

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105870	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF CITRUS COUNTY		STREET ADDRESS, CITY, STATE, ZIP 3325 W JERWAYNE LN LECANTO, FL 34461	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the accurate completion of the Quarterly Comprehensive Assessment related to falls for 1 of 4 residents review for falls, Resident #57, in a total sample of 41 residents. Findings: A review of the Minimum Data Set (MDS) Quarterly Comprehensive assessment dated [DATE] for Resident #57 revealed the resident is rarely/never understood and has had one fall since the prior assessment. A review of the clinical record for Resident #57 revealed a nursing progress note dated 1/25/2020 that read: 21:11 (9:11 PM) Behavior note: Patient was found on mat on floor next to bed. Bed was in low position, no injuries noted. Patient shows no signs/symptoms of distress. Patient was assisted back to bed. A review of the clinical record for Resident #57 revealed no Fall Assessment following fall on 1/25/2020. An interview was conducted with the Staff E, Licensed Practical Nurse (LPN), MDS (Minimum Data Set) Assistant on 3/4/20 at 9:19 AM. She stated there were no falls reported in risk management. She stated she did not read the progress note on 1/25/2020 about the fall. The assessment dated [DATE] did not reflect the fall on 1/25/20		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement it's Fall Management/Event Management policies specific to reviewing and revising written plan of care related to fall prevention for 1 (#57) of 4 resident review for falls out of 23 care plans reviewed in a total sample of 41 residents. Findings: A review of the facility policy titled Fall Management, effective 12/13/18 revealed under procedure: Residents will be assessed for fall indicators upon admission, readmission, quarterly, change in condition and with any fall event utilizing the Fall Risk Evaluation form. The interdisciplinary team will review and revise the care plan, if indicated, upon completion of each comprehensive, significant change and quarterly MDS, upon a fall even and as needed thereafter. A review of the facility policy titled Event Management System Policy, effective date 5/23/19, revealed under policy: To help reduce the risk of an event, all patients will receive assistance and supervision as addressed in their individualized care plan. If an event occurs, the facility will assess, report, investigate and determine the root cause of the event in an effort to minimize the potential for recurrence. The Event Management policy is designed to assist the facility in identifying and reducing events. Event Management includes, but is not limited to, the following types of events: Fall - Unwitnessed or Witnessed. At the time of the event the licensed nurse will document an event note, update the care plan and provide any resident teaching as indicated. The licensed nurse will initiated the incident report in the electronic system and assign an event type and risk level. Notification and Reporting of an Event. As part of the facility's Event Management System, the facility will immediately respond to resident events including Internally reporting to supervisor and other members of interdisciplinary team, Physician and Resident's Legal Representative Notification, Externally reporting to state agencies as required, Conducting a thorough investigation. An observation of Resident #57 on 3/2/20 at 1:30 PM revealed resident in bed, bed in low position, scoop mattress on bed, landing mat on floor on residents left side (by window) and a pole for tube feeding next to bed. Resident was awake, nonverbal and moving his legs pushing his covers. An observation of Resident #57 on 3/3/20 at 7:52 AM revealed resident in bed, awake, nonverbal with surveyor, bed in low position and landing mat on floor on residents left side (window). An observation of Resident #57 on 3/4/20 at 7:11 AM revealed resident in bed, awake, pulling on his feeding tubing. Resident was elevated approximately 30 degrees, bed in low position, landing mats on floor on resident's left. Resident was restless, moving arms and legs, and pushing pillow off bed. A review of the clinical record for Resident #57 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. A review of the written plan of care for Resident #57 dated revealed he is at risk for falls, has a history of falls, impaired cognition, and unsteady gait with falls on 10/10/19, 10/13/19, 10/31/19 12/4/19, 2/13/20. The goal is the resident will not sustain serious injury requiring hospitalization. The interventions include (7/29/19) assist with Activities of Daily Living (ADLs) as needed, call light within reach, complete fall risk assessment, orientate