower on 08/28/2020, 09/01/2020, 09/03/2020, and 09/10/2020. Review of the CNA Activities of Daily Living (ADL) worksheet from September 1 through September 10, 2020 revealed a bathing/ shower were signed by staffs on 09/02/2020, 09/04/2020, 09/06/2020 and 09/09/2020 on 3 PM- 11 PM shift that did not occur per Residents' interview. Review of Resident #99's care plan read, The resident has an ADL self-care performance deficit related to activity intolerance, ADL needs and participation vary, limited mobility, weakness initiated on 10/15/2018. Interventions included: Bathing limited x 1, Personal Hygiene extensive x 1. Resident usually prefers a shower. Review of the facility policy titled Activities of Daily Living Care and Assistance, issued in 12/2016 and revised on 01/15/2020, read, Standard: It will be the standard of this facility to provide the resident with activities of daily living (ADL) care and assistance while attempting to maintain the highest practicable level of function for the resident. Guidelines: Each ADL should be provided at the level of assistance that promotes the highest practicable level of function		
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.

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F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) for the resident, while ensuring the needs and desired goals of the resident are met safely.</p> <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure 1 of 11 residents with limited range of motion and mobility, Resident #99, received appropriate treatment, services and devices to maintain or improve mobility with the maximum practicable independence. Findings include: Review of Resident #99's clinical records revealed she was admitted with the [DIAGNOSES REDACTED]. Review of the physician order [REDACTED].#99 read, Apply palm protector left hand every day and evening shift and monitor skin integrity when applying and removing. Apply calf support- complete feet support. Review of the physician order [REDACTED].#99 read, Apply splint to left knee (BMI-KCO) while patient in wheelchair up to 3-4 hours daily. Patient to wear shoe to left foot. Monitor skin integrity when applying and removing. Left wrist BMI-WHFO splint to left wrist. Monitor skin integrity when applying and removing. Left elbow BMI-ECO splint to left elbow. Monitor skin integrity when applying and removing. Apply splint to left knee for contracture management. Monitor skin integrity when applying and removing. Review of the treatment recommendation by Staff H, Physical Therapist, dated 09/01/2020 read, Restorative nursing program for range of motion, bed mobility, splint brace, passive range of motion to right hip, left hip, right and left knee, right and left ankle. Provide patient with daily range of motion to both knees and left lower extremity, all joints as tolerated in order to reduce risk for further contracture development. Review of Restorative Treatment Recommendations by Staff G, Occupational Therapist, dated 09/01/2020, read, Restorative nursing program for range of motion, activities of daily living, splinting brace. Passive range of motion to right and left shoulder, left elbow, left hand. Provide patient with washcloth, towel to wash and dry hands, face with cues and assistance as needed. Nursing rehab assistance with splint or brace application. Review of restorative nursing worksheet from September 1 through September 10, 2020 provided by Staff D, Restorative Nurse Coordinator revealed boxes that were left blank for passive range of motion (PROM), assistance with splints and brace for 09/01/2020, 09/02/2020, 09/03/2020, 09/04/2020, 09/05/2020, 09/06/2020, 09/07/2020, and 09/08/2020. Review of Resident #99's Minimum Data Set (MDS) with assessment reference date of 09/07/2020 read, Section G. Functional Status. G0110. Activities of Daily Living (ADL Assistance. A. Bed Mobility and B. Transfer: ADL Self-performance: 3. Extensive; ADL support provided: 3. Two+ persons physical assist. G. Dressing. I. Toilet Use, and J. Personal Hygiene: ADL Self-performance: Extensive assistance; ADL support provided: One-person physical assist. Section G0400. Functional limitation in Range of Motion: 1. Impairment of upper and lower extremities. Review of Resident #99's Minimum Data Set (MDS) with assessment reference date of 08/18/2020, read, Section C. Cognitive Patterns: - BIMS (Brief Interview for Mental Status Summary Score: 12. Review of Resident #99's care plan read, Resident participates in Restorative Nursing Programs. Active/assist Range of Motion (ROM), passive ROM, splinting and dining revised on 7/2/2020. Interventions include: Provide restorative programs/ interventions as ordered/ indicated (see restorative program). Splinting- monitor skin condition under splint upon