

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	

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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36658</p> <p>Based on review of the facility's policies and procedures, record review and staff interview, the facility failed to implement their policy and honor the resident's right to receive cardiopulmonary resuscitation (CPR) in the event of cardiac and/or respiratory arrest for 1 (Resident #1) of 3 residents reviewed for care at the end of life.</p> <p>On [DATE] shortly after midnight, Resident #1 was found without a pulse or respiration. The facility failed to initiate CPR despite the resident's Power of Attorney directive to do everything that can be done.</p> <p>Resuscitation efforts, if successful, may have prolonged Resident #1's life.</p> <p>On [DATE] at 3:40 p.m., the Administrator was informed of the determination of Immediate Jeopardy (IJ) and provided the IJ templates.</p> <p>Cross reference: F678 and F835.</p> <p>The findings included:</p> <p>The facility's policy regarding Treatment and Advance Directives, revised ,d+[DATE] noted, It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive.</p> <p>Closed record review revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of schizophrenia, dementia, coronary artery disease, emphysema, and atrial fibrillation.</p> <p>The Admission Minimum Data Set with an Assessment Reference Date of [DATE] revealed Resident #1 had a Brief Interview for Mental Status score of 0 which meant Resident #1 was rarely/never understood.</p> <p>A valid Power of Attorney (POA) for healthcare decision was executed appointing Resident #1's sister as the POA on [DATE].</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] in a discussion with the facility social worker, the POA stated, Do everything that can be done, meaning full code status (initiate cardiopulmonary resuscitation (CPR) in the event of cardiac and/or respiratory arrest).</p> <p>Closed record review revealed a physician's order for full code was written on [DATE] and a care plan initiated on [DATE] which noted Resident #1 had an established CPR (Full code) order in place.</p> <p>Closed record review revealed on [DATE], a little after 12:00 a.m., Certified Nursing Assistant (CNA) Staff C entered Resident #1's room and he did not seem to be breathing. The CNA asked Licensed Practical Nurse (LPN) Staff A to come to his room. LPN Staff A nurse entered the room, checked pulse and respirations, and determined Resident #1 was not breathing and did not have a pulse. This occurred at 12:20 a.m. LPN Staff A exited the room and returned to the nursing station. She did not check for code status, start CPR or call [DATE]. LPN Staff A asked LPN Staff B to contact the physician and family to let them know the resident had expired.</p> <p>Review of the facility investigation revealed a witness statement from LPN Staff A dated [DATE] noting: Resident expired after midnight. During rounds I found the resident to be deceased . He still had the oxygen on, but he was not breathing there was no pulse . Once I saw he was deceased , I came to the desk at the nurse's station and notified the family and the MD (Physician). I didn't check to see that he was a full code. I didn't initiate CPR. The resident was mottled (patchy, irregular colors), and his extremities were cold, but his body was warm. I made a mistake.</p> <p>On [DATE] at 9:30 a.m., the Administrator and Director of Nursing (DON) confirmed LPN Staff A did not follow Resident #1's Power of Attorney's expressed advance directive for a full code and did not initiate CPR.</p> <p>On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after verification of an acceptable removal plan, and the scope and severity reduced to D (No actual harm with potential for more than minimal harm that is not immediate jeopardy).</p> <p>The removal plan submitted by the facility and verified by the survey team included:</p> <p>[DATE] -</p> <p>The Licensed Nurse who did not perform CPR on the full code status resident was suspended pending investigation.</p> <p>The DON or designee initiated education with the licensed nurses on the facility's policy and procedure for responding to a medical emergency, validating code status, resident rights regarding advanced directives, and abuse and neglect. By end of day, education was completed with 23 of 65 facility licensed nurses and CNAs (35% completion).</p> <p>An ad hoc (unplanned) QAPI (Quality Assurance Performance Improvement) Committee meeting was held with the Medical Director in attendance. Root Cause Analysis was performed. A Performance Improvement Project (PIP) was implemented.