Printed: 02/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  3875 Wedgewood Lane The Villages, FL 32162		
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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	me's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES		onfidentiality** 46523  Insure all residents were free from sing changes and failed to ensure administer intravenous medications ral venous access devices, to assess the insertion site for and swelling can result in an ifection in the blood), damage to the cation and validation of competency is and injection sites, an air ch can block important blooding and verification to assess IV interestly into the patient's vein) can red risk of serious harm and/or  admitted to the facility on [DATE] into the patient's vein) can red risk of serious harm and/or  admitted to the facility on patient in the patient's vein interestly into the patient's vein interestly interestly into the patient's vein interestly into the patient's vein interestly into the facility on patient into the facility on patient into the patient's vein into the patient's vein interestly into the facility on patient into the patient's vein into the patient's vei	

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 106114

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIE	NAME OF BROWERS OF CURRUES		P CODE
Buffalo Crossings Healthcare & Re			PCODE
bullalo Crossings ricaltificate & Ne	Habilitation Cen	3875 Wedgewood Lane The Villages, FL 32162	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some			
During an interview on [DATE] at 6:53 AM, Staff A, Registered Nurse (RN), stated, I don't uthat happened, how the dressing didn't get changed. The dressing order was popping uper mind, the dressing change was every 7 days, but it was coming up in the system every day site every day to make sure there is no infiltration and look at the date on dressing. I can't represent that I signed it. It was a mistake to sign it and not do it. It must have be sometimes you might mark off something and it gets busy. I should change dressing if it is needs to be changed, it's time for it to be changed. I only remember working with [Resident time. Not to my knowledge has she ever refused. She was always pleasant and did not refused.			
	(continued on next page)		

			NO. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane	P CODE	
Danaio orocomgo ricamicaro a ric		The Villages, FL 32162		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600  Level of Harm - Immediate jeopardy to resident health or safety	During an interview on [DATE] at 9:04 AM, the Infection Preventionist RN stated, Central venous lines are assigned to another nurse to keep track of and monitor, the ADON [Assistant Director of Nursing]. I will look at them for general issues or signs of concerns such as infections. But the regular maintenance, training, and education fall under Assistant Director of Nursing.			
Residents Affected - Some	During an interview on [DATE] at 9:29 AM, the APRN #2 stated, Central venous lines standards for dressing changes are every 7 days, and if soiled, or compromised. It really should be covered, and the insertion site not exposed. There is always a possibility for infections, that is the reason why we change them. I expect all orders to be followed. Nursing staff should be assessing, flushing and all appropriate things. Looking for abnormalities. I assess PICC's or midlines when a resident is initially admitted, but it is not my role any longer, my role has changed. This is delegated on nursing staff to do and to follow physician orders. There is always a possibility for infection when dressings are not changed.			
	During an interview on [DATE] at 10:26 AM, the Medical Doctor (MD) #1 stated, I do not know what protocol the facility has for central line dressing changes, but that is unacceptable, not to change dressings for that long. It can result in a localized infection or any kind of infection. I did not receive a call from the facility to notify me of the occurrence.  During an interview on [DATE] at 11:41 AM, the Assistant Director of Nursing stated, Nursing staff should be following physician orders for dressing changes. Nurses should be looking at dressings, dates and assessing site and change it if needed.			
	During an interview on [DATE] at 11:25 AM, the Medical Director stated, I am not involved in that resident' care. I am not in a place to give my medical opinion on that resident. I do not know all the details. You sho speak to her attending physician. My opinion will not be much different than his. Maybe a localized infection and it is a breach in protocol. My expectations are for nurses and facilities to follow orders placed for dressing changes.  During an interview on [DATE] at 12:53 PM, Staff E, Licensed Practical Nurse (LPN), stated, I don't always look at the dressing site if I am not administering medication. If I see the dressing out of date, I would have changed it. I did not notice the dressing of [Resident #71's name] was out of date. I do not remember if I removed the netting or not.			
	During an interview on [DATE] at 1 the dressing since it was out of dat	:28 PM, Staff F, Registered Nurse (RN e. I can't tell you why I didn't.	), stated, I should have changed	
	During an interview on [DATE] at 1:47 PM, Staff G, RN, stated, I do remember [Resident #71's name] had a sleeve on. Absolutely yes, should have changed the dressing. I don't know why I didn't.			
		::59 PM, Staff M, LPN, stated, I don't re ely have changed the dressing if I saw	9	
		[DATE] for Resident #71 revealed, Soc for flush every shift and before and afte		
	(continued on next page)			

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	106114	B. Wing	12/16/2022	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600  Level of Harm - Immediate jeopardy to resident health or	Review of [DATE] Medication Administration Record (MAR) for Resident #71 revealed Staff D, L Practical Nurse (LPN), administered sodium chloride solution 0.9% intravenously right arm on [D			
safety Residents Affected - Some				
	41334			
	2. Review of Resident #289's admission records revealed the resident was admitted to the facility on [DATE with diagnoses including right knee septic MSSA (Methicillin-Susceptible Staphylococcus Aureus), arthritis with cellulitis (infection of the skin), infection and inflammatory reaction due to internal right knee prosthesis, unspecified atrial fibrillation (irregular heartbeat), chronic obstructive pulmonary disease, type 2 diabetes mellitus, presence of right artificial knee joint, essential (primary) hypertension (high blood pressure), and depression, unspecified. During an observation on [DATE] at 12:35 PM, Resident #289 was sitting up in a wheelchair at bedside with a right upper arm single lumen PICC line, with the transparent dressing rolled up at the edges, and the insertion site exposed and opened to air. The dressing was dated [DATE]. There was white tubular dressing retainer net covering the PICC line and in contact with the insertion site. The white tubular dressing retainer net had several brownish stained areas noted on it. During an observation on [DATE] at 8:45 AM, Resident #289 was observed sitting at bedside with a right upper arm PICC line with the transparent dressing rolled up and exposing the insertion site. The dressing was dated [DATE]. The white tubular dressing retainer net was covering the PICC line and in contact with the insertion site. The white tubular dressing retainer net had several brownish stained areas noted on it.			
		:45 AM, Resident #289 stated, That ha ask to have a look at the catheter, they		
	revealed, Section 18. Diagnosis Ge	ew Admission (Only) Data Collection are eneralized Category Nutrition/Hydration entry 3. PICC 9c. comments right upper	/Port of medication entry: Section	
	Review of a physician order dated days and PRN if soiled or dislodge	[DATE] for Resident #289 revealed, Chd. Every night shift for PICC care.	nange PICC line dressing every 7	
	Review of a physician order dated [DATE] for Resident #289 revealed, Cefazolin sodium solu reconstituted 2 GM (grams) use 2 gram intravenously three times a day for infected right knee 33 days.			
		[DATE] for Resident #289 revealed, Soles per day for flush before and after ea		
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI	P CODE
		The Villages, FL 32162	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600  Level of Harm - Immediate jeopardy to resident health or safety	Review of a physician order dated [DATE] for Resident #289 revealed, Heparin Lock Flush solution 100 unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use.		
Residents Affected - Some	unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and after eac and use 200 unit intravenously three times a day for flush picc line using the sash method before and a		aff C, LPN, administered 10 ATE] at 1:56 PM, Staff C, LPN, at 1:56 PM, Staff C, LPN, right arm, on [DATE] at 10:05 PM, n, on [DATE] at 10:05 PM, Staff D, nously right arm, on [DATE] at 5:02 t arm, on [DATE] at 5:02 AM, Staff venously right arm, on [DATE] at / right arm, on [DATE] at 3:54 PM, intravenously right arm, on [DATE] n IV right arm, on[DATE] at 9:19 0.9% intravenously right arm, on n 2 gram IV right arm, on[DATE] at tition 0.9% intravenously right arm, tition 2 gram IV right arm, on [DATE] olution 0.9% intravenously right Flush solution 100 units/ml. g was exposing his insertion site this just happened. The dressing  ractical Nurse (LPN), stated, Well, clock medication. When it's under after I give the medication. I don't ink that I actually looked at the site ting enough to get to the connector. Is admitted to the facility on [DATE] the heart), atherosclerosis of toris (chest pain), essential te II diabetes mellitus, venous r limb cellulitis (infection in the legs). The property of

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	single lumen PICC line with a dress the transparent dressing covering to buring an interview on [DATE] at 1 since I got here.  During an observation on [DATE] at 1 gauze under the transparent dress.  Review of the facility policy and procentral Venous catheter dressings infections that are associated with physician's order is not needed for on intravenous access devices. Drudressing should not get wet. 2. Chaoriginal insertion of CVAD, the dress Replace with sterile transparent dreevery, d+[DATE] days and PRN (with gauze dressing every 48 hours. 9. device at the time of routine dressing buring an interview on [DATE] at 1 insertion site and those per policy in Review of a physician order dated 10 milliliters intravenously every 12 Review of a physician order dated 10 milliliters intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of [DATE] MAR for Resided Cefazolin Sodium Solution 1 gram milliliters of Sodium Chloride solution administered Cefazolin Sodium	0:05 AM, Resident #297 stated, No, the at 8:49 AM, Resident #297 had a right a ing. The dressing was dated [DATE]. Decedure titled Central Venous Catheter will be changed at specific intervals, or contaminated, loosened, soiled or wet this procedure. General Guidelines: 1. sessing must stay clean, dry, and intact. againg all dressings if any suspicion of casing will consist of gauze and TSM. The sessing. 5. Change transparent semi-per then wet, soiled, or not intact). 6. Change Change needless connection device, eng changes.  1:42 AM, the DON stated, The dressing required changing in 48 hours.  [DATE] for Resident #297 revealed, Central manufacture of the session of the service of the session of the se	parent dressing with a gauze under ey haven't changed this dressing arm single lumen PICC line with  Dressing Changes reads, Policy: r when needed, to prevent catheter dressings. Preparation: 2. A Apply and maintain sterile dressing Explain to the resident that the contamination is suspected. 4. After his will change within 24 hours. rmeable membrane (TSM) dressing ge gauze dressing, or TSM over extension tubing, and stabilization  g does have gauze over the  efazolin sodium solution andocarditis for 42 days.  dium Chloride Solution 0.9% use  eparin lock flush solution 100 flush, use SASH [Saline,  1, Staff C, LPN, administered aff C, LPN, administered 10 ATE] at 7:36 PM, Staff C, LPN, right arm, on [DATE] at 6:04 AM, h, on [DATE] at 6:05 AM, Staff D, hously right arm, on [DATE] at 6:02 PM, Staff venously right arm, and on [DATE]