to room, (7/30/19) landing mats next to bed, (10/10/19) Serenity lane for activities (memory care unit), (10/14/19) physical therapy evaluation, (11/1/19) Re-educate staff on taking resident to serenity lane for activities, (11/12/19) weighted blanket when up in Broda chair, (12/5/19) psych medication review, (2/14/20) educate staff to take to serenity lane for activities. Review of care plan shows no fall or intervention added for 1/25/20 event. A review of the clinical record for Resident #57 revealed a nursing progress note dated 1/25/2020 that read: 21:11 Behavior note: Patient was found on mat on floor next to bed. Bed was in low position, no injuries noted. Patient shows no signs/symptoms of distress. Patient was assisted back to bed. An interview was conducted with the Staff K, Unit Care Coordinator, Registered Nurse on 3/5/2020. She confirmed that Resident #57 is supposed to have landing mats on both sides of his bed. An interview was conducted with Staff L, CNA on 3/5/2020 at 8:38 AM. She stated that she was not sure Resident #57 was supposed to have mats on both sides of the bed. An interview was conducted with the Director of Nursing (DON) on 3/4/20 at 8:53 AM. She confirmed Resident #57 had a fall on 1/25/20. She stated that she does not have an incident report for this fall. When someone falls, the event is put into the risk management portal and then reviewed by our Interdisciplinary Team (IDT) and an intervention for fall prevention is put into place in the care plan. She confirmed the fall on 1/25/2020, the facility did not complete and incident report, did not investigate the fall to determine its root cause, the IDT did not meet and there was no fall prevention intervention added to the care plan was done.		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 4 residents reviewed for falls, Resident #57, in a total sample of 41 residents. Findings: A review of the facility policy titled Fall Management, effective 12/13/18 revealed under procedure: Residents will be assessed for fall indicators upon admission, readmission, quarterly, change in condition and with any fall event utilizing the Fall Risk Evaluation form. The interdisciplinary team will review and revise the care plan, if indicated, upon completion of each comprehensive, significant change and quarterly MDS, upon a fall even and as needed thereafter. A review of the facility policy titled Event Management System Policy, effective date 5/23/19, revealed under policy: To help reduce the risk of an event, all patients will receive assistance and supervision as addressed in their individualized care plan. If an event occurs, the facility will assess, report, investigate and determine the root cause of the event in an effort to minimize the potential for recurrence. The Event Management policy is designed to assist		
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>the facility in identifying and reducing events. Event Management includes, but is not limited to, the following types of events: Fall - Unwitnessed or Witnessed. At the time of the event the licensed nurse will document an event note, update the care plan and provide any resident teaching as indicated. The licensed nurse will initiate the incident report in the electronic system and assign an event type and risk level. Notification and Reporting of an Event. As part of the facility's Event Management System, the facility will immediately respond to resident events including Internally reporting to supervisor and other members of interdisciplinary team, Physician and Resident's Legal Representative Notification, Externally reporting to state agencies as required, Conducting a thorough investigation. An observation of Resident #57 on 3/2/20 at 1:30 PM revealed resident in bed, bed in low position, scoop mattress on bed, landing mat on floor on residents left side (by window) and a pole for tube feeding next to bed. Resident was awake, nonverbal and moving his legs pushing his covers. An observation of Resident #57 on 3/3/20 at 7:52 AM revealed resident in bed, awake, nonverbal with surveyor, bed in low position and landing mat on floor on residents left side (window). An observation of Resident #57 on 3/4/20 at 7:11 AM revealed resident in bed, awake, pulling on his feeding tubing. Resident was elevated approximately 30 degrees, bed in low position, landing mats on floor on resident's left. Resident was restless, moving arms and legs, and pushing pillow off bed. A review of the clinical record for Resident #57 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. A review of the written plan of care for Resident #57 dated revealed he is at risk for falls, has a history of falls, impaired cognition, and unsteady gait with falls on 10/10/19, 10/13/19, 10/31/19 