

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105982</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CONSULATE HEALTH CARE OF PORT CHARLOTTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18480 COCHRAN BLVD PORT CHARLOTTE, FL 33948</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview, the facility failed to provide needed care and services in accordance with residents or resident representatives preferences for 3 (Residents #1, # 2, and #3) of 3 residents reviewed for end of life care. This has the potential to deprive terminally ill patients and/or family members of services to maintain physical, psychosocial, spiritual and emotional needs. The findings included: 1. On [DATE], a record review of Resident #1's chart revealed an order dated [DATE] that read comfort measures only as per family. Chart showed Resident #1 died in the facility on [DATE]. On [DATE] at 2:36 p.m., Resident #1's daughter said she had talked with the facility twice to get her mother placed on hospice services. Resident #1's daughter said the facility staff told her due to the pandemic restrictions they could not put her mother on hospice but instead would place her on comfort care. Resident #1's daughter said the facility staff told her they could do everything for her mother that hospice could do. Resident #1's daughter said her mother died shortly after these conversations and she'd had no idea her mother had been that close to death. On [DATE] at 11:34 a.m., the Administrator said hospice is only allowed in if a resident is actively dying, otherwise it would be over the phone. The Administrator said the facility doctors and nurses would make the decision that a resident is actively dying. On [DATE] at 1:01 p.m., Social Worker Staff A said Resident #1's daughter had asked about hospice. Staff A said she went to nursing and given the restrictions with COVID and hospice, the facility would be providing the care for her. Staff A said she told Resident #1's daughter there was nothing the facility medical doctor couldn't do that hospice could do. Staff A said the guidance that hospice doesn't come in the facility comes from the Centers for Disease Control. Staff A said she had documentation of her conversations with Resident #1's daughter, however, was unable to produce any documentation. On [DATE] at 1:07 p.m., Staff B Registered Nurse (RN) Unit Manager said she spoke with Resident #1's daughter who had made a request for hospice. Staff B said the daughter said she was talking to hospice and when Staff B spoke with her the next day, the daughter was still undecided. Staff B said she thought she had documented this but was unable to find any documentation. Staff B said either way at the conclusion, the daughter was still undecided. 2. On [DATE], a record review of Resident #2's chart revealed she was admitted to hospice services on [DATE] with prognosis of less than 6 months. Chart revealed a hospice interdisciplinary care plan for the certification period beginning [DATE] that indicated resident would be receiving hospice skilled nursing visits ,[DATE] times per week for 13 weeks. The chart did not contain any documentation that hospice skilled nursing visits had occurred, nor was there any documentation of hospice visits in the nurse's progress notes. On [DATE] at 12:51 p.m., the hospice Registered Nurse (RN) said hospice hadn't been in to see Resident #2 since [DATE]. She said the facility does not allow hospice to enter the building. She said she has to call the facility on a weekly basis to get an update via the telephone or the facility will call hospice if there is a need of medication or diet changes. The hospice RN said she felt it would definitely be better if she could come in to see the resident and do her own assessment. On [DATE] at 12:25 p.m., the Director of Nursing (DON) said hospice was not being allowed in the building as there had been a few buildings where hospice went in and the hospice nurse who came in had COVID. The DON said that decision was made by the former Executive Director. 3. Record review of Resident #3's chart revealed a physician's orders [REDACTED]. Orders from hospice dated [DATE] were found in the chart for medications. No documentation was found in the chart that hospice had been in to assess Resident #3 for admission to hospice services. The chart revealed Resident #3 died [DATE]. On [DATE] at 2:11 p.m., the Administrator said hospice never came to the building to see Resident #3. She said he had been accepted into hospice through telephone discussions and he passed away before anyone from hospice saw him. On [DATE] at 1:14 p.m., the DON provided corporate policy titled COVID 19 Pandemic Plan [DATE] Revised [DATE], page 2 bullet 4 lists essential health care personnel allowed to enter the building and the list includes hospice Nurse/CNA (Certified Nursing Assistant). On [DATE] at 3:15 p.m., the Administrator agreed the corporate COVID 19 policy lists hospice as essential healthcare personnel and they should be allowed in to assess their residents.</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.