

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105672	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER GULF COAST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991	
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 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 record review, review of policy and procedure, staff interview, and record review the facility of failed provide the necessary services to maintain grooming and hygiene for 1 (Resident #1) of 1 resident reviewed who required assistance with activities of daily living. This has the potential to cause psychological harm to the resident. The findings included: The facility policy 483.25 Quality of Care (revised 9/2019) stated, each resident must receive the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being .highest practicable is determined through the comprehensive resident assessment and thoroughly addressing the physical, mental or psychosocial needs of the individual. Clinical record review revealed Resident #1 [DIAGNOSES REDACTED]. The record indicated Resident #1 required assistance with all activities of daily living and had severe cognitive impairment. A review of the interdisciplinary Progress Notes revealed 22 different occasions (11/26/19, 11/30/19, 12/1/19, 12/2/19, 12/5/19, 12/6/19, 12/9/19, 12/12/19, 12/27/19, 12/28/19, 1/18/20, 3/7/20, 3/20/20, 3/25/20, 4/15/20, 4/18/20, 4/26/20, 5/5/20, 5/6/20, 5/7/20, 5/10/20, 5/11/20) that Resident #1's family member refused to allow staff to provide care to the resident. A progress note dated 3/7/20 documented the family member will only allow staff to wipe Resident #1 with wet paper towels. A progress note dated 3/25/20 the Administrator documented she spoke with Resident #1's family member regarding an odor in the resident's room that appeared to be related to bodily odors. The progress note documented the family member often refused to allow the staff to clean the residents room. On 5/5/20 the nursing Progress Note documented family member continues to refuse staff entrance into the room. Will not let staff obtain vital signs. Staff unable to assess or evaluate resident. On 5/11/20 at 10:46 a.m., in an interview the Administrator said Resident #1's family member refused to allow staff to tend to the resident was something in the past. The Administrator said the family member provided all of Resident #1's care and was particular about who enters the resident's room. The Administrator said, there is nothing I can do, the family member is taking care of the resident. On 5/12/20 at 9:25 a.m., in an interview Licensed Practical Nurse (LPN) Staff D said Resident #1's family member did not allow staff in the residents room to provide care to the resident. On 5/12/20 at 9:40 a.m., in an interview LPN Staff E said Resident #1's family member did not allow the staff to provide any care to the resident on the night shift. In an interview on 5/12/20 at 10:20 a.m., Certified Nursing Assistant Staff F said Resident #1's family member did not allow the staff to enter the room to assist the resident.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, and review of the facility's infection control policy the facility failed to ensure all visitors adhered to infection prevention practices to minimize the spread of the COVID-19 to residents and staff. The findings included: The facility's policy Infection and Control Manual (Covid-19) advised In cases when visitation is allowable, the facility will instruct visitors to limit their movement within the facility to the residents room (e.g., reduce walking the halls, avoid going to the dining room etc.). On 5/11/20 at 8:40 a.m., during an observation Resident #1's family member left the residents room and removed a cup and coffee from the dining cart during the breakfast meal. On 5/11/20 at 9:47 a.m., Resident #1's family member was observed removing food from the D Wing kitchen refrigerator. On 5/11/20 at 10:20 a.m., in an interview the Infection Control Registered Nurse said she had provided education to the staff on COVID-19, infection control procedure, the use of personal protective equipment and handwashing. The Infection Control nurse said she monitored the building and the staff to ensure everyone was following the guidelines. The Infection Control nurse said the facility had stopped allowing visitors into the facility during Phase 1. On 5/11/20 at 10:46 a.m., in an interview the Administrator confirmed Resident #1's family member was using the D Wing kitchen refrigerator to store her personal food items. The Administrator said the resident's family member would leave the facility once a week to move her car.		
F 0912 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of policy, record review, and staff interview the facility failed to provide the appropriate living space for 1 (Resident #1) of 1 resident room sampled for the accommodation of two beds. The findings included: The facility policy 483.90 Physical Environment (revised 10/2019) documented, the facility will ensure bedrooms measured at least 80 square feet per resident in multiple resident bedrooms. On 5/11/20 at 9:00 a.m., the D Wing bedrooms were observed to be single occupancy rooms. On 5/11/20 at 9:06 a.m., in an interview Licensed Practical Nurse (LPN) Staff D said Resident #1's family member had been sleeping at the facility. On 5/11/20 at 10:46 a.m., in an interview the Administrator said Resident #1's family member tends to the resident 24 hours a day and did not leave the building. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] and was assigned to a private room. A progress note dated 2/18/20, documented Resident #1's family member had been staying with the resident and requested the cot be replaced. The facility provided a resident mattress on the floor, to the family member, per choice. On 5/12/20 at 12:40 p.m., in an interview the Director of Environmental Services confirmed the resident rooms on the D Wing were 144 square feet without the entry way.		
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.