12/4/19, 2/13/20. The goal is the resident will not sustain serious injury requiring hospitalization. The interventions include (7/29/19) assist with Activities of Daily Living (ADLs) as needed, call light within reach, complete fall risk assessment, orientate to room, (7/30/19) landing mats next to bed, (10/10/19) Serenity lane for activities (memory care unit), (10/14/19) physical therapy evaluation, (11/1/19) Re-educate staff on taking resident to serenity lane for activities, (11/12/19) weighted blanket when up in Broda chair, (12/5/19) psych medication review, (2/14/20) educate staff to take to serenity lane for activities. Review of care plan shows no fall or intervention added for 1/25/20 event. A review of the clinical record for Resident #57 revealed a nursing progress note dated 1/25/2020 that read: 21:11 (9:11 PM) Behavior note: Patient was found on mat on floor next to bed. Bed was in low position, no injuries noted. Patient shows no signs/symptoms of distress. Patient was assisted back to bed. An interview was conducted with the Director of Nursing (DON) on 3/4/20 at 8:53 AM. She confirmed Resident #57 had a fall on 1/25/20. She stated that she does not have an incident report for this fall. When someone falls, the event is put into the risk management portal and then reviewed by our Interdisciplinary Team (IDT) and an intervention for fall prevention is put into place in the care plan. She confirmed the fall on 1/25/2020, the facility did not complete and incident report, did not investigate the fall to determine its root cause, the IDT did not meet and there was no fall prevention intervention added to the care plan was done.</p> <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper implementation of policies for enteral feedings to prevent weight loss for 1, Resident #57, out of a total of 4 residents receiving enteral feeding in a total sample of 41 residents. Findings: A review of the facility policy titled Enteral Nutritional Therapy (Tube Feeding), effective 11/27/18, reads under procedure: This facility will utilize the Lippincott Procedures. In the Lippincott Procedures it reads: Documentation: Document the date, time, and amount of each feeding and the water volume instilled. Maintain total volumes for nutrients and water separately to allow calculation of nutrient intake. Document the type of formula, delivery method and rate, patient's tolerance of the procedure and formula, and amount of gastric residual volume. Also record GI (Gastrointestinal) assessment findings. Document any tube feeding problems or complications, the date and time you notified the practitioner, prescribed interventions, and the patient's response to the interventions.</p> <p>During an observation of Resident #57 on 03/4/2020 at 4:45 AM, there was no tube feeding infusing, the tube feeding bottle, [MEDICATION NAME] 1.5, was hanging on the pole, still connected to the feeding pump, the feeding pump was shut off. During an observation of the Resident #57 on 3/4/2020 at 07:13 AM, there was [MEDICATION NAME] 1.5 infusing at 100 ml per hour, the bottle was dated (NAME)03, 2020 at 4:00 PM. There was 450 ml remaining in a 1000 ml bottle. During an observation of the Resident #57 on 3/4/2020 at 11:45 AM, there was [MEDICATION NAME] 1.5 hanging on the pole, disconnected from resident. There was 400 ml remaining in a 1000 ml bottle that was dated 3/3/2020 at 4:00 PM (photographic evidence).</p> <p>During an interview with Staff G, RN (Registered Nurse) on 3/4/2020 at 4:50 AM, he stated, Oh that feeding has been off for several hours because its leaking and won't connect properly. I did not notify the doctor, it's just a tube feeding, and he is also eating. I am getting help from another nurse to see if they can help me. The resident pulls at his tube frequently and sometimes we have the feedings in the bed. I don't know how much feeding infused tonight. I usually change the bottle on my shift. During an interview with Staff D, LPN (Licensed Practical Nurse) on 3/4/2020 at 7:25 AM, he stated, We don't document the amount of tube feeding that infused when we take them down. This resident eats meals also and takes his medication by mouth. His tube feeding infuses at 100 ml per hour. I don't know how long the tube feeding was not running last night. When I see when it was hung yesterday at 4:00 PM, the bottle should have been changed after ten hours and the new bottle should only have about 400 ml left when we take it down. So, it must have been off for a long time because there is 450 ml left in the bottle. I don't know if we have tried anything to stop the resident from messing with his tubing, like an abdominal binder. During an interview with Staff J, LPN on 03/5/2020 at 6:10 AM she stated, Resident #57 pulls at his [DEVICE] (gastrostomy tube) and disconnects it frequently and we have to reconnect him, we usually find it when we are changing him. I don't remember if any other interventions have been tried to prevent it from happening. A review of the clinical record for Resident #57 revealed he was admitted on [DATE] with [DIAGNOSES REDACTED]. A review of the physician's orders for Resident #57 revealed the following orders: 2/4/2020 [MEDICATION NAME] 1.5 to run at 90 ml (milliliters)/hour x 16 hours. Start (hang) at 4 pm and stop (disconnect) at 6 am daily. 