splint removal and report any areas of concern. On 09/08/2020 at 12:40 PM, Resident #99 was observed in bed, awake, alert with left sided weakness. Left arm was flaccid, with left hand with severe contracture. A hand brace was observed over the counter in the resident's room. One large leg brace was observed on top of the bedside table. During an interview on 09/08/2020 at 12:45 PM, Resident #99 stated, My arm and leg braces are not applied every day. They do not exercise my arm every day. On 09/08/2020 at 2:12 PM, Resident #99 was observed in bed with no splints or braces on her arm or left lower extremity. During an interview on 09/08/2020 at 2:15 PM, Resident #99 stated, I was in bed all day. I did not have my splints on me. No one exercised my arm for few days. On 09/09/2020 at 8:22 AM, Resident #99 was observed up on her wheelchair with legs elevated, with left elbow splint and left leg brace on. Two restorative aides were observed exiting the residents' room. The resident's left hand splint was over the counter and was not applied to the resident at the time of observation. On 09/09/2020 at 8:23 AM, Resident #99 was observed with no socks or shoes on her feet. The hand splint was observed on the countertop. During an interview on 09/09/2020 at 8:23 AM, Resident #99 stated, Restorative girls got me out of bed to the chair and did not apply the hand splint. During an interview on 09/09/2020 at 1:34 PM, Staff C, CNA (Certified Nursing Assistant), confirmed that she just started applying the splints to arm and left leg on 09/09/2020. During an interview on 09/09/2020 at 3:49 PM, Staff D, Restorative Nurse Coordinator, confirmed that Resident #99's orders for restorative program was to resume on 09/01/2020. During an interview on 09/10/2020 at 9:20 AM, Staff G, Occupational Therapist, stated that Resident #99 was on skilled OT (Occupational Therapy) caseload when she returned from the hospital. Staff G stated that Resident #99 was transferred to restorative nursing beginning 09/01/2020 for ROM, ADLs (Activities of Daily Living), splints/ brace application and they were expected to do them daily as recommended. During an interview on 09/10/2020 at 9:38 AM, Staff H, Physical Therapist, stated that Resident #99 was on skilled therapy caseload when she returned from the hospital on [DATE]. Staff H stated the resident was on a restorative program prior to her transfer to the hospital. Staff H stated the restorative aides were very familiar with her range of motion (ROM) and splinting program and he transferred the care to restorative nursing on 09/01/2020. During an interview on 09/10/2020 at 12:45 PM, Staff C, CNA, stated, The official restorative program such as range of motion and splinting started yesterday (09/09/2020) as we did not receive the restorative worksheet printout. During an interview on 09/10/2020 at 12:50 PM, Staff M, Restorative Certified Nursing Assistant (RCNA), confirmed that the Occupational Therapist told her to resume restorative program last week (date unknown). RCNA stated, There was no restorative printout sheet for the program, so I tried to remember it by memory who gets range of motion (ROM) and or splints in the facility. I tried to do her restorative program, but I also do the weights for the facility, so it is not done every day. Review of policy and procedure titled Restorative Nursing Program with a revised date of 12/01/2016 read, Standard: It will be the standard of this facility to provide restorative nursing services to residents that require them to attempt to maintain or improve function or as ordered by the physician. Restorative program include: Range of motion (ROM), active and passive, splint or brace assistance, bed mobility, transfers, walking, dressing or grooming, communication, amputation/ prosthesis care and eating and/or swallowing.</p> <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure drug regimen was reviewed at least once a month by a licensed pharmacist for 2 of 6 reviewed residents, Resident #103, and Resident #67. Findings include: 1. Review of Resident #103's record revealed she was prescribed with [MEDICATION NAME] Capsule 125 mg (milligram) orally, give two in the morning, three in the evening for mood disorder, start date of 07/13/2020; Quetiapine 100 mg orally, daily for Major [MEDICAL CONDITION] (MDD), start date of 08/19/2020; [MEDICATION NAME] 2 mg/ ml (milliliter), inject 0.5 mg intramuscular as needed every six hours for agitation, start date of 07/01/2020. During an interview with Director of Nursing (DON) on 09/10/2020 at 03:00 PM, when asked to provide pharmacy review for months of June and August, he stated that he would look for them and that they were usually electronically scanned in. No reports were provided. During an interview on 09/11/2020 at 9:51 AM, the Assistant Director of Nursing (ADON) provided pharmacy review for July but was not able to find the pharmacy reviews for the months of June or August.