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>DON/designee conducted a quality review of residents who coded in the last 6 months to ensure advanced directives were followed as ordered by the physician. In addition to Resident #1, 2 of 19 residents reviewed were full code, CPR was performed, and emergency medical personnel was contacted.</p> <p>The DON or designee initiated quality review of advanced directive orders for current residents residing in the facility. Physician orders for advance directives were confirmed present. For residents with DNR (Do Not Resuscitate) orders in place, the Florida DNR form was confirmed to be present in the medical records and care plans related to advanced directives were reviewed/updated accordingly.</p> <p>HR (Human Resources) or designee initiated audit of licensed nurses' CPR certification.</p> <p>DON or designee conducted Code Blue drills with licensed nursing staff. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy. By end of day, 21 of 65 licensed nursing staff participated in drills (33% completion).</p> <p>[DATE] -</p> <p>Employment terminated with licensed nurse who did not initiate CPR on the full code resident (Resident #1). Nurse license reported to Florida Department of Health.</p> <p>HR or designee completed audit of licensed nurses' CPR certification. CPR certification current for 19 of 19 licensed nurses consisting of 8 RNs (Registered Nurses) and 11 LPNs (100% validated).</p> <p>The DON or designee initiated education with licensed nurses on the facility's policy and procedure for responding to a medical emergency, validating code status, resident rights regarding advanced directives, and abuse and neglect. By end of day, education completed with 64 of 65 facility licensed nurses and CNAs (98% completion). 1 CNA not yet educated will not be permitted to work until education has been received. Any new hires will receive education prior to providing resident care.</p> <p>The DON or designee completed the quality review of advanced directive orders for current residents residing in the facility. Physician orders for advance directive were confirmed present. For residents with DNR orders in place, the Florida DNR form was confirmed to be present in the medical records. Care plans related to advanced directives were reviewed/updated accordingly.</p> <p>DON or designee conducted Code Blue drills with licensed nursing staff. By end of day, 47 of 65 licensed nursing staff had successfully participated in Code Blue drills (72% completion). Licensed nursing staff will not be permitted to provide direct care to residents until he/she has participated in a code blue drill and has shown competency in implementing the emergency medical response policy. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy.</p> <p>Ongoing monitoring to ensure compliant practice remains in place:</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>DON or designee to conduct Code Blue drills weekly on each shift for four weeks, then 2 times monthly on each shift for 2 months to ensure licensed nursing staff respond as per federal regulation and facility policy and procedure.</p> <p>DON or designee to conduct competencies with 10 licensed nursing staff weekly for 3 months regarding following advanced directives and responding to medical emergencies to include identifying when CPR should be performed, and emergency medical personnel contacted. Findings will be reported at monthly QAPI committee meeting.</p> <p>Findings will be reported to QAPI committee monthly. Ongoing quality review schedule may be modified based on findings to ensure compliance practice remains in place.</p>

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36658</p> <p>Based on staff interview and clinical record review, the facility failed to provide cardiopulmonary resuscitation (CPR) in accordance with the resident's documented wishes and physician's order for 1 (Resident #1) of 3 sampled residents reviewed for emergency care.</p> <p>Resident #1 had a full code status effective [DATE]. On [DATE] shortly after midnight, the resident was unresponsive and had no pulse or respiration. The staff nurse on duty did not perform CPR or call [DATE]. Resident #1 expired at the facility without receiving CPR as per expressed wishes and physician's order.</p> <p>The facility's failure to initiate CPR in accordance with the resident's expressed wishes and physician's order resulted in a determination of Immediate Jeopardy at a scope and severity of isolated (J) starting on [DATE].</p> <p>On [DATE] at 3:40 p.m., the Administrator was informed of the determination of Immediate Jeopardy (IJ) and provided the IJ templates.