3/3/2020 [MEDICATION NAME] 1.5 to run at 100 ml/hour x 16 hours. Start (hang) at 4 pm and stop (disconnect) at 6 am daily. 2/4/2020 Regular diet, puree texture, honey/moderate consistency, dependent diner. Pleasure feeds for diet upgrade. 1/30/2020 Regular diet, puree texture, nectar/moderate consistency, dependent diner. Pleasure feeds for diet upgrade. 1/9/2020 Regular diet, puree texture, honey/moderate consistency. A record review of the clinical records for Resident #57 revealed dated 01/21/2020, the resident weighed 151.0 lbs. On 02/26/2020, the resident weighed 144.5 pounds which is a 4.30% loss in the last 30 days. A review of the Minimum Data Set (MDS) Quarterly Comprehensive assessment dated [DATE] revealed the following under Swallowing Disorder: No for loss of liquids/solids from mouth when eating or drinking, no for holding food in mouth/cheeks or residual food in mouth after meals, yes for coughing or choking during meals or when swallowing medications, and yes for complaints of difficulty or pain when swallowing. Resident has a feeding tube. A review of the Medication Administration Record [REDACTED]. Start (hang) at 4 pm and stop (disconnect) at 6 am daily dated 2/4/2020 and discontinued on 3/3/2020. [MEDICATION NAME] 1.5 to run at 100 ml/hour x 16 hours. Start (hang) at 4 pm and stop (disconnect) at 6 am daily dated 3/3/2020. Nursing signed each day that it was administered. A review of the Medication Administration Record [REDACTED]. Start (hang) at 4 pm and stop (disconnect) at 6 am daily dated 2/4/2020 and discontinued on 3/3/2020. [MEDICATION NAME] 1.5 to run at 80 ml/hour x 16 hours. Start (hang) at 4 pm and stop (disconnect) at 6 am daily dated 11/9/2020 and discontinued on 2/4/2020. Nursing signed each day that it was administered. A review of the Medication Administration Record [REDACTED]. Start (hang) at 4 pm and stop (disconnect) at 6 am daily dated 2/4/2020 and discontinued on 3/3/2020. [MEDICATION NAME] 1.5 to run at 100 ml/hour x 16 hours. Start (hang) at 4 pm and stop (disconnect) at 6 am daily dated 3/3/2020. Nursing signed each day that it was administered. A review of the written plan of care for Resident #57 revealed the resident requires tube feeding enteral related to dysphagia NPO (nothing by mouth) continuous feeding as ordered see Medication Administration Record: [REDACTED]. The goal is for the resident will remain free of side effects of complications related to tube feeding. The interventions include: 7/30/19 Speech therapy evaluation and treatment as ordered. 11/5/19 Send to emergency room for gastrostomy tube blockage. There were no interventions related to behaviors of pulling out the [DEVICE] while it is infusing. There was no implemented care plan related to behaviors related to tube feeding. During an interview with the Executive Director on 3/5/2020 at 11:15 AM, she confirmed that the facility is not following the documentation policy. She stated the facility, based on the policy, should be documenting the amount of intake for the enteral feed for Resident #57. An interview was conducted with the RD (Registered Dietician) on 3/5/2020 at 9:25 AM. She stated that she has increased his [MEDICATION NAME] twice since January 2020. She does not know if he is</p>		
F 0693 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few			

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F 0693 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 2)</p> <p>getting all his [MEDICATION NAME] because the amount of intake is not documented. She stated she has not tried any supplements like Med Pass. She stated she talked to DON (Director of Nursing) about loss and increased [MEDICATION NAME] to 100 ml/hr. She confirmed that he is still losing weight and his BMI (Body Mass Index) is 19.1. She stated she was unaware that the resident only received 600 ml of [MEDICATION NAME] the night before last, 03/04/2020. An interview was conducted with the DON on 3/5/2020 at 10:15 AM. She confirmed the resident has had a weight loss of over 4% in the last month. She stated she was told on the morning of 3/4/20 that the resident had pulled and disconnected his [DEVICE]. She stated he does that frequently. She stated the doctor did not want to give the resident a bolus feeding because he is eating and drinking. When asked if she told the doctor that the resident had weight lost over 4% this last month, she stated she did not. When asked if there was a written plan of care related to the resident's behavior of pulling out the [DEVICE], she stated no.