</p> <p>2. Review of Resident #67's records revealed the most recent admission date of [DATE] with multiple [DIAGNOSES REDACTED]. Further review revealed pharmacy recommendations for 5 of 12 months (November and December 2019, and February, March and July 2020). During an interview on 09/11/2020 at 9:52 AM, Assistant Director of Nursing (ADON) confirmed the only pharmacy recommendations reviewed by physicians were located in the electronic record. ADON provided additional recommendations from 2019 and 2020 from pharmacist for Resident #67 without any documentation of physician review. Review of facility policy titled SG Pharmacy Services, Policy Number 19.04.005, last reviewed by facility on 01/15/2020, read, 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. Beginning 11/28/2017, this review must include a review of the resident's medical chart. 2. The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and</p>		
F 0756 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure drug regimen was reviewed at least once a month by a licensed pharmacist for 2 of 6 reviewed residents, Resident #103, and Resident #67. Findings include: 1. Review of Resident #103's record revealed she was prescribed with [MEDICATION NAME] Capsule 125 mg (milligram) orally, give two in the morning, three in the evening for mood disorder, start date of 07/13/2020; Quetiapine 100 mg orally, daily for Major [MEDICAL CONDITION] (MDD), start date of 08/19/2020; [MEDICATION NAME] 2 mg/ ml (milliliter), inject 0.5 mg intramuscular as needed every six hours for agitation, start date of 07/01/2020. During an interview with Director of Nursing (DON) on 09/10/2020 at 03:00 PM, when asked to provide pharmacy review for months of June and August, he stated that he would look for them and that they were usually electronically scanned in. No reports were provided. During an interview on 09/11/2020 at 9:51 AM, the Assistant Director of Nursing (ADON) provided pharmacy review for July but was not able to find the pharmacy reviews for the months of June or August.</p> <p>2. Review of Resident #67's records revealed the most recent admission date of [DATE] with multiple [DIAGNOSES REDACTED]. Further review revealed pharmacy recommendations for 5 of 12 months (November and December 2019, and February, March and July 2020). During an interview on 09/11/2020 at 9:52 AM, Assistant Director of Nursing (ADON) confirmed the only pharmacy recommendations reviewed by physicians were located in the electronic record. ADON provided additional recommendations from 2019 and 2020 from pharmacist for Resident #67 without any documentation of physician review. Review of facility policy titled SG Pharmacy Services, Policy Number 19.04.005, last reviewed by facility on 01/15/2020, read, 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. Beginning 11/28/2017, this review must include a review of the resident's medical chart. 2. The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and</p>		

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F 0756 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 2) what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles by not including the open dates and not removing the expired medication from active inventory. Findings include: 1. On 09/08/2020 at 2:40 PM, observation of the medication room in the South Unit revealed four out of date [MEDICATION NAME] 175 gram in 500 milliliter normal saline solution expired on August 2, 2020 for Resident #470 (Photographic evidence obtained). During an interview on 09/08/2020 at 2:40 PM, the Director of Nursing, who was present during the observation, confirmed that there were expired medications. Review of Resident #470's record revealed the resident was discharged from the facility on 06/25/2020 to hospital for abnormal lab results (platelet count of 8, normal is 150-400) and did not returned to facility. 2. On 09/10/2020 at 10:35 AM, observation of the 600 Hallway medication cart with Staff A, Licensed Practical Nurse (LPN), revealed a container of Assure Platinum Blood Glucose Strips stored in the drawer opened and not labeled with expiration date (Photographic evidence obtained). During an interview on 09/10/2020 at 10:35 AM, Staff A stated, The container is supposed to be labeled with the date and the time it is opened. 3. On 09/10/2020 at 10:50 AM, observation of medication cart on the 200 Hallway with Staff B, LPN, revealed a container of Assure Platinum Blood Glucose Strips stored in the drawer opened and not labeled with expiration date, and an open bottle of Oster Shell Calcium that had expired in March 2020 (Photographic evidence obtained). During an interview on 09/10/2020 at 10:50 AM, Staff B, stated, The container is supposed to be labeled. 