</p> <p>On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after implementation of an acceptable removal plan was verified, and the scope and severity was reduced to D (no actual harm with potential for more than minimal harm that is not immediate jeopardy).</p> <p>There were 59 residents with full code status at the time of the event.</p> <p>Cross reference: F578 and F835.</p> <p>The findings included:</p> <p>A Center for Clinical Standards and Quality/Survey & Certification (S&C) letter on Cardiopulmonary Resuscitation (CPR) in Nursing Home: ,d+[DATE]-NH, revised [DATE] includes the following:</p> <p>The American Heart Association (AHA) has established evidenced-based decision-making guidelines for initiating CPR when cardiac arrest occurs in or out of the hospital. AHA urges all potential rescuers to initiate CPR unless: 1) a valid DNR order is in place. 2) obvious signs of clinical death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or 3) initiating CPR could cause injury or peril to the rescuer. AHA guidelines for CPR provide the standard for the American Red Cross, state EMS agencies, healthcare providers, and the general public.</p> <p>Facility policy should specifically direct staff to initiate CPR when cardiac arrest occurs for residents who have requested CPR in their advance directives, who have not formulated an advance directive, who do not have a valid DNR order, or who do not show AHA signs of clinical death as defined in the AHA Guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy Medical Emergency Response revised ,d+[DATE] noted, The employee who first witnesses or is first on the site of a medical emergency, that are trained, will initiate immediate action, including CPR as appropriate.</p> <p>The Admission Minimum Data Set with an Assessment Reference Date of [DATE] revealed Resident #1 had a Brief Interview for Mental Status score of 0 which meant Resident #1 was rarely/never understood and had severe cognitive impairment.</p> <p>A valid Power of Attorney (POA) for healthcare decision was executed appointing Resident #1's sister as the POA on [DATE].</p> <p>On [DATE] in a discussion with the facility social worker, the POA stated, Do everything that can be done meaning full code Status.</p> <p>Closed record review revealed a physician's order for full code was written on [DATE].</p> <p>A care plan noting Resident #1 has an established CPR (full code) order in place was initiated on [DATE].</p> <p>Closed record review revealed on [DATE], a little after 12:00 a.m., Certified Nursing Assistant (CNA) Staff C entered Resident #1's room and he did not seem to be breathing.</p> <p>The CNA asked LPN Staff A to come to the resident's room.</p> <p>LPN Staff A nurse entered the room, checked pulse and respirations, and determined Resident #1 was not breathing and did not have a pulse. This occurred at 12:20 a.m.</p> <p>LPN Staff A exited the room and returned to the nursing station. She did not check for code status, did not start CPR, and did not call [DATE].</p> <p>LPN Staff A asked LPN Staff B to contact the physician and family to let them know the resident had expired.</p> <p>Review of the facility investigation revealed a witness statement from LPN Staff A dated [DATE] noting: Resident expired after midnight. During rounds I found the resident to be deceased . He still had the oxygen on, but he was not breathing there was no pulse . Once I saw he was deceased , I came to the desk at the nurse's station and notified the family and the MD (Physician). I didn't check to see that he was a full code. I didn't initiate CPR. The resident was mottled (patchy, irregular colors), and his extremities were cold, but his body was warm. I made a mistake.</p> <p>Review of the facility generated report submitted to the Florida Agency for Healthcare Administration on [DATE] noted Resident #1 was a long-term resident admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] staff nurse observed Resident #1 unresponsive and without a pulse. The nurse did not verify the code status and CPR was not initiated. The facility completed a thorough investigation including, but not limited to resident interviews, staff interviews and medical record review. The facility substantiated the allegation of neglect and noted in the conclusion based on the facility investigative findings, it had been validated that the LPN did not initiate CPR when Resident #1 was observed without a pulse or respiration on [DATE]. The resident's care plan and physician orders for advanced directives were not followed.</p> <p>On [DATE] at 9:30 a.m., in an interview with the Administrator and Director of Nursing (DON), they confirmed LPN Staff A did not follow Resident #1's Power of Attorney's expressed advance directive for a full code and did not initiate CPR.