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600  Level of Harm - Immediate jeopardy to resident health or safety	Review of IV Certification for Staff D, LPN, dated [DATE], from [College Name] Community College Center for workforce development reads, This is to certify that [Staff D's [NAME] name] has successfully completed an 8 hour course (.8 ceus) [Continuing Education Units] in I.V. Infusion Therapy on the twenty-sixth day of October in the year 2022.		
Residents Affected - Some	-	hnical Center name] reads, Recognize: nlebotomy course dated [DATE] to [DAT	•
	There is no documentation of addit	tional CEUs provided to Staff D, LPN.	
	During an interview on [DATE] at 7:02 AM, the Administrator stated, We do not have IV certification for D, LPN's name] and there are some other staff that have not completed the 30 hours. I don't know ho happened. I have [the DON's name] working on that.  During an interview on [DATE] at 7:15 AM, the Director of Nursing (DON) stated, We reached out to [V D's name] and she does not have more than 8 hours of IV training. She does not have the required 30 in order to give IV medications. Yes, she should have that. I can't tell you why we did not know this be now. It has been HR's (human resources) responsibility to get the certification. We have also found the few other nurses do not have the required 30 hours, just 24 hours. I asked if they are certified. I do not copy or keep a copy. No, the ADON [Assistant Director of Nursing] who is responsible for training doe keep a copy. We don't have any system in place to help identify whether a staff has IV certification if the an LPN. I am responsible to know who is competent and what those competencies are. It really is the responsibility to not give medications if they are not qualified. We have had them tell someone they can be a copy. Well, they wouldn't know if they were asking another uncertified nurse unless they were asking RN to do it for them. I was not aware that this was a problem until now.  During a telephone interview on [DATE] at 7:24 AM, Staff D, LPN, stated, I was IV certified a long time Virginia and wasn't aware that I needed anything different. I would never deliberately practice outside scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident name]. I have not been asked to provide my IV certification until Wednesday and yesterday they aske had any other certifications. I do not have any more than 8 hours of training that met the requirement time. I didn't know that it wasn't the same in Florida.		
	within their scope of practice. We s	:14 AM, the Medical Director stated, I eshould take notice and put a stop to it in tion before they administer any medical	nmediately. The facility should be
During an interview on [DATE] at 8:19 AM, the Assistant Director of Nursing stated, There at who don't have the required 30-hour course and we did not know this. The staffing coordinate ask the agency if the LPNs are IV certified. The staffing coordinator will ask them to provide certification and the staffing coordinator will let the manager know if someone is not IV certificatill or part time staff, HR is responsible for obtaining certifications and maintaining them in the keep any files on staff for competence. I was not aware that staff were not IV certified. I have system in place to identify who is certified. We do not have any competencies that are specific or midlines. When nurses are oriented, they pass medications with the person training them.		e staffing coordinator will usually sk them to provide the IV one is not IV certified. With regular intaining them in the files. I do not t IV certified. I have not had any cies that are specific to PICC lines	
	(continued on next page)		

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Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane	. 6001
		The Villages, FL 32162	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	During an interview on [DATE] at 8 will ask them if they are IV certified hired, I send them to HR and HR w Resuscitation] or any other certification of [Staff D's name] IV certification. not aware that there were staff who medications. We should have had revealed, 64B,d+[DATE] of Compadminister IV therapy. (1). Content by the education department of the intravenous therapy education must recognizes that through appropriate performing Intravenous Therapy videfined in subsection 64B,d+[DATE] four (4) hours of instruction. This rerequired for intravenous therapy education will following areas: (a) Central venous (c) CVL dressing and cap changes blood drawing: and (g) CVL complitherapy training via central lines, the knowledge and practice, as well as be witnessed by a Registered Nursenurses ability to perform intravenous Licensed Practical Nurses personn supervised clinical practice in intravenous Registered Nurse. Review training shall include one or more courriculum requirements mandated practical nursing programs are extended.	228 AM, the Director of Nursing stated, and will get any certification if they bri could get copies of their IV certification, ations and that is where they are kept. If am ultimately responsible for all clinic of did not meet the requirements and the a process in place to ensure all staff are Administration of Intravenous Therapy betency and Knowledge requirements in the Board endorses the Intravenous National Federation of licensed practics to contain the following components: (2 to education and training, a Licensed Proceeding of the Composition of the Intravenous National Federation of licensed practics to contain the following components: (2 to education and training, a Licensed Proceeding of the Intravenous National Federation of Intravenous National Federation of Intravenous National Interest of Intravenous National Interest of Intravenous National Interest of Intravenous National Interest of Intravenous Office of Intravenous Office of Intravenous National Nation	Typically, I interview the nurses. Ing them to the interview. If they are CPR [Cardiopulmonary don't know if HR obtained a copy al staff and their competency. I was ey have been administering IV e competent.  By Licensed Practical Nurses necessary to qualify the LPN to a Therapy Course Guidelines issued cal nurses, November, 1983. The Ocentral Lines. The board factical Nurse is capable of registered professional nurse as and training requires a minimum of cluded as part of the 30 hours his rule. The education and training inical practicum instruction in the ntral venous line) site assessment; and fluid administration; (f) CVL, completion of the intravenous sessed on both theoretical clinical practice assessment must a regarding the licensed practical ency statement shall be kept in the purse must be followed by rate clinical competence. Ution employing a licensed practical uph a signed statement of a Florida ional Alternatives. The cognitive Course. In recognition that the (f), and 464.019(1)(g), F.S., for Inurse will not administer IV duate practical nurse to administer rse teaching aspects of IV therapy

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Review of the facility policy and programs. Policy: It is the policy each resident by developing and in abuse, neglect, exploitation and mithe facility, its employees, or service necessary to avoid physical harm, compliance guidelines: 1. The facility prohibit and prevent abuse, neglect be established policies and procedute QAPI program. 3. The facility with that its policies are implemented as implement policies and procedures resident property, and exploitation for appropriate interventions, and reconflict or neglect. IV. Identification include, but are not limited to: 8. Factorisms, turning.  The Immediate Jeopardy (IJ) was rejeopardy removal plan. The survey likelihood of harm and/or possible residents involved in the IJ situation line and receiving IV medications to administration. On [DATE], the facil Improvement) meeting and a root of staff related to PICC line dressing requirement for LPNs prior to PICC provided training to the facility admit Improvement/ Quality Assurance a conducted to verify all IV medication ursing staff. On [DATE], education Assistant Director of Nursing and medicatic property in the provided training to the facility admits and provided training to the facility and provided training to t	procedure titled Abuse, Neglect and Exploy of this facility to provide protections for plementing written policies and proced is appropriation of resident property. Dese providers to provide goods and servipain, mental anguish, or emotional distity will develop and implement written path, and exploitation of residents and mistures to investigate any such allegations will provide ongoing oversight and supest written. III. Prevention of Abuse, Neglest or prevent and prohibit all types of abuth at achieves: D. The identification, on an of Abuse, Neglect and Exploitation: Building of residents with needs and an of Abuse, Neglect and Exploitation: Building to provide care needs such as content as evidenced by the following: On and conducted a facility-wide audit of the identify possible harm, side effects, a content as and maintenance, documental conducted an Ad Hoc QAPI (Quality Assumd Assessment) policy and abuse/neglons, dressing changes and line maintenance, documental was provided by the Regional Nurse aursing supervisors related to the requirectification competency was placed at	politation with an approval date of or the health, welfare and rights of dures that prohibit and prevent finitions: Neglect means failure of ces to a resident that are ress. Policy explanation and policies and procedures that: a. appropriation of resident property and d. establish coordination with rision of staff in order to assure ect, and Exploitation: the facility will use, neglect, misappropriation of going assessment, care planning behaviors which might lead to Potential indicators of abuse mfort, safety, feeding, bathing,  ceipt of an acceptable immediate emoval of immediacy to prevent the fall current residents with a PICC and injury to the resident due to IV y Assurance and Performance  E], the facility educated all nursing tion, and the 30-hour IV certification I President of Clinical Services rance and Performance ect policy. On [DATE], an audit was ance are performed by competent to the Director of Nursing, the rement of 30-hour IV LPN