</p>		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and policy and procedure review the facility failed to ensure that all drugs and biologicals used in the facility were stored and labeled in accordance with current professional standards, including proper refrigeration, and failed to remove expired medications from active medications for 4 of 4 medication carts observed out of 6 medication carts. Findings: During an observation of medication administration with Staff B, LPN (Licensed Practical Nurse) on (NAME)4, 2020 at 8:55 AM for Resident #82 it showed the LPN placed the resident's medications in her hand and then transferred them to a medication cup. The LPN then poured the liquid medication into another cup, entered the resident's room, stated the medications to be administered, placed the medication cup on the resident's overbed table, and left the resident's room with the medications on the bedside table. The LPN did not return to the room. Assistance was requested by this surveyor and Staff H, RN (Registered Nurse) responded to the room. The medications were still present at the bedside on the bedside table. The following medications were observed at the bedside by Staff H, RN, Aspirin 81 mg (milligrams), [MEDICATION NAME] 80 mg and [MEDICATION NAME]-[MEDICATION NAME] syrup (a cough suppressant) 10-100/5 ml (milliliters), for a total of 10 ml. During an interview with Staff H, RN on (NAME)4, 2020 at 9:08 AM she stated, We are not to leave any medications at the residents' bedsides, when staff administer medications they should stay at the bedside until the resident takes all the medications. It is against our policy to do this. During an interview on (NAME)4, 2020 at 9:15 AM with Staff B, LPN she stated, I should not have put the medications in my hand or opened the capsules without gloves. I should have used hand sanitizer when I entered the room before I administered medications to residents. I should not have left the medicines at the bedside without watching to make sure the resident took them. He does not have an order to self-administer medications or have medications at his bedside. I thought it was okay because he is awake and alert. I always do that. During an interview with the Director of Nursing on (NAME)4, 2020 at 9:25 AM, she stated, It is my expectation that all staff follow the medication administration policies and procedures for safe medication administration. Staff should never leave medications unattended at the bedside. During an observation on (NAME)2, 2020 at 9:40 AM of the medication cart on the 200 hallway with Staff A, Registered Nurse (RN) there was one (1) bottle of Latanoprost 0.005% eye drops with an open date of January 8, 2020, and an expiration date of February 18, 2020, one (1) bottle of [MEDICATION NAME] 1% eye drops with an open date of December 23, 2019, one (1) bottle of [MEDICATION NAME] 1% eye drops with an open date of January 4, 2020, one (1) bottle of [MEDICATION NAME] 1% eye drops with an open date of January 16, 2020, one (1) bottle of [MEDICATION NAME] 1% eye drops with no open date or expiration date, one (1) bottle of Dorzolamide-[MEDICATION NAME] eye drops with an open date of November 27, 2019, one (1) bottle of Bimatoprost 0.03% eye drops with an open date of November 27, 2019, and one (1) bottle of Dorzolamide-[MEDICATION NAME] eye drops with an open date of January 5, 2020. There was one (1) unopened bottle of Latanoprost 0.005% eye drops with a refrigerate until opened sticker on the medication that was dispensed from the pharmacy on February 4, 2020 observed in the medication cart. During an observation on (NAME)2, 2020 at 10:15 AM of a medication cart on the 200 wing with Staff B, Licensed Practical Nurse (LPN) there was one (1) opened bottle of Latanoprost 0.005% eye drops, one (1) bottle of Moxifloxacin 0.5% eye drops and one (1) bottle of [MEDICATION NAME] eye drops with no dates documented when the bottles were opened or expiration dates. There were two (2) bottles of Sunmark eye drops with no documentation of the open dates or expiration dates. One (1) bottle of [MEDICATION NAME] 0.2% eye drops with no documented open date or expiration date. There was one (1) unopened bottle of Latanoprost 0.005% eye drops with a refrigerate until opened sticker on the medication that was dispensed from the pharmacy on January 5, 2020. During an observation on (NAME)2, 2020 at 10:35 AM of a medication cart on the 100 