4. On 09/10/2020 at 11:10 AM, observation of medication cart on the 400 Hallway with Staff K, LPN, revealed two opened containers of Assure Platinum Blood Glucose Strips that were not labeled as to expiration date, an opened vial of Insulin [MEDICATION NAME] for Resident #101, which was not labeled for open date, and an opened [MEDICATION NAME] Flex Touch Pen for Resident #101, which was not labeled for expiration date (Photographic evidence obtained). During an interview on 09/10/2020 at 11:33 AM, the Director of Nursing (DON) stated, Glucometer strips should be dated once open and only good for 30 days, all should be labeled. Review of the facility policy and procedure titled Medication Storage Policy number 12.07.09.055, issued 08/01/2006, revised 10/01/2013; 06/01/2016, read, Guidelines: . 3. Drug containers that have missing, incomplete improper or incorrect labels should be returned to the pharmacy for proper labeling before storing. 4. The facility shall not use discontinued, outdated or deteriorated medications, drugs or biological . 9. When the determination has been achieved that the resident will not return to facility, it is appropriate to return the medications, drugs or supplies to the pharmacy, dispose of them properly or destroy them per medication destruction guidelines.</p>		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored, prepared and distributed in accordance with professional standards for food service safety. Findings include: On 09/08/2020 at 9:05 AM, during a tour of the kitchen with the Kitchen Manager, opened, undated and unlabeled food items were observed in the walk-in cooler and preparatory table. The items included two blocks of yellow cheese, which were originally 5 pounds each; unlabeled soup in a two quart container, which had a lid that did not fit and was no longer distinguishable, as to kind of soup; sausage gravy in a two quart container; sliced turkey meat with one pound left; open grits in paper package, not sealed, sitting on an open shelf above the preparatory table. Further observation revealed the white entrance/exit door had black smudges layered in an area, which covered about 3 feet by 3 feet of the door. The door opens into the main dining room. The red and green cleaning bucket with chemicals were placed on the sink adjoining the preparatory table. The staff was currently preparing apple crisp desserts within inches of the buckets. There was an unknown dry red substance with drip and spatter spots, covering about two feet of the cooler floor. There were seven boxes sitting directly on the pantry floor. Another large box about two feet by three feet was found knocked on the side on the freezer floor. The convection oven was covered in dried, dark brown marks both inside and outside of the oven. The heavy buildup of marks was layered. There were two large fifty-gallon bags of trash and leftover food sitting next to the dishwasher on the floor. Another filled fifty-gallon rubber trash can was sitting about two feet from the bags. Also, two floor tiles were completely loose from the floor, which were exactly where the Cook stands while serving from the steam table. There was a five inch by five-inch chunk of wall and baseboard missing from the entrance/exit doorway wall. Two areas were observed where both the tile baseboard and the metal baseboard and tile floor were disintegrating. The disintegrating tiles left two areas about one inch by eight inches open and in complete disrepair. There were four rusty wheels on the five shelf drying racks for clean kitchen ware. A black substance was on the ceiling tile above the Cook's reach in cooler, toward the stove. A metal ceiling vent was hanging, not secured, in the dishwasher area. The ceiling tile right next to it was surrounded in a rust colored metal stripping. On 09/08/2020 beginning at 9:05 AM, on 09/09/2020 at 12:25 PM, during the lunch meal, and on 09/10/2020 at 9:42 AM, observation with the Kitchen Manager revealed the door to the Cook's reach in cooler next to the tray line was partially covered in condensation. The inside of the cooler had a rust colored substance on the shelves. The contents of the cooler were both prepackaged items as well as items packaged in the kitchen, such as sandwiches. Review of the facility policy titled Food & Nutrition read, 2. Leftover foods and all opened, perishable items are discarded after 48 hours or dated with the used by date. Review of the policy titled Maintenance Work Order System read, . On a daily basis the Director of Plant Operations /designee will assign Work Requests to Personnel and review completed work orders for completeness and correctness of repairs and