</p> <p>On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after verification of an acceptable removal plan, and the scope and severity reduced to D (no actual harm with potential for more than minimal harm that is not immediate jeopardy).</p> <p>The removal plan submitted by the facility and verified by the survey team included:</p> <p>[DATE] -</p> <p>The Licensed Nurse who did not perform CPR on the full code status resident (Resident #1) was suspended pending investigation.</p> <p>The DON or designee initiated education with the licensed nurses on the facility's policy and procedure for responding to a medical emergency, validating code status, resident rights regarding advanced directives, and abuse and neglect. By end of day, education was completed with 23 of 65 facility licensed nurses and CNAs (35% completion).</p> <p>An ad hoc (unplanned) QAPI (Quality Assurance Performance Improvement) Committee meeting was held with the Medical Director in attendance. Root Cause Analysis was performed. A Performance Improvement Project (PIP) was implemented.</p> <p>DON/designee conducted a quality review of residents who coded in the last 6 months to ensure advanced directives were followed as ordered by the physician. In addition to Resident #1, 2 of 19 residents reviewed were full codes and CPR was performed and emergency medical personnel was contacted.</p> <p>The DON or designee initiated quality review of advanced directive orders for current residents residing in the facility. Physician orders for advance directives were confirmed present. For residents with DNR (Do Not Resuscitate) orders in place, the Florida DNR form was confirmed to be present in the medical records and care plans related to advanced directives were reviewed/updated accordingly.</p> <p>HR (Human Resources) or designee initiated audit of licensed nurses' CPR certification.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>DON or designee conducted Code Blue drills with licensed nursing staff. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy. By end of day, 21 of 65 licensed nursing staff participated in drills (33% completion).</p> <p>[DATE] -</p> <p>Employment terminated with licensed nurse who did not initiate CPR on the full code resident (Resident #1). Nurse license reported to Florida Department of Health.</p> <p>HR or designee completed audit of licensed nurses' CPR certification. CPR certification current for 19 of 19 licensed nurses consisting of 8 RNs (Registered Nurses) and 11 LPNs (100% validated).</p> <p>The DON or designee initiated education with licensed nurses on the facility's policy and procedure for responding to a medical emergency, validating code status, resident rights regarding advanced directives, and abuse and neglect. By end of day, education was completed with 64 of 65 facility licensed nurses and CNAs (98% completion). 1 CNA not yet educated will not be permitted to work until education has been received. Any new hires will receive education prior providing resident care.</p> <p>The DON or designee completed the quality review of advanced directive orders for current residents residing in the facility. Physician orders for advance directive were confirmed present. For residents with DNR orders in place, the Florida DNR form was confirmed to be present in the medical records. Care plans related to advanced directives were reviewed/updated accordingly.</p> <p>DON or designee conducted Code Blue drills with licensed nursing staff. By end of day, 47 of 65 licensed nursing staff had successfully participated in Code Blue drills (72% completion). Licensed nursing staff will not be permitted to provide direct care to residents until he/she has participated in a code blue drill and has shown competency in implementing the emergency medical response policy. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy.</p> <p>Ongoing monitoring to ensure compliant practice remains in place:</p> <p>DON or designee to conduct Code Blue drills weekly on each shift for four weeks, then 2 times monthly on each shift for 2 months to ensure licensed nursing staff respond as per federal regulation and facility policy and procedure.</p> <p>DON or designee to conduct competencies with 10 licensed nursing staff weekly for 3 months regarding following advanced directives and responding to medical emergencies to include identifying when CPR should be performed, and emergency medical personnel contacted. Findings will be reported to QAPI committee monthly.</p> <p>Findings will be reported at monthly QAPI committee meeting.</p> <p>Ongoing quality review schedule may be modified based on findings to ensure compliance practice remains in place.