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			110. 0700 0071
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F 0684	Provide appropriate treatment and	care according to orders, resident's pre	eferences and goals.
Level of Harm - Immediate jeopardy to resident health or safety	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523  Based on observation, interview, and record review, the facility failed to ensure that all residents received treatment and care for peripherally inserted central catheters in accordance with professional standards of		
Residents Affected - Few	practice by failing to provide central venous dressing changes for 3 of 4 reviewed residents with central venous access devices, Residents #71, #289 and #297. The lack of appropriate dressing changes to ass the insertion site for signs and symptoms of infection, fluid leaking, redness, pain, tenderness, and swelling can result in an increased risk of infection at the insertion site, sepsis (a life-threatening infection in the blood), damage to the vein, phlebitis or blood clots, which can result in the likelihood of increased risk of serious harm and/or death.		
	Findings include:		
	1. Review of Resident #71's admission records revealed the resident was admitted to the fact with diagnoses including infection of right lower extremity amputation stump, chronic obstruct disease, hyperlipidemia (high cholesterol), personal history of transient ischemic attack (a breattack) and cerebral infraction (a stroke) without residual deficits, peripheral vascular disease causes narrowing, blockage or spasms in the blood vessels), essential hypertension (high bleacquired absence of right leg above knee, unspecific atrial fibrillation (an irregular heartbeat) (fluid around the lungs due to poor pumping of the heart), infective myositis (inflammation of and unspecified diastolic heart failure (a chronic condition in which the heart doesn't pump be should).		
	I .	nission Data Collection and Observatio admitted /Time: 11/23/2022 at 1800 [6: comments: IV antibiotic therapy.	
	Review of a physician order dated 11/24/2022 for Resident #71 revealed, Change PICC [Peripherally Inserted Central Line] Line Dressing Every 7 Days and prn [as needed] if soiled or dislodged every night shift every 7 days for picc care.		
	During an observation on 12/12/2022 at 9:45 AM, Resident #71 was sitting up in a wheelchair at her bed with a single lumen PICC line in her right upper arm, covered with white tubular netting. The dressing had dressing change date of 11/18 written in black marker and covered with a transparent dressing.		
	During an interview on 12/12/2022 at 9:47 AM, Resident #71 stated, They have not changed my dressing at all since I got here.		
	During an observation on 12/13/2022 at 11:09 AM, Resident #71 was sitting up in a wheelchair with a single lumen PICC line in her right upper arm covered with a white tubular netting dressing. The transparent dressing under the white tubular netting had a dressing change sticker dated 11/18 in black marker.		
	During an interview on 12/13/2022 at 11:09 AM, Resident #71 stated, I have never refused a dressing change. Nurses just come in and flush the PICC line and give me my medication.		
	(continued on next page)		
	1		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	peripherally inserted central cathet.  During an interview on 12/13/2022 transparent dressing had the date done on a weekly basis. This dress.  During an interview on 12/13/2022 Oh wow, no way. There is a risk fo kind of septic infection, there would Review of Resident #71's Treatmet Every 7 Days and prn if soiled or d documented staff initials for the tre.  During an interview on 12/14/2022 how that happened, how the dress my mind, the dressing change was the site every day to make sure the happened that night that I signed it Sometimes you might mark off son needs to be changed, it's time for it time. Not to my knowledge has she During an interview on 12/14/2022 are assigned to another nurse to ke look at them for general issues or straining, and education fall under A During an interview on 12/14/2022 dressing changes are every 7 days insertion site not exposed. There is them. I expect all orders to be follothings. Looking for abnormalities. I not my role any longer, my role has orders. There is always a possibilit During an interview on 12/14/2022 protocol the facility has for central I for that long. It can result in a localifacility to notify me of the occurrence.	at 11:42 AM, the Director of Nursing (I of 11/18 written on it stating, All PICC lising is way out of date, and I will look in at 11:58 AM, the Advanced Practice R infection, line infection, which would be a risk for any kind of organ in the but Administration Record (TAR) revealed islodged every night shift every 7 day(satment being completed on 11/24/2022 at 6:53 AM, Staff A, Registered Nurseing didn't get changed. The dressing on every 7 days, but it was coming up interested in infiltration and look at the date. It was a mistake to sign it and not donething and it gets busy. I should change to be changed. I only remember work is ever refused. She was always pleasa at 9:04 AM, the Infection Preventionist ever track of and monitor, the ADON [Assigns of concerns such as infections. Bissistant Director of Nursing.  at 9:29 AM, the APRN #2 stated, Cent and if soiled, or compromised. It realls always a possibility for infections, that wed. Nursing staff should be assessing assess PICC's or midlines when a resist changed. This is delegated on nursing y for infection when dressings are not content at 10:26 AM, the Medical Doctor (MD) ine dressing changes, but that is unaccized infection or any kind of infection. I content in the content of the same changes. Nurses should be looked.	DON) confirmed Resident #71's ine dressings should have been ato this.  egistered Nurse (APRN) #1 stated, enter to the body eventually. Any body.  ed, Change PICC Line Dressing b) for picc care. The TAR 2, 12/01/2022, and 12/08/2022.  (RN), stated, I don't understand and and and and and and and and and

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane	P CODE	
		The Villages, FL 32162		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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  Level of Harm - Immediate jeopardy to resident health or safety	During an interview on 12/15/2022 at 11:25 AM, the Medical Director stated, I am not involved in that resident's care. I am not in a place to give my medical opinion on that resident. I do not know all the details. You should speak to her attending physician. My opinion will not be much different than his. Maybe a localized infection and it is a breach in protocol. My expectations are for nurses and facilities to follow orders placed for dressing changes.			
Residents Affected - Few	During an interview on 12/15/2022 at 12:53 PM, Staff E, Licensed Practical Nurse (LPN), stated, I don't always look at the dressing site if I am not administering medication. If I see the dressing out of date, I would have changed it. I did not notice the dressing of [Resident #71's name] was out of date. I do not remember if I removed the netting or not.			
	1	at 1:28 PM, Staff F, Registered Nurse out of date. I can't tell you why I didn't.	(RN), stated, I should have	
	During an interview on 12/15/2022 at 1:47 PM, Staff G, RN, stated, I do remember [Resident #71's name] had a sleeve on. Absolutely yes, should have changed the dressing. I don't know why I didn't.			
	During an interview on 12/15/2022 at 2:59 PM, Staff M, LPN, stated, I don't remember seeing the dressing for her [Resident #71] I would absolutely have changed the dressing if I saw that it was dated 11/18. I did not see the date clearly.			
	41334			
	2. Review of Resident #289's admission records revealed the resident was admitted to the facility on [DAT with diagnoses including right knee septic MSSA (Methicillin-Susceptible Staphylococcus Aureus), arthritis with cellulitis (infection of the skin), infection and inflammatory reaction due to internal right knee prosthesi unspecified atrial fibrillation (irregular heartbeat), chronic obstructive pulmonary disease, type 2 diabetes mellitus, presence of right artificial knee joint, essential (primary) hypertension (high blood pressure), and depression, unspecified.			
	During an observation on 12/12/2022 at 12:35 PM, Resident #289 was sitting up in a wheelchai with a right upper arm single lumen PICC line, with the transparent dressing rolled up at the edginsertion site exposed and opened to air. The dressing was dated 12/6/2022. There was white to dressing retainer net covering the PICC line and in contact with the insertion site. The white tuber retainer net had several brownish stained areas noted on it.			
	During an observation on 12/13/2022 at 8:45 AM, Resident #289 was observed sitting at bedside upper arm PICC line with the transparent dressing rolled up and exposing the insertion site. The was dated 12/6/2022. The white tubular dressing retainer net was covering the PICC line and in the insertion site. The white tubular dressing retainer net had several brownish stained areas not			
	_	at 8:45 AM, Resident #289 stated, Tha ally ask to have a look at the catheter, t	·	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
	Buffalo Crossings Healthcare & Rehabilitation Cen		r CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0684  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Review of Resident #289's NSG Noth 12/6/2022 revealed, Section 18. Dientry: Section 9b. Hydration/Port of Review of a physician order dated 7 days and PRN if soiled or disloded During an interview on 12/13/2022 site and we will need that changed dressing date was 12/6/2022.  During a telephone interview on 12 Well, no I did not pull back the netting under netting, I don't always check don't know why I didn't.  During an interview on 12/16/2022 site of the PICC line when I gave meconnector.  3. Review of Resident #297's admin with diagnoses including endocardic coronary artery bypass graft(s) (configurary) hypertension (high blood insufficiency (chronic) (peripheral), Review of a physician order dated 7 days and PRN if soiled or disloded During an observation on 12/12/20 arm single lumen PICC line with a gauze under the transparent dressing since I got here.  During an observation on 12/12/2022 dressing since I got here.	ew Admission (Only) Data Collection at agnosis Generalized Category Nutrition if medication entry 3. PICC 9c. commer 12/6/2022 for Resident #289 revealed, led. Every night shift for PICC care.  at 11:00 AM, the DON stated, The drest It is a risk to have this open to air, may 1/15/2022 at 12:01 PM, Staff C, License and look at the site when I gave the ligand look a	and Observation Form dated h/Hydration/Port of medication ats right upper arm.  Change PICC line dressing every sing was exposing his insertion ybe this just happened. The ad Practical Nurse (LPN), stated, 2 o'clock medication. When it's e and after I give the medication. I admitted to the facility on [DATE] the heart), atherosclerosis of oris (chest pain), essential and I diabetes mellitus, venous all limb cellulitis (infection in the legs).  Change PICC line dressing every CC line care.  Iting up in a wheelchair with a right a transparent dressing with a sight arm single lumen PICC line with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, Z 3875 Wedgewood Lane The Villages, FL 32162	IP CODE
For information on the nursing home's	nlan to correct this deficiency please con	tact the nursing home or the state survey	agency
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC		
F 0684  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Central Venous catheter dressings infections that are associated with a physician's order is not needed for on intravenous access devices. Dred dressing should not get wet. 2. Cha original insertion of CVAD, the dressing should not get wet. 2. Cha original insertion of CVAD, the dressing at the transparent dreevery 5-7 days and PRN (when we dressing every 48 hours. 9. Change at the time of routine dressing char During an interview on 12/13/2022 insertion site and those per policy remediate jeopardy removal plan. The Immediate jeopardy removal plan. In prevent the likelihood of harm and/facility assessed the residents invoresidents with a PICC line and receive the resident due to IV administration Assurance and Performance Improeducated all nursing staff related to 12/16/2022, the [NAME] President	at 11:42 AM, the DON stated, The dre	r when needed, to prevent catheter dressings. Preparation: 2. A Apply and maintain sterile dressing. Explain to the resident that the ontamination is suspected. 4. After his will change within 24 hours. It is will change within 24 hours. It is meable membrane (TSM) dressing the dressing, or TSM over gauze on tubing, and stabilization device assing does have gauze over the dressing to an acceptable actions for removal of immediacy to following: On 12/13/2022, the afacility-wide audit of all current de harm, side effects, and injury to ead an Ad Hoc QAPI (Quality alysis. On 12/15-16/2022, the facility alysis. On 12/15-16/2022, the facility administration on the facility administration on

AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing  STREET ADDRESS, CITY, STATE, ZII  3875 Wedgewood Lane	(X3) DATE SURVEY COMPLETED 12/16/2022 P CODE
			P CODE
Buffalo Crossings Healthcare & Rehab		3875 Wedgewood Lane	
	n to correct this deficiency, please cont	The Villages, FL 32162	
For information on the nursing home's plan	<i>,</i> , ,	tact the nursing home or the state survey a	agency.
` '	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Ensure that nurses and nurse aides that maximizes each resident's well **NOTE- TERMS IN BRACKETS H Based on observation, interview, ar the appropriate skills and competer access devices for 3 of 4 reviewed #297. The lack of IV certification an of infection, damage to veins and in cause blood clots, which can block threatening. Lack of training and ve the treatment to flow directly into the likelihood of increased risk of serious.  1. Review of Resident #71's admiss with diagnoses including infection of disease, hyperlipidemia (high chole attack) and cerebral infraction (a structure absence of right leg above (fluid around the lungs due to poor and unspecified diastolic heart failu should).  Review of a physician order dated [gram]/50 ml [milliliters], use 1 gram infection until [DATE].  Review of [DATE] Medication Admi Practical Nurse (LPN), administered AM, and administered Aztreonam 1  2. Review of Resident #289's admis with diagnoses including right knee with cellulitis (infection of the skin), unspecified atrial fibrillation (irregulation).	s have the appropriate competencies to being.  AVE BEEN EDITED TO PROTECT COnd record review, the facility failed to encies to administer intravenous (IV) meresidents with central venous access did validation of competency for IV infusingection sites, an air embolism, phlebitis important blood vessels, causing tissue infication to assess IV patency (the line e patient's vein) can increase the spread	DNFIDENTIALITY** 41334  Insure licensed practical nurses had dications via central venous evices, Residents #71, #289 and ion can result in an increased risk is, and blood clots. Phlebitis can eledamage or even be life is open and not blocked allowing and of infection and can result in the admitted to the facility on [DATE] in the presence of the p

STATEMENT OF DETICIENCIES AND PLAN OF CORRECTION DESTRICATION NUMBER: 106114  STREET ADDRESS, CITY, STATE, ZIP CODE 3875 Wedgewood Lane The Villages, PL 32162  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  [XA) ID PREFIX TAG  SUMMARY STATEMENT OF DETICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) FO 726  For information on the nursing home or the state survey agency.  Review of Resident #289's NSG New Admission (Only) Data Collection and Observation Form dated [DATE] for revealed, Section 16, Diagnosis Generalized Calegory NursinorPydrotenorPort of medication entry. Section 9, Physiologory or Information or medicate in the property of a physician order dated [DATE] for Resident #289 revealed, Cefazolin sodium solution reconstituted 20 (Migram) use 2 gram intravenously three times a day for infeded right here prosthesis for 33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Cefazolin solution 10.9% use 10 milliters intravenously three times per day for flush picc line using the seath method before and after each use of PICC line.  Review of a physician order dated [DATE] for Resident #289 revealed, Hopain Lock Flush solution 10.0% use 10 milliters intravenously three times a day for flush picc line using the seath method before and after each use and use 200 unit intravenously three times a day for flush picc line using the seath method before and after each use and use 200 unit intravenously three times a day for flush picc line using the seath method before and after each use and use 200 unit intravenously girth arms on [DATE] at 202 PM. Staff C, LPN, administered 10 milliters of Sodium Chioride solution 0.9% intravenously fight arm, on [DATE] at 30.00 PM. Staff C, LPN, administered 10 milliters of Sodium Chioride solution 0.9% intravenously fight arm, on [DATE] at 50.00 PM. Staff C, LPN, administered Cefazolin Sodium Solution 2 gram V right arm, on [D					
Buffalo Crossings Healthcare & Rehabilitation Cen  3875 Wedgewood Lane The Villages, FL 32 f82  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Review of Party must be preceded by full regulatory or LSC identifying information)  Review of a floating or Resident #289's NSG New Admission (Only) Data Collection and Observation Form dated [DATE] revealed, Section 18, Diagnosis Generalized Category Nutrition/Hydraton/Port of medication entry is Pice Section 99. Hydration/Port of Pice Section 99. Hydration entry is Pice Section 99. Hydration o		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Buffalo Crossings Healthcare & Rehabilitation Cen  3875 Wedgewood Lane The Villages, FL 32 f82  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Review of Party must be preceded by full regulatory or LSC identifying information)  Review of a floating or Resident #289's NSG New Admission (Only) Data Collection and Observation Form dated [DATE] revealed, Section 18, Diagnosis Generalized Category Nutrition/Hydraton/Port of medication entry is Pice Section 99. Hydration/Port of Pice Section 99. Hydration entry is Pice Section 99. Hydration o	NAME OF PROVIDED OR SURBLU	NAME OF PROVIDER OF SUPPLIED		D CODE	
The Villages, FL 32162  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information)  F 0726  Level of Harm - Immediate peoparty to resident health or safety  Residents Affected - Some  Review of Resident #289's NSG New Admission (Only) Data Collection and Observation Form dated [DATE] to revealed, Section 18. Disposios Generalized Category Nurtifion/Hydration/Port of medication entry: Section 9b; Hydration/Port of medication entry 3. PICC 9c, comments right upper arm.  Review of a physician order dated [DATE] for Resident #289 revealed, Cefazolin sodium solution reconstituted 2 GM (grams) use 2 gram intravenously three times a day for infected right knee prosthesis for 33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Sodium Chloride solution 0.9% use 1 on illimitation intravenously three times a day for flush before and after each use and use 200 unit intravenously three times a day for flush period and after each use and use 200 unit intravenously three times a day for flush period and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use of IDATE] in American 100 millimers of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 1:50 PM, Staff C, LPN, administer				PCODE	
Eview of Resident #289's NSG New Admission (Only) Data Collection and Observation Form dated [DATE] revealed, Section 18. Diagnosis Generalized Category Nutrition/Hydration/Port of medication entry: Section 9b. Hydration/Port of the Mydration entry: Section 9b. Hydratio	Bullalo Crossings Healthcare & Ne	anabilitation cen	_		
F 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Residents Affected - Some  Review of a physician order dated [DATE] for Resident #289 revealed, Cafazolin sodium solution reconstituted 2 GM (grams) use 2 gram intravenously three times a day for infected right knee prosthesis for 33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Cafazolin sodium solution reconstituted 2 GM (grams) use 2 gram intravenously three times a day for infected right knee prosthesis for 33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Cafazolin sodium solution 10.9% use 10 milliliters intravenously three times per day for flush before and after each use of PICC line.  Review of a physician order dated [DATE] for Resident #289 revealed, Heparin Lock Flush solution 10.0 unit/m1 use 200 unit intravenously every 12 hours as needed for maintain patiency before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously times times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously times time as day for flush picc line using the sash method before and after each use and use 200 unit intravenously times and unit in the same and	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Residents Affected - Some  Review of a physician order dated [DATE] for Resident #289 revealed, Cefazolin sodium solution reconstituted 2 GM (grams) use 2 gram intravenously three times a day for infected right knee prosthesis for 33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Sodium Chloride solution 0.9% use 10 milliliters intravenously three times per day for flush before and after each use of PICC line.  Review of a physician order dated [DATE] for Resident #289 revealed, Sodium Chloride solution 0.9% use 10 milliliters intravenously three times per day for flush before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use.  Review of [DATE] MAR for Resident #289 documented on [DATE] at 2:02 PM, Staff C, LPN (date of hire: [DATE]), administered Official Chloride solution 0.9% intravenously right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered official Chloride solution 0.9% intravenously right arm, on [DATE] at 1:05 PM, Staff C, LPN, administered Official Chloride solution 0.9% intravenously right arm, on [DATE] at 1:05 PM, Staff C, LPN, administered Official Chloride Solution 0.9% intravenously right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solutio	(X4) ID PREFIX TAG			on)	
Review of a physician order dated [DATE] for Resident #289 revealed, Sodium Chloride solution 0.9% use 10 millilitlers intravenously three times per day for flush before and after each use of PICC line.  Review of a physician order dated [DATE] for Resident #289 revealed, Heparin Lock Flush solution 100 unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use.  Review of [DATE] MAR for Resident #289 documented on [DATE] at 2:02 PM, Staff C, LPN (date of hire: [DATE]), administered Cefazolin Sodium Solution 2-gram IV right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered Official Solution 10, 9% intravenously right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 1:05 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 1:05 PM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 1:05 PM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 2 gram IV right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:04 AM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:34 PM, Staff C, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Cefazolin Sodium Solu	Level of Harm - Immediate jeopardy to resident health or safety	revealed, Section 18. Diagnosis Generalized Category Nutrition/Hydration/Port of medication entry 9b. Hydration/Port of medication entry 3. PICC 9c. comments right upper arm.  Review of a physician order dated [DATE] for Resident #289 revealed, Cefazolin sodium solution			
unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use.  Review of [DATE] MAR for Resident #289 documented on [DATE] at 2:02 PM, Staff C, LPN (date of hire: [DATE]), administered Cefazolin Sodium Solution 2-gram IV right arm, on [DATE] at 2:02 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 1:05 PM, Staff D, LPN (ade of hire: [DATE]), administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 10:05 PM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 9:19 PM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 9:19 PM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:10 PM, Staff C, LPN, administered Cefazolin Sodium Chloride solution 0.9%	Residents Affected - Some	33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Sodium Chloride solution 0.9% use			
[DATE]), administered Cefazolin Sodium Solution 2-gram IV right arm, on [DATE] at 2:02 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 1:56 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 1:0:59 PM, Staff D, LPN (date of hire: [DATE]), administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 1:0:59 PM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 9:19 PM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff D, LPN, administered 10 milliliters of Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered 10 milliliters of Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, and on [DATE] at 3:10 PM, Staff C, LPN administered Heparin Lock Flush solution 100 units/ml.  3. Review of Resident #297's admission record revealed the resident was admitted to the facility on [DATE] with diagnoses including endocarditis (a		unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and and use 200 unit intravenously three times a day for flush picc line using the sash method be			
with diagnoses including endocarditis (an infection of the inner lining of the heart), atherosclerosis of coronary artery bypass graft(s) (coronary artery disease) with angina pectoris (chest pain), essential (primary) hypertension (high blood pressure), chronic kidney disease, type II diabetes mellitus, venous insufficiency (chronic) (peripheral), and right lower limb cellulitis, left lower limb cellulitis (infection in the legs).  Review of a physician order dated [DATE] for Resident #297 revealed, Cefazolin sodium solution reconstituted 1 Gm [gram] use 100 mg intravenously every 12 hours for endocarditis for 42 days.		[DATE]), administered Cefazolin Sodium Solution 2-gram IV right arm, on [DATE] at 2:02 PM, Staff administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at Staff C, LPN, administered Cefazolin Sodium Solution 2 gram IV right arm, on [DATE] at 1:56 PM, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DAT 10:05 PM, Staff D, LPN (date of hire: [DATE]), administered Cefazolin Sodium Solution 2 gram IV on [DATE] at 10:05 PM, Staff D, LPN, administered 10 milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Solution IV right arm, on [DATE] at 3:54 PM, Staff D, LPN, administered Cefazolin Sodium Solution 0.9% intravenously right arm, on [DATE] at 3:54 PM, Staff C, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 9:19 PM, Staff D, LPN, administered Cefazolir Solution 2 gram IV right arm, on [DATE] at 9:19 PM, Staff D, LPN, administered 10 milliliters of Soc Chloride solution 0.9% intravenously right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered Sodium Solution 2 gram IV right arm, on [DATE] at 5:34 AM, Staff D, LPN, administered 10 milliliter Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered milliliters of Sodium Chloride solution 2 gram IV right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered milliliters of Sodium Chloride solution 2 gram IV right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered milliliters of Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered milliliters of Sodium Chloride solution 0.9% intravenously right arm, and on [DATE] at 3:1			
reconstituted 1 Gm [gram] use 100 mg intravenously every 12 hours for endocarditis for 42 days.		e heart), atherosclerosis of oris (chest pain), essential e II diabetes mellitus, venous limb cellulitis (infection in the legs).			
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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Review of a physician order dated Unit/ml [milliliter] use 200 unit intravadminister Medication, Saline, H] meview of [DATE] MAR for Resider Cefazolin Sodium Solution 1 gram milliliters of Sodium Chloride solution administered Cefazolin Sodium Solution Sodium Solution 1 gram milliliters of Sodium Chloride solution administered Cefazolin Sodium Solution Sodium Solution 3 gram milliliters of Sodium Solution Sodium Solution Sodium Solution Sol	[DATE] for Resident #297 revealed, Hevenously every 12 hours as needed for nethod before and after each use of IV. Int #297 revealed on [DATE] at 7:36 PM IV right arm, on [DATE] at 7:35 AM, Strong on 0.9% intravenously right arm, on [DATE] at m Chloride solution 0.9% intravenously in Sodium Solution 1 gram IV right arm in Sodium Solution 1 gram IV right arm foodium Solution 1 gram IV right of Sodium Chloride solution 0.9% intraventation on the solution of th	eparin lock flush solution 100 Iflush, use SASH [Saline, In, Staff C, LPN, administered aff C, LPN, administered 10 In ATE] at 7:36 PM, Staff C, LPN, at 7:36 PM, Staff C, LPN, right arm, on [DATE] at 6:04 AM, in, on [DATE] at 6:05 AM, Staff D, in it it it is in in it is in in it is in in it is in it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
NAME OF PROVIDER OF SUPPLIED		STREET ADDRESS, CITY, STATE, ZI	D CODE	
	NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		FCODE	
For information on the nursing home's p	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)	
F 0726  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	During a telephone interview on [DATE] at 7:24 AM, Staff D, LPN, stated, I was IV certified a keep Virginia and wasn't aware that I needed anything different. I would never deliberately practice of scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident mane]. I have not been asked to provide my IV certification until Wednesday and yesterday the had any other certifications. I do not have any more than 8 hours of training that met the requiremental time. I didn't know that it wasn't the same in Florida.  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses within their scope of practice. We should take notice and put a stop to it immediately. The facile asking for verification of IV certification before they administer any medications.			
	During an interview on [DATE] at 8:19 AM, the Assistant Director of Nursing stated, There are several state who don't have the required 30-hour course and we did not know this. The staffing coordinator will usually ask the agency if the LPNs are IV certified. The staffing coordinator will ask them to provide the IV certification and the staffing coordinator will let the manager know if someone is not IV certified. With regulful or part time staff, HR is responsible for obtaining certifications and maintaining them in the files. I do not keep any files on staff for competence. I was not aware that staff were not IV certified. I have not had any system in place to identify who is certified. We do not have any competencies that are specific to PICC lin or midlines. When nurses are oriented, they pass medications with the person training them.  During an interview on [DATE] at 8:28 AM, the Director of Nursing stated, Typically, I interview the nurses will ask them if they are IV certificat and will get any certification if they bring them to the interview. If they are hired, I send them to HR and HR would get copies of their IV certification, CPR [Cardiopulmonary Resuscitation] or any other certifications and that is where they are kept. I don't know if HR obtained a cop of [Staff D's name] IV certification. I am ultimately responsible for all clinical staff and their competency. I would also the requirements and they have been administering IV medications. We should have had a process in place to ensure all staff are competent.			