or the need of purchase or outside assistance. Review of the computerized work requests dated 08/25/2020 read, Broken tiles need to be replaced . Needs to be completed no later than this week. The timeline for the broken tile form ended at added assigned. There was no completion or monitoring of work noted. There was a request for missing grout around tiles in the floor dated 08/28/2020. There was no further detail listed about the assignment. It noted set to close on 09/01/2020. There was no work request provided for baseboards, walls or other areas. No monitoring information for the 09/01/2020 set to close for missing grout in floor work request was provided per the policy. During an interview on 09/08/2020 at 10:00 AM, the Kitchen Manager stated he joined the company about three weeks earlier and was working to fix the different areas of concern including maintaining logbooks. He confirmed the soups, cheeses, turkey meat and grits should have been better sealed, labeled and thrown out when they were no longer edible. There were several areas of disrepair in the kitchen, which included floor and ceiling tiles. The convection oven was dirty with no information about the last time it was cleaned along with the cooler floor. The chemical buckets should not be on the food preparation area particularly when food was being prepared. The door was dirty and worn, the trash should have been taken to the dumpster after each meal and before staff leave for the night. There was no word on the frequently observed moisture inside the cooler even when there was no tray line moving. No further information or work requests were provided.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored, prepared and distributed in accordance with professional standards for food service safety. Findings include: On 09/08/2020 at 9:05 AM, during a tour of the kitchen with the Kitchen Manager, opened, undated and unlabeled food items were observed in the walk-in cooler and preparatory table. The items included two blocks of yellow cheese, which were originally 5 pounds each; unlabeled soup in a two quart container, which had a lid that did not fit and was no longer distinguishable, as to kind of soup; sausage gravy in a two quart container; sliced turkey meat with one pound left; open grits in paper package, not sealed, sitting on an open shelf above the preparatory table. Further observation revealed the white entrance/exit door had black smudges layered in an area, which covered about 3 feet by 3 feet of the door. The door opens into the main dining room. The red and green cleaning bucket with chemicals were placed on the sink adjoining the preparatory table. The staff was currently preparing apple crisp desserts within inches of the buckets. There was an unknown dry red substance with drip and spatter spots, covering about two feet of the cooler floor. There were seven boxes sitting directly on the pantry floor. Another large box about two feet by three feet was found knocked on the side on the freezer floor. The convection oven was covered in dried, dark brown marks both inside and outside of the oven. The heavy buildup of marks was layered. There were two large fifty-gallon bags of trash and leftover food sitting next to the dishwasher on the floor. Another filled fifty-gallon rubber trash can was sitting about two feet from the bags. Also, two floor tiles were completely loose from the floor, which were exactly where the Cook stands while serving from the steam table. There was a five inch by five-inch chunk of wall and baseboard missing from the entrance/exit doorway wall. Two areas were observed where both the tile baseboard and the metal baseboard and tile floor were disintegrating. The disintegrating tiles left two areas about one inch by eight inches open and in complete disrepair. There were four rusty wheels on the five shelf drying racks for clean kitchen ware. A black substance was on the ceiling tile above the Cook's reach in cooler, toward the stove. A metal ceiling vent was hanging, not secured, in the dishwasher area. The ceiling tile right next to it was surrounded in a rust colored metal stripping. On 09/08/2020 beginning at 9:05 AM, on 09/09/2020 at 12:25 PM, during the lunch meal, and on 09/10/2020 at 9:42 AM, observation with the Kitchen Manager revealed the door to the Cook's reach in cooler next to the tray line was partially covered in condensation. The inside of the cooler had a rust colored substance on the shelves. The contents of the cooler were both prepackaged items as well as items packaged in the kitchen, such as sandwiches. Review of the facility policy titled Food & Nutrition read, 2. Leftover foods and all opened, perishable items are discarded after 48 hours or dated with the used by date. Review of the policy titled