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36658</p> <p>Based on record review and staff interview, the facility administration failed to utilize its resources effectively to ensure licensed staff were competent to perform emergency response and provide life saving measures, including cardiopulmonary resuscitation for residents requiring such emergency care.</p> <p>This has the potential to negatively impact all 59 residents in the facility who may require emergency services.</p> <p>Resident #1 had a full code status effective [DATE]. On [DATE] shortly after midnight, the resident was unresponsive and had no pulse or respiration. The staff nurse on duty did not perform CPR or call [DATE]. Resident #1 expired at the facility without receiving CPR as per expressed wishes and physician's order.</p> <p>The failure of the facility's administration to ensure staff training and competency for emergency response resulted in a determination of Immediate Jeopardy at a scope and severity of isolated (J) starting on [DATE] when the licensed nurse failed to initiate CPR when Resident #1, who had a full code status, was found without a pulse or respiration.</p> <p>On [DATE] at 3:40 p.m., the Administrator was informed of the determination of Immediate Jeopardy and provided the IJ templates.</p> <p>On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after implementation of an acceptable removal plan was verified, and the scope and severity reduced to D (no actual harm with potential for more than minimal harm that is not immediate jeopardy).</p> <p>Cross reference: F578 and F678.</p> <p>The findings included:</p> <p>The Administrator's job description which he signed on [DATE] revealed, Summary: Lead and direct the overall operations of the facility in accordance with customer needs, government regulations and Company policies, with focus on maintaining excellent care for the residents.</p> <p>The Director of Nursing's job description which she signed on [DATE] included, To manage the overall operations of the Nursing Department in accordance with company policies, standards of nursing practices and governmental regulations to maintain excellent care of all residents' needs.</p> <p>Review of the facility policy Residents' Rights Regarding Treatment and Advance Directives revised , d+[DATE] noted, It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Medical Emergency Response revised ,d+[DATE] noted, The employee who first witnesses or is first on the site of a medical emergency, that are trained, will initiate immediate action, including CPR as appropriate .</p> <p>Review of the closed clinical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of schizophrenia, dementia, atrial fibrillation, emphysema, and coronary heart disease.</p> <p>The Admission Minimum Data Set with an Assessment Reference Date of [DATE] revealed Resident #1 had a Brief Interview for Mental Status score of 0 which meant Resident #1 was rarely/never understood. A valid Power of Attorney (POA) for healthcare decision was executed appointing Resident #1's sister as the POA on [DATE]. On [DATE] in a discussion with the facility social worker, the POA stated, Do everything that can be done meaning full code Status.</p> <p>Closed record review revealed a physician's order for full code was written on [DATE] and a care plan noting Resident #1 had an established CPR (full code) order was initiated on [DATE].</p> <p>Review of the closed clinical record revealed on [DATE], shortly after midnight, Resident #1 was unresponsive and had no pulse or respiration. Resident #1 expired at the facility without receiving CPR as per expressed wishes and physician's order.</p> <p>Licensed Practical Nurse (LPN) Staff A, the staff nurse on duty, did not perform CPR or call [DATE].</p> <p>LPN Staff A asked LPN Staff B to contact the physician and family to let them know the resident had expired.</p> <p>Review of the facility investigation revealed a witness statement from LPN Staff A dated [DATE] noting she did not check the code status and did not initiate CPR. LPN Staff A documented in the statement, I made a mistake .</p> <p>Closed record review revealed no evidence LPN Staff A had been assessed for competency in medical emergency response or trained in resident's rights regarding treatment and advance directives.</p> <p>On [DATE] at 9:30 a.m., the Administrator and Director of Nursing confirmed LPN Staff A did not follow Resident #1's expressed advance directive for a full code and did not initiate CPR.</p> <p>On [DATE] at 2:10 p.m., the Director of Clinical Services provided documentation of training dated [DATE] to 17 licensed nurses. The training consisted of a 25-page presentation with two lines that included the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>The Director of Clinical Services also provided proof of training related to residents' rights dated [DATE] for LPN Staff B.