wing with Staff C, LPN there was one (1) opened bottle of Latanoprost 0.005% eye drops with no documented open date or expiration date, there was one (1) opened bottle of [MEDICATION NAME] 2% with no documented open date or expiration date, and one (1) opened tube of [MEDICATION NAME] 0.5 % eye ointment with no documented open date or expiration date. During an observation on (NAME)2, 2020 at 11:01 AM with Staff D, LPN of a medication cart on the 100 wing, there was one (1) opened bottle of Latanoprost 0.005% eye drops with no documented open date or expiration date and one (1) unopened bottle of Latanoprost 0.005% eye drops with a refrigerate until opened sticker on the medication that was dispensed from the pharmacy on February 5, 2020. During an interview on (NAME)2, 2020 at 9:50 AM with Staff A, Registered Nurse she stated, I don't know how long eye drops are good for once they are opened, I guess the expiration date that is on the bottle. We should label all medications when we open them. The unopened latanoprost eye drops should be in the refrigerator, I'm not sure why they are in the medication cart. During an interview on (NAME)2, 2020 at 10:25 AM with Staff B, Licensed Practical Nurse, she stated, I know that all medications should be labeled when they are opened. I can't tell you why the Latanoprost eye drops aren't in the refrigerator, they should be until they get opened. During an interview on (NAME)2, 2020 at 10:50 AM with Staff C, LPN she stated, All medications should be labeled when they are opened. I'm not really sure why they don't have that and all medications that are labeled refrigerate until opened should remain in the refrigerator until they are opened. During an interview on (NAME)2, 2020 at 11:15 with Staff D, LPN, he stated, The unopened bottle of eye drops should have been put in the refrigerator, I'm not sure why it is on the cart. All medications should be labeled with the date they were opened and an expiration date if they need one. I'm not sure why these eye drops don't have the day they were opened. During an interview with the DON on (NAME)3, 2020 at 10:00 AM she stated, I expect that all staff will follow the policy and procedures for labeling medications with the date opened and expiration dates. The nurses should be checking the medication carts daily and removing any expired medications. Review of Policy and Procedure #5.3, titled Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles with an effective date of December 01, 2007, revision date (NAME)5, 2019 was reviewed and read: 4. Facility should ensure that medications and biologicals that (1) have an expiration date on the label, (2) have been retained longer than recommended by the manufacturer/supplier guidelines or (3) have been contaminated or deteriorated are stored separate from other medications until destroyed or returned to pharmacy or supplier. 5. Once any medication or biological package is opened, Facility should follow manufacturers/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. 11. Facility should ensure that the medications and biologicals are stored at their appropriate temperatures according to the United States Pharmacopeia guidelines for temperature ranges. Facility staff should monitor the temperatures of vaccines twice a day. 11.1 Room Temperature: 59 degrees to 77 degrees Fahrenheit. 11.2 Refrigeration: 36 degrees to 46 degrees Fahrenheit. 17. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals in accordance with Pharmacy return/destruction guidelines and applicable law. 18. Facility personnel should inspect nursing station storage area for proper storage compliance on a regularly scheduled basis. Review of Policy #6.0 titled, General Dose Preparation and Medication Administration with an effective date December 1, 2007 revision date January 1, 2013 was reviewed and read: 3.9 Facility staff should not leave medications or chemicals unattended. 3.11 Facility staff should enter the date opened on the label of the medications with shortened expiration dates (e.g., [MED]s, irrigation solutions etc.). 3.11.1 Facility staff may record the expiration date based on date opened on the label of the medications with shortened expiration dates. 4. Prior to administration of medication, facility staff should take all measures required by facility policy and applicable law, including, but not limited to the following: 4.1 Facility staff should: 4.1.3 Check the expiration date on the medication. 5. During medication administration, facility staff should take all measures required by facility policy</p>		