Maintenance Work Order System read, . On a daily basis the Director of Plant Operations /designee will assign Work Requests to Personnel and review completed work orders for completeness and correctness of repairs and or the need of purchase or outside assistance. Review of the computerized work requests dated 08/25/2020 read, Broken tiles need to be replaced . Needs to be completed no later than this week. The timeline for the broken tile form ended at added assigned. There was no completion or monitoring of work noted. There was a request for missing grout around tiles in the floor dated 08/28/2020. There was no further detail listed about the assignment. It noted set to close on 09/01/2020. There was no work request provided for baseboards, walls or other areas. No monitoring information for the 09/01/2020 set to close for missing grout in floor work request was provided per the policy. During an interview on 09/08/2020 at 10:00 AM, the Kitchen Manager stated he joined the company about three weeks earlier and was working to fix the different areas of concern including maintaining logbooks. He confirmed the soups, cheeses, turkey meat and grits should have been better sealed, labeled and thrown out when they were no longer edible. There were several areas of disrepair in the kitchen, which included floor and ceiling tiles. The convection oven was dirty with no information about the last time it was cleaned along with the cooler floor. The chemical buckets should not be on the food preparation area particularly when food was being prepared. The door was dirty and worn, the trash should have been taken to the dumpster after each meal and before staff leave for the night. There was no word on the frequently observed moisture inside the cooler even when there was no tray line moving. No further information or work requests were provided.</p>		
F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored, prepared and distributed in accordance with professional standards for food service safety. Findings include: On 09/08/2020 at 9:05 AM, during a tour of the kitchen with the Kitchen Manager, opened, undated and unlabeled food items were observed in the walk-in cooler and preparatory table. 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Another large box about two feet by three feet was found knocked on the side on the freezer floor. The convection oven was covered in dried, dark brown marks both inside and outside of the oven. The heavy buildup of marks was layered. There were two large fifty-gallon bags of trash and leftover food sitting next to the dishwasher on the floor. Another filled fifty-gallon rubber trash can was sitting about two feet from the bags. Also, two floor tiles were completely loose from the floor, which were exactly where the Cook stands while serving from the steam table. There was a five inch by five-inch chunk of wall and baseboard missing from the entrance/exit doorway wall. Two areas were observed where both the tile baseboard and the metal baseboard and tile floor were disintegrating. The disintegrating tiles left two areas about one inch by eight inches open and in complete disrepair. There were four rusty wheels on the five shelf drying racks for clean kitchen ware. 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F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored, prepared and distributed in accordance with professional standards for food service safety. Findings include: On 09/08/2020 at 9:05 AM, during a tour of the kitchen with the Kitchen Manager, opened, undated and unlabeled food items were observed in the walk-in cooler and preparatory table. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER TERRACE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7207 SW 24TH AVE GAINESVILLE, FL 32608	
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)		
<p>F 0886</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 3)</p> <p>09/09/2020 at 9:06 AM. The Clinical Educator washed her hands and put on gloves. She was wearing an N95 mask. She gathered supplies, opened the swab, uncapped of solution, swabbed right nostril of employee, put swab in solution, applied to test strip and set timer. The Clinical Educator was not wearing a gown or eye protection. During an interview on 09/09/2020 at 9:10 AM, the Clinical Educator stated she did not wear a gown or eye protection while conducting the employee testing. She was not aware that she should wear a gown and eye protection while conducting staff testing. During an interview on 09/10/2020 at approximately 12:15 PM, the Regional Director of Clinical Services confirmed that during [DIAGNOSES REDACTED]-CoV-2 staff testing, the staff conducting the testing should be wearing full PPE to include gown, gloves, N-95, and eye protection.</p>		