</p> <p>She said the facility did not have documentation of assessment of clinical competencies for all 19 licensed nurses related to emergency response.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after verification of an acceptable removal plan, and the scope and severity reduced to D (no actual harm with potential for more than minimal harm that is not immediate jeopardy).</p> <p>The removal plan submitted by the facility and verified by the survey team included:</p> <p>By [DATE], the facility DON or designee conducted Code Blue drills with licensed nursing staff to include 4 CNAs who had not yet participated in a code blue drill and prior to providing direct patient care. By the end of day, 51 of 65 licensed nursing staff had participated in Code Blue drills (78% completion). Licensed nursing staff will not be permitted to provide direct care to residents until he/she has participated in a code blue drill and has shown competency in implementing the emergency medical response policy. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy.</p> <p>Ongoing monitoring to ensure compliant practice remains in place:</p> <p>DON or designee to conduct Code Blue drills weekly on each shift for four weeks, then 2 times monthly on each shift for 2 months to ensure licensed nursing staff respond as per federal regulation and facility policy and procedure.</p> <p>DON or designee to conduct competencies with 10 licensed nursing staff weekly for 3 months regarding following advanced directives and responding to medical emergencies to include identifying when CPR should be performed, and emergency medical personnel contacted.</p> <p>Regional Operations and/or Clinical Consultants to review education and competencies on emergency medical response policy and advanced directives that has been completed with facility staff to include newly hired licensed nurses and CNAs every other week for 4 weeks, then a minimum of monthly to ensure administration is effective in ensuring staff implement their emergency response policy.</p> <p>Chart reviews will be conducted by the DON/designee within 24 hours of a resident coding within the facility to verify the emergency response policy was implemented and advanced directives followed as per their wishes.</p> <p>Findings will be presented to QAPI (Quality Assurance and Performance Improvement) committee monthly. Ongoing quality review schedule may be modified based on findings to ensure to ensure compliance practice remains in place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court Sarasota, FL 34234	

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<p>F 0843</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have an agreement with at least one or more hospitals certified by Medicare or Medicaid to make sure residents can be moved quickly to the hospital when they need medical care.</p> <p>36658</p> <p>Based on record review and staff interview, the facility failed to have a written transfer agreement in effect with one or more hospitals approved for participation under the Medicaid and Medicare programs.</p> <p>The findings included:</p> <p>Record review revealed no evidence of a written transfer agreement in effect with one or more hospitals approved for participation under the Medicaid and Medicare programs.</p> <p>On 12/8/22 at 2:57 p.m., in an interview, the Administrator said he could not locate a written transfer agreement in effect with one or more hospitals approved for participation under the Medicaid and Medicare programs.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>36658</p> <p>Based on record review and staff interview, the facility failed to provide at least 12 hours of in-service education including dementia and abuse training annually (based on employment date) to 3 Certified Nursing Assistants (CNAs) (Staff D, E, and F) of 4 staff reviewed. This has the potential to jeopardize continued competence of CNAs.</p> <p>The findings included:</p> <p>A record review of employee training files revealed the following:</p> <p>CNA Staff D was hired on 4/1/20. Further review revealed no evidence 12 hours of in-service education was provided between 4/1/21 and 4/1/22.</p> <p>CNA Staff E was hired on 4/1/20. Further review revealed no evidence 12 hours of in-service education was provided between 4/1/21 and 4/1/22.</p> <p>CNA Staff F was hired on 4/1/20. Further review revealed no evidence 12 hours of in-service education was provided between 4/1/21 and 4/1/22.</p> <p>On 12/8/21 at approximately 12:30 p.m., the facility Director of Nursing confirmed the required annual education was not provided for Staff D, E, and F.</p>