Printed: 02/22/2025 Form Approved OMB No. 0938-0391

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	revealed, 64B,d+[DATE].005 Compadminister IV therapy. (1). Contents by the education department of the intravenous therapy education must recognizes that through appropriate performing Intravenous Therapy via defined in subsection 64B,d+[DATE four (4) hours of instruction. This required for intravenous therapy edication are requirement in this subsection shall following areas: (a) Central venous (c) CVL dressing and cap changes blood drawing: and (g) CVL complitherapy training via central lines, the knowledge and practice, as well as be witnessed by a Registered Nursenurses ability to perform intravenous Licensed Practical Nurses personn supervised clinical practice in intraventation of clinical competence in urse based on institutional protocolicensed Registered Nurse. Review training shall include one or more of curriculum requirements mandated practical nursing programs are extended that the components enumer. The Immediate Jeopardy was remore jeopardy removal plan. The survey likelihood of harm and/or possible of residents involved in the IJ situation line and receiving IV medications to administration. On [DATE], the facil Improvement) meeting and a root of staff on the 30-hour IV certification was conducted to verify all IV medicompetent nursing staff. On [DATE] the Assistant Director of Nursing and a root of staff on the 30-hour IV certification was conducted to verify all IV medicompetent nursing staff. On [DATE]	Administration of Intravenous Therapy Interest of Section 2 and Knowledge requirements in Section 3. The Board endorses the Intravenous National Federation of licensed practices to contain the following components: (2) the education and training, a Licensed Profession 2 and training, a Licensed Profession 2 and training, a Licensed Profession 3 and training, a Licensed Profession 3 and training, a Licensed Profession 3 and training, a Licensed Profession 4 and the section 5 and remedial measures. Upon the sections and the section 4 and the profession 5 and the section 5 and the profession 5 and the section 6 and conducted a facility and the section 6 and conducted and the section 6 and conducted and 5 a	recessary to qualify the LPN to a Therapy Course Guidelines issued an urses, November, 1983. The contral Lines. The board ractical Nurse is capable of registered professional nurse as and training requires a minimum of cluded as part of the 30 hours his rule. The education and training inical practicum instruction in the antral venous line) site assessment; and fluid administration; (f) CVL, completion of the intravenous research on both theoretical clinical practice assessment must a regarding the licensed practical ency statement shall be kept in the purse must be followed by rate clinical competence, ution employing a licensed practical uph a signed statement of a Florida ronal Alternatives. The cognitive Course. In recognition that the loft, and 464.019(1)(g), F.S., for inurse will not administer IV duate practical nurse to administer rese teaching aspects of IV therapy (1), F.A.C.  It of an acceptable immediate emoval of immediacy to prevent the fall current residents with a PICC and injury to the resident due to IV y Assurance and Performance E], the facility educated all nursing the handling. On [DATE], an audit intenance are performed by ronal Nurse to Director of Nursing, quirement of 30-hour IV LPN