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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 0761</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3) and applicable law, including but not limited to the following: 5.9 Observe the resident's consumption of the medications.</p> <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, policy and procedure review, and interview the facility failed to ensure hand hygiene was enforced to prevent the possible spread of infection for 2 of 5 staff nurses during medication administration observation.</p> <p>Finding: An observation on 3/4/20 at 11:25 AM of Staff F, Licensed Practical Nurse (LPN) showed there was a bottle of hand sanitizer on the medication cart. Resident #39 approached Staff F and asked for her arthritis medication, Tylenol. Staff F was observed to administer the medication to Resident #39. The LPN had been observed touching items on the medication chart prior to the administration. The LPN did not use hand sanitizer or wash her hands prior to the medication administration. Staff F was observed to take the medication cup and water cup from Resident #39. The water cup was handled by the rim with Staff F's bare hand coming in contact with where Resident #39 had drank out of the water cup. Staff F disposed of the cups and did not use hand sanitizer or wash her hands. Staff F proceeded to room [ROOM NUMBER], there was a new resident admitted to the room, and assisted the newly admitted resident to the bathroom placing her bare hands on the residents' bare shoulder and back. Staff F exited room [ROOM NUMBER] and proceeded to go the nurse's station. The LPN was observed not to use hand sanitizer or wash her hands after exiting the room. There was a hand sanitizer dispenser observed by the Resident's room door. During an interview on 3/4/20 at 11:42 AM with Staff F, when questioned if she had completed hand hygiene before or after the medication administration, Staff F stated, No I did not do hand hygiene. When asked if the LPN completed hand hygiene before entering room [ROOM NUMBER] Staff F stated, No, I did not. When asked if the LPN performed hand hygiene prior to assisting the resident to the bathroom and after assisting the resident to the bathroom she stated, No I did not. When asked if the LPN performed hand hygiene after exiting the resident's room, Staff F stated, No, I did not. During an interview conducted on 3/4/20 at 12:00 PM with the Infection Control Nurse the observation of Staff F, LPN was reviewed. The Infection Control Nurse stated the nurse should have stopped to sanitize her hands. Record review of Policy and Procedure titled, Hand Hygiene Chapter 6: General Resident Care, Guide to Infection Prevention And Control reviewed 7/25/19: Purpose: to decrease the risk of transmission of infection by appropriate hand hygiene. Policy: Handwashing/hand hygiene is generally considered the most important single procedure for preventing nosocomial infection.</p> <p>During an observation of the medication administration on 3/4/2020 at 6:00 AM with Staff G, Registered Nurse (RN) for Resident #67 it showed Staff G, RN prepared medications and entered the Resident's room, administered the medications and left the room without performing hand hygiene. The RN went back to the medication cart and prepared medications for Resident #98 without performing hand hygiene prior to the preparation. The RN entered Resident #98's room administered the medications and left the room without performing hand hygiene. During an observation of the medication administration on 3/4/2020 at 8:55 AM for Resident #82 with Staff B, LPN (Licensed Practical Nurse) showed Staff B placed the medications, Calcium 600 mg, Vitamin D 3, and [MEDICATION NAME] in the palm of her hand to put them into a small plastic bag to crush them. Staff B pulled apart [MEDICATION NAME], two capsules, with ungloved hands, into a medicine cup, she entered the Resident's room and administered the medication without performing hand hygiene. During an interview on (NAME)4, 2020 at 6:02 AM Staff G, LPN stated, I did not wash or use hand sanitizer when I entered or exited the residents' rooms or between residents while preparing the medications. I should have washed them. During an interview on (NAME)4, 2020 at 9:08 AM Staff H, RN stated, All staff are educated on hand hygiene and it is an expectation that during medication administration we always wash our hands or use hand sanitizer. During an interview on (NAME)4, 2020 at 9:15 AM Staff B, LPN stated, I should not have put the medications in my hand or opened the capsules without gloves. I should have used hand sanitizer when I entered the room before I administered the medications to the Residents. During an interview on (NAME)4, 2020 at 9:25 AM the Director of Nursing stated, It is my expectation that all staff follow the medication administration policies and procedures for safe medication administration.</p>		