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 106114

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106114	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162	. 3352
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	D PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0835	Administer the facility in a manner	that enables it to use its resources effe	ctively and efficiently.
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Based on observation, interview, all practicable physical wellbeing of ear operations of the facility. The facility ensure licensed practical nurses has medications via central venous acceptations of the an increased risk of infection at the the vein, phlebitis or blood clots. The result in an increased risk of infection at the the vein, phlebitis can cause blood clots. Phlebitis can cause bloor even be life threatening. Lack of blocked allowing the treatment to floan result in the likelihood of increases.  1. Review of the job description for administrator is responsible for the Responsibilities: Oversee and man operating condition. Implement contensure federal, state, and local compolicies and budget objectives. Review of the job description for the The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards. The DON participates as a member administrative decision making for federal, state, and local standards.	IAVE BEEN EDITED TO PROTECT Condition of record review, the facility administration and record review, the facility administration and resident by not assuming full responsibility of failed to provide central venous cather at the appropriate skills and competencies devices for 3 of 4 reviewed resider #297. The lack of appropriate dressing ction, fluid leaking, redness, pain, tendrinsertion site, sepsis (a life-threatening relack of IV certification and validation on, damage to veins and injection sites and clots, which can block important block training and verification to assess IV prower directly into the patient's vein) can it assed risk of serious harm and/or death.  The Administrator dated [DATE] reads, overall day-to-day operations of the fact age individual departments to develop mpany personnel policies and procedunpliance. Assure quality patient care is sponsible for staff performance, recruit the Director of Nursing (DON) dated [DA'r of the management team in planning, the Nursing Services Department in activities position is responsible for patient ent in the nursing home. Standard Requistration and Responsibilities: Plan, devivoices Department according to federal activities, including: Physician orders are rendered. Initiates the development of services under his or her position controls reposition control. Responsible for staff documentation for errors or inconsister.	stion failed to ensure the highest insibility for the day-to-day eter dressing changes and failed to cles to administer intravenous access changes to assess the insertion erness, and swelling can result in grifection in the blood), damage to of competency for IV infusion can an air embolism, phlebitis, and bod vessels, causing tissue damage atency (the line is open and not increase the spread of infection and an overview of the facility and its res with Human Resources to provided consistent with companyment, retention, and development.  TE] reads, General Purpose of Job: policy formulation, and cordance with current existing care, management, resource uirements: Supports and ent and compliance with all elop, organize, implement, , state, local and facility guidelines, In-services/Training, Utilization policies and procedures that tol. Responsible for verifying aff performance, recruitment,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building	(X3) DATE SURVEY COMPLETED	
	106114	B. Wing	12/16/2022	
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Review of Resident #71's admission records revealed the resident was admitted to the facility on [DATE] with diagnoses including infection of right lower extremity amputation stump, chronic obstructive pulmonary disease, hyperlipidemia (high cholesterol), personal history of transient ischemic attack (a brief stroke like attack) and cerebral infraction (a stroke) without residual deficits, peripheral vascular disease (a disorder that causes narrowing, blockage or spasms in the blood vessels), essential hypertension (high blood pressure), acquired absence of right leg above knee, unspecific atrial fibrillation (an irregular heartbeat), pleural effusion (fluid around the lungs due to poor pumping of the heart), infective myositis (inflammation of the muscles), and unspecified diastolic heart failure (a chronic condition in which the heart doesn't pump blood as well as it should).			
	Review of Resident #71's New Admission Data Collection and Observation dated [DATE] at 6:53 PM revealed, 1. Initial Data Intake: 1b. admitted /Time: [DATE] at 1800 [6:00 PM]. Section 9a. Hydration/Port of Medication Entry: 3. PICC, 9c. Comments: IV antibiotic therapy.			
	Review of a physician order dated [DATE] for Resident #71 revealed, Change PICC [Peripherally Inserted Central Line] Line Dressing Every 7 Days and prn [as needed] if soiled or dislodged every night shift every 7 days for picc care.			
	During an observation on [DATE] at 9:45 AM, Resident #71 was sitting up in a wheelchair at her bed side with a single lumen PICC line in her right upper arm, covered with white tubular netting. The dressing had a dressing change date of ,d+[DATE] written in black marker and covered with a transparent dressing.			
	During an interview on [DATE] at 9 since I got here.	:47 AM, Resident #71 stated, They hav	ve not changed my dressing at all	
	lumen PICC line in her right upper	nt 11:09 AM, Resident #71 was sitting u arm covered with a white tubular nettin etting had a dressing change sticker da	g dressing. The transparent	
	, ,	1:09 AM, Resident #71 stated, I have r PICC line and give me my medication.	never refused a dressing change.	
	Review of the progress notes from peripherally inserted central cathet	[DATE] to [DATE] for Resident #71 rever care being refused.	realed no documentation of	
	During an interview on [DATE] at 11:42 AM, the Director of Nursing (DON) confirmed Resident #71's transparent dressing had the date of ,d+[DATE] written on it stating, All PICC line dressings should have been done on a weekly basis. This dressing is way out of date, and I will look into this.			
	During an interview on [DATE] at 11:58 AM, the Advanced Practice Registered Nurse (APRN) #1 stated, wow, no way. There is a risk for infection, line infection, which would enter to the body eventually. Any kir septic infection, there would be a risk for any kind of organ in the body.			
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane	P CODE
		The Villages, FL 32162	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	that happened, how the dressing d mind, the dressing change was eve site every day to make sure there is happened that night that I signed it Sometimes you might mark off son needs to be changed, it's time for it time. Not to my knowledge has she During an interview on [DATE] at 9 assigned to another nurse to keep at them for general issues or signs education fall under Assistant Direct During an interview on [DATE] at 9 changes are every 7 days, and if so not exposed. There is always a postorders to be followed. Nursing staff abnormalities. I assess PICC's or not longer, my role has changed. This always a possibility for infection who During an interview on [DATE] at 1 the facility has for central line dress long. It can result in a localized infenotify me of the occurrence.  During an interview on [DATE] at 1 following physician orders for dress site and change it if needed.  During an interview on [DATE] at 1 care. I am not in a place to give my speak to her attending physician. Not and it is a breach in protocol. My example of the dressing changes.  During an interview on [DATE] at 1 look at the dressing site if I am not changed it. I did not notice the dressemoved the netting or not.	229 AM, the APRN #2 stated, Central voiled, or compromised. It really should estibility for infections, that is the reason of should be assessing, flushing and all anidlines when a resident is initially admits delegated on nursing staff to do and the dressings are not changed.  0:26 AM, the Medical Doctor (MD) #1 stailing changes, but that is unacceptable, ection or any kind of infection. I did not all the dressing changes. Nurses should be looking the dressing changes. Nurses should be looking the dressing changes. Nurses and facilities are for nurses and facilities are for nurses and facilities are for fractical N administering medication. If I see the costing of [Resident #71's name] was out the control of the staff F, Registered Nurse (RN).	was popping up every day. In my system every day. I will look at the dressing. I can't really say what it. It must have been a busy night. ge dressing if it is compromised or it ing with [Resident #71's name] one nt and did not refuse treatment.  stated, Central venous lines are tant Director of Nursing]. I will look e regular maintenance, training, and renous lines standards for dressing be covered, and the insertion site in why we change them. I expect all appropriate things. Looking for litted, but it is not my role any to follow physician orders. There is stated, I do not know what protocol not to change dressings for that receive a call from the facility to sing stated, Nursing staff should be grat dressings, dates and assessing am not involved in that resident's not know all the details. You should an his. Maybe a localized infection to follow orders placed for urse (LPN), stated, I don't always dressing out of date, I would have to find the localized infection of date. I do not remember if I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF DROVIDED OR SUDDILI	NAME OF PROVIDER OR SUPPLIER		P CODE
Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	During an interview on [DATE] at 1 sleeve on. Absolutely yes, should in the properties of the properti	:47 PM, Staff G, RN, stated, I do remenave been changed the dressing. I don't reely have changed the dressing if I saw to the last state of the last state o	mber [Resident #71's name] had a it know why I didn't.  member seeing the dressing for that it was dated ,d+[DATE]. I did  lium Chloride solution 0.9% use 10 reach use.  reonam in dextrose solution 1 GM [right lower extremity] stump  #71 revealed Staff D, Licensed enously right arm on [DATE] at 1:53 DATE] at 5:19 AM.  Is admitted to the facility on [DATE] Staphylococcus Aureus), arthritis e to internal right knee prosthesis, onary disease, type 2 diabetes is ion (high blood pressure), and  up in a wheelchair at bedside with alled up at the edges, and the incertion site. The dressing the white tubular dressing retainer and sitting at bedside with a right the insertion site. The dressing he PICC line and in contact with the histained areas noted on it.  Is been rolled up like that for a few just give me my antibiotics.  Ind Observation Form dated [DATE] in Port of medication entry: Section
	(continued on next page)		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		
Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	days and PRN if soiled or dislodge Review of a physician order dated reconstituted 2 GM (grams) use 2 g 33 days.  Review of a physician order dated 10 milliliters intravenously three tim Review of a physician order dated unit/ml use 200 unit intravenously three ach use 200 unit intravenously three ach use.  Review of [DATE] MAR for Resider Cefazolin Sodium Solution 2-gram milliliters of Sodium Chloride solution administered Cefazolin Sodium Solution Staff D, LPN, administered Cefazo LPN, administered 10 milliliters of Sodium Staff D, LPN, administered 10 milliliters 3:54 PM, Staff D, LPN, administered 10 milliliters Staff C, LPN, administered 10 milliliters 3:54 PM, Staff D, LPN, administered 10 milliliters 3:54 PM, Staff D, LPN, administered 10 milliliters 3:54 PM, Staff D, LPN, administered 10 [DATE] at 5:34 AM, Staff D, LPN, administered 10 milliliters on [DATE] at 3:10 PM, Staff C, LPN, administered 10 milliliters of Sodium Staff D, LPN, administered 10 milliliters 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Staff D, LPN, administered 10 milliliters 3:54 PM, Staff D, LPN, administered 10 milliliters 3:554 PM, Staff D, LPN, administered 10 milliliters 10 millilite	[DATE] for Resident #289 revealed, Chd. every night shift for PICC care.  [DATE] for Resident #289 revealed, Cogram intravenously three times a day for [DATE] for Resident #289 revealed, Sches per day for flush before and after earlier and the severy 12 hours as needed for maintain set times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times a day for flush picc line using the times and the times and times a day for flush picc line using the times and times a day for flush picc line using the times and times a day for flush picc line using the times and	efazolin sodium solution or infected right knee prosthesis for each use of PICC line.  Reparin Lock Flush solution 100 patency before and after each use he sash method before and each use he sash method

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106114	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Buffalo Crossings Healthcare & Reh	nabilitation Cen	3875 Wedgewood Lane The Villages, FL 32162	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	3. Review of Resident #297's admixiful diagnoses including endocardicoronary artery bypass graft(s) (con (primary) hypertension (high blood insufficiency (chronic) (peripheral),  During an observation on [DATE] as single lumen PICC line with a dress the transparent dressing covering to the transparent dressing and the transparent dressing the transparent dressing covering to the facility policy and procentral Venous catheter dressings infections that are associated with a physician's order is not needed for on intravenous access devices. Dressing should not get wet. 2. Chaoriginal insertion of CVAD, the dressing should not get wet. 2. Chaoriginal insertion of CVAD, the dressing should not get wet. 2. Chaoriginal insertion of CVAD, the dressing every 48 hours. 9. device at the time of routine dressing During an interview on [DATE] at 1 insertion site and those per policy review of a physician order dated days and PRN if soiled or dislodged Review of a physician order dated 10 milliliters intravenously every 12 Review of a physician order dated 10 milliliters intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intravenously every 12 Review of a physician order dated Un	ession record revealed the resident was tis (an infection of the inner lining of the ronary artery disease) with angina pect pressure), chronic kidney disease, type and right lower limb cellulitis, left lower to 10:00 AM, Resident #297 was sitting sing date of [DATE]. There was a transhe insertion site.  0:05 AM, Resident #297 stated, No, the taste and the transhe insertion site.  0:05 AM, Resident #297 with a right ang. The dressing was dated [DATE].  10:06 AM, Resident #297 with a right ang. The dressing was dated [DATE].  10:06 AM, Resident #297 with a right ang. The dressing was dated [DATE].  10:06 AM, Resident #297 with a right ang. The dressing was dated [DATE].  10:06 AM, Resident #297 with a right ang. The dressing was dated [DATE].  10:06 AM, Resident #297 with a right ang. The dressing was dated [DATE].  10:07 AM, Resident #297 with a right ang. The dressing if any suspicion of contaminated, loosened, soiled or wet at this procedure. General Guidelines: 1.  10:08 AM, and intact. Ange all dressings if any suspicion of contaminated, loosened, soiled or wet at the procedure. General Guidelines: 1.  10:09 AM, and intact. Ange all dressings if any suspicion of contaminated, loosened, soiled or wet at the procedure. Guidelines: 1.  10:09 AM, and intact. Ange all dressings if any suspicion of contaminated, loosened, soiled or wet at the procedure. Guidelines: 1.  10:00 AM, Resident #297 revealed, Change changes.  10:00 AM, the DON stated, The dressing equired changing in 48 hours.  10:00 AM, the DON stated, The dressing equired changing in 48 hours.  10:00 AM, the DON stated, The dressing equired changing in 48 hours.  10:00 AM, the DON stated, The dressing equired changing in 48 hours.	admitted to the facility on [DATE] e heart), atherosclerosis of oris (chest pain), essential e II diabetes mellitus, venous limb cellulitis (infection in the legs).  up in a wheelchair with a right arm parent dressing with a gauze under ey haven't changed this dressing  arm single lumen PICC line with  Dressing Changes reads, Policy: In when needed, to prevent catheter dressings. Preparation: 2. A Apply and maintain sterile dressing Explain to the resident that the contamination is suspected. 4. After his will change within 24 hours.  Immeable membrane (TSM) dressing ge gauze dressing, or TSM over extension tubing, and stabilization  In does have gauze over the  In ange PICC line dressing every 7 In cline care.  In ange PICC line dressing every 7 In and the contamination is solution and carditis for 42 days.  In admitted to the facility of the care.  In ange PICC line dressing every 7 In ange PICC line dressing every 8 In ange PICC line dressing every 9 In ange PICC line dressing e

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NAME OF PROVIDER OR SUPPLII		STREET ADDRESS, CITY, STATE, ZI	P CODE
Buffalo Crossings Healthcare & Re		3875 Wedgewood Lane	P CODE
Buildio Grossings Fieduniouro & No	Trabilitation och	The Villages, FL 32162	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	Review of [DATE] MAR for Resider Cefazolin Sodium Solution 1 gram milliliters of Sodium Chloride solution administered Cefazolin Sodium So administered 10 milliliters of Sodium Staff D, LPN, administered Cefazol LPN, administered 10 milliliters of SPM, Staff C, LPN, administered Ce C, LPN, administered 10 milliliters of SPM, Staff C, LPN, administered 10 millililiters of SPM, Staff C, LPN, administered 10 millililiters of SPM, Staff C, LPN, administer PV medication of Staff of SPM, Staff C, LPN, administer IV medications of SPM, Staff C, LPN, administer IV medications of PV millililiters of SPM, Staff C, LPN, administer IV medication of PV millililiters of SPM, Staff C, LPN, administer IV medication of PV medications of IV medication and Wasn't aware that I new Scope. I did administer IV medication and II have not been asked to prince to the period of the scope. I did administer IV medication and II have not been asked to prince the scope. I have not been asked to prince the scope and the scope asked to prince the scope asked to	Int #297 revealed on [DATE] at 7:35 AM, Start on 0.9% intravenously right arm, on [DATE] at 7:35 AM, Start on 0.9% intravenously right arm, on [DATE] at 7:35 AM, Start on 0.9% intravenously flin Sodium Solution 0.9% intravenously flin Sodium Solution 1 gram IV right arm sodium Chloride solution 0.9% intravenously flin Sodium Chloride solution 1.0% intravenously flight flight fl	I, Staff C, LPN, administered aff C, LPN, administered 10 ATE] at 7:36 PM, Staff C, LPN, right arm, on [DATE] at 6:04 AM, on [DATE] at 6:05 AM, Staff D, lously right arm, on [DATE] at 6:02 PM, Staff venously right arm, and on [DATE] at 6:02 th arm, on [DATE] at 6:02 PM, Staff venously right arm, and on [DATE] nously right arm.  ame] Community College Center name] has successfully completed herapy on the twenty-sixth day of staff C's reg.  Is the attendance of [Staff C's reg.]  It is not have IV certification for [Staff ne 30 hours. I don't know how this stated, We reached out to [Staff ne 30 hours. I don't know this before found that a few other nurses do I do not get a copy or keep a copy. In goes not keep a copy. We don't on if they are an LPN. I am It really is the nurses' responsibility meone they can't do the IV's. Well, ley were asking an RN to do it for I was IV certified a long time ago in deliberately practice outside my #289's name and Resident #297's lay and yesterday they asked if I

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	P CODE
Buffalo Crossings Healthcare & Re		3875 Wedgewood Lane	PCODE
Danaio Grossingo Ficalindaro a Fic	nubilitation odn	The Villages, FL 32162	
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informat	ion)
F 0835  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	During an interview on [DATE] at 8 within their scope of practice. We s asking for verification of IV certifica  During an interview on [DATE] at 8 who don't have the required 30-hou ask the agency if they LPNs are IV certification and the staffing coordir full or part time staff, HR is respons keep any files on staff for competer system in place to identify who is or or midlines. When nurses are orien  During an interview on [DATE] at 8 will ask them if they are IV certified hired, I send them to HR and HR w that is where they are kept. I don't kultimately responsible for all clinical	2.14 AM, the Medical Director stated, I chould take notice and put a stop to it in tion before they administer any medical at 19 AM, the Assistant Director of Nursing course and we did not know this. The certified. The staffing coordinator will anator will let the manager know if some sible for obtaining certifications and mance. I was not aware that staff were not ertified. We do not have any competented, they pass medications with the period of the Director of Nursing stated, and will get any certification if they briefly determined the point of the point of the period of the perio	expect that all nurses will practice inmediately. The facility should be ations.  In g stated, There are several staff e staffing coordinator will usually ask them to provide the IV one is not IV certified. With regular intaining them in the files. I do not t IV certified. I have not had any cies that are specific to PICC lines in training them.  Typically, I interview the nurses. I me them to the interview. If they are CPR or any other certifications and is name] IV certification. I am aware that there were staff who did

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NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	revealed, 64B,d+[DATE].005 Compadminister IV therapy. (1). Content by the education department of the intravenous therapy education must recognizes that through appropriat performing Intravenous Therapy videfined in subsection 64B,d+[DATI four (4) hours of instruction. This required for intravenous therapy edirequirement in this subsection shall following areas: (a) Central venous (c) CVL dressing and cap changes blood drawing: and (g) CVL complitherapy training via central lines, the knowledge and practice, as well as be witnessed by a Registered Nursinurses ability to perform intravenous Licensed Practical Nurses personn supervised clinical practice in intravenous Verification of clinical competence nurse based on institutional protoc licensed Registered Nurse. Review training shall include one or more curriculum requirements mandated practical nursing programs are extended to the course necessary to the lowest training shall be not less than a	Administration of Intravenous Therapy betency and Knowledge requirements is. The Board endorses the Intravenous National Federation of licensed practical contain the following components: (2) the education and training, a Licensed Property of the Contain the following components: (2) the education and training, a Licensed Property of the Include and the Include, at a minimum, didactic and contained and the Include, at a minimum, didactic and contained the Include and physiology: (b) CVL (certical Contained Included In	recessary to qualify the LPN to a Therapy Course Guidelines issued cal nurses, November, 1983. The cal nurses, November, 1983. The cal nurses, November, 1983. The cal nurse is capable of registered professional nurse as and training requires a minimum of cluded as part of the 30 hours his rule. The education and training linical practicum instruction in the ntral venous line) site assessment; and fluid administration; (f) CVL, completion of the intravenous sessed on both theoretical clinical practice assessment must at regarding the licensed practical ency statement shall be kept in the purse must be followed by rate clinical competence. Ution employing a licensed practical ugh a signed statement of a Florida ional Alternatives. The cognitive Course. In recognition that the possible practical nurse will not administer ly duate practical nurse to administer urse teaching aspects of IV therapy

Facility ID:

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Buffalo Crossings Healthcare & Re	habilitation Cen	3875 Wedgewood Lane The Villages, FL 32162	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	jeopardy removal plan. The survey likelihood of harm and/or possible or residents involved in the IJ situation line and receiving IV medications to administration. On [DATE], the facil Improvement) meeting and a root of staff related to PICC line dressing or requirement for LPNs prior to PICC provided training to the facility adm Improvement/ Quality Assurance at conducted to verify all IV medication nursing staff. On [DATE], education Assistant Director of Nursing and near the survey of	removed on site on [DATE] after the recteam verified the facility's actions for recteath as evidenced by the following: On and conducted a facility-wide audit of the identify possible harm, side effects, a lity conducted an Ad Hoc QAPI (Quality cause analysis. On ,d+[DATE]-,d+[DATchanges and maintenance, documentate line handling. On [DATE], the [NAME] inistration on QAPI/QAA (Quality Assund Assessment) policy and abuse/neglins, dressing changes and line mainten in was provided by the Regional Nurse it ursing supervisors related to the requirecertification competency was placed at distribution to the properties of the properties of the properties.	emoval of immediacy to prevent the in [DATE], the facility assessed the all current residents with a PICC and injury to the resident due to IV y Assurance and Performance E], the facility educated all nursing tion, and the 30-hour IV certification President of Clinical Services rance and Performance ect policy. On [DATE], an audit was ance are performed by competent to the Director of Nursing, the ement of 30-hour IV LPN

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	accordance with accepted professi  **NOTE- TERMS IN BRACKETS I- Based on observation, interview, a medical records for central venous residents sampled, Residents #71, Findings include:  1. Review of Resident #71's admis with diagnoses including infection of disease, hyperlipidemia (high chole attack) and cerebral infraction (a st causes narrowing, blockage or spa acquired absence of right leg abov (fluid around the lungs due to poor and unspecified diastolic heart failu should).  Review of a physician order dated Inserted Central Catheter] Line Dre shift every 7 days for picc care.  During an observation conducted of wheelchair at her bed side with a s netting. The dressing had a dressir transparent dressing.  During an interview on 12/12/2022 dressing at all since I got here.  During an observation on 12/13/20 lumen PICC line in her right upper dressing under the white tubular ne Review of December 2022 Treatm- Line Dressing Every 7 Days and pr TAR documented staff initials for the	nd record review, the facility failed to me catheter dressing changes and docume #240, and #139.  sion records revealed the resident was of right lower extremity amputation sturn esterol), personal history of transient is troke) without residual deficits, peripher is mission in the blood vessels), essential hyse knee, unspecific atrial fibrillation (an inpumping of the heart), infective myositure (a chronic condition in which the heart) are greatly as and pring [as needed on 12/12/2022 at 9:45 AM, Resident #71 revealed, and pringle lumen picc line in her right uppering change dated of 11/18 written in black at 9:47 AM Resident #71 stated Oh not 22 at 11:09 AM, Resident #71 was sitting arm covered with a white tubular netting had a dressing change sticker date are the Administration Record (TAR) for Remain if soiled or dislodged every night shift he treatment being completed on 11/24 11/23/2022 to 12/13/2022 for Resident	confidential accurate and complete mentation of pain scale for 3 of 51 admitted to the facility on [DATE] mp, chronic obstructive pulmonary chemic attack (a brief stroke like ral vascular disease (a disorder that pretension (high blood pressure), irregular heartbeat), pleural effusion is (inflammation of the muscles), art doesn't pump blood as well as it  Change PICC [Peripherally ad] if soiled or dislodged every night  1 was observed sitting up in a arm, covered with white tubular ck marker and was covered with a arm, change pick marker and was covered with a potential of the pick marker and was covered with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.  In grup in a wheelchair with a single and the pick marker.

	PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		
106	NTIFICATION NUMBER:	A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZII	P CODE	
Buffalo Crossings Healthcare & Rehabilita	tion Cen	3875 Wedgewood Lane The Villages, FL 32162		
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
,	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Duri fault char should have a company to the second of the company to the company to the second of the company to the second of the company to	ing an interview on 12/14/2022 that happened, how the dressimind, the dressing change was site every day to make sure the bened that night that I signed it. Interest you might mark off some and then mark the task off as of promised or it needs to be changed in the facility. I or whedge has she ever refused. Some an interview on 12/14/2022 to 1 do not do anything with IVs. In any off a fact and have not marked it off because view of Resident #240's admiss diagnoses including a history of the facture with refer to closed fracture with refer to closed fracture with refer to the facture	at 6:53 AM, Staff A, Registered Nurse in gidin't get changed. The dressing on every 7 days, but it was coming up in the re is no infiltration and look at the date. It was a mistake to sign it and not do it ething and it gets busy. Instead, you sledone. That particular unit is very busy. Inged, it's time for it to be changed. I handly remember working with [Resident # he was always pleasant and did not reseat 9:34 AM, Staff B, Licensed Practical I am not certified. I always ask the nurse I never touch an IV. I should have not use I didn't give any medication or dressesion records revealed the resident was for nondisplaced intertrochanteric fracture outine healing, moderate protein-caloric cell count, abnormality of albumin, hyps.  12/6/2022 for Resident #289 revealed, ed. Every night shift for PICC care.  22 at 10:56 AM, Resident #240's midlin 10:56 AM, Resident #240 stated, The sous) line. They will flush it. My dressing Resident #240 documented initials of States.	(RN), stated, I don't understand der was popping up every day. In the system every day. I will look at on dressing. I can't really say what t. It must have been a busy night. In thould take the time to read it and I should change dressing if it is evenot received training for central raise name] one time. Not to my fuse treatment.  Nurse (LPN), stated, It was my see to administer medications or documented. I didn't realize it. I sing changes.  Is admitted to the facility on [DATE] are of right femur, subsequent emalnutrition, anemia, acute beneflycemia, essential.  Change PICC line dressing every the catheter was observed in the staff will give me my antibiotic grass not been changed yet since I staff O, Licensed Practical Nurse sings are supposed to be changed to who is doing the admission and the we will change them next day. That	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
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For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of Resident #139's phys Resident #139's reported pain scal Review of Resident #139's Medica did not reveal any documentation than the site every shift as ordered by the During an interview on 12/14/2022 Resident #139's reported pain scal	ician orders showed an order with a sta e, description and site every shift. tion Administration Record (MAR) date the facility had charted Resident #139's	art date of 12/1/2022 to document and 12/1/2022 through 12/31/2022, a reported pain scale, description at that the facility had not charted redered by the physician. She	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0867	Set up an ongoing quality assessm corrective plans of action.	ent and assurance group to review qua	ality deficiencies and develop	
Level of Harm - Immediate jeopardy to resident health or	·	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 46523	
safety Residents Affected - Some	and Process Improvement (QAPI) the following: ensuring residents will ensuring licensed practical nurses medications via central venous acceptations and symptoms of infections at the terms of the vein, phlebitis or blood clots. The result in an increased risk of infection at the blood clots. Phlebitis can cause blood clots. Phlebitis can cause bloor even be life threatening. Lack of blocked allowing the treatment to flow can result in the likelihood of increase.  1. Review of Resident #71's admissional with diagnoses including infection of disease, hyperlipidemia (high chole attack) and cerebral infraction (a stocauses narrowing, blockage or spatial acquired absence of right leg above (fluid around the lungs due to poor and unspecified diastolic heart failured.	and record review, the facility failed to in policy and procedure to identify and conthe central venous catheters received dothed the appropriate skills and compete ess devices for 3 of 4 reviewed resider #297. The lack of appropriate dressing ction, fluid leaking, redness, pain, tend insertion site, sepsis (a life-threatening the Lack of IV certification and validation on, damage to veins and injection sites and clots, which can block important blot training and verification to assess IV pow directly into the patient's vein) can insert insert in the patient's vein) can insert in the serious harm and/or death.  Sion records revealed the resident was control, personal history of transient is control.	rrect quality deficiencies related to ressing changes as ordered and noies to administer intravenous at with central venous access changes to assess the insertion erness, and swelling can result in g infection in the blood), damage to a for competency for IV infusion can an air embolism, phlebitis, and nod vessels, causing tissue damage attency (the line is open and not no not not not an admitted to the facility on [DATE] and, chronic obstructive pulmonary chemic attack (a brief stroke like all vascular disease (a disorder that pertension (high blood pressure), rregular heartbeat), pleural effusion is (inflammation of the muscles),	
	should).  Review of Resident #71's New Admission Data Collection and Observation dated [DATE] at 6:53 PM revealed, 1. Initial Data Intake: 1b. admitted /Time: [DATE] at 1800 [6:00 PM]. Section 9a. Hydration/F Medication Entry: 3. PICC, 9c. Comments: IV antibiotic therapy.			
	Review of a physician order dated [DATE] for Resident #71 revealed, Change PICC [Peripherally In Central Line] Line Dressing Every 7 Days and prn [as needed] if soiled or dislodged every night shi days for picc care.  During an observation on [DATE] at 9:45 AM, Resident #71 was sitting up in a wheelchair at her be with a single lumen PICC line in her right upper arm, covered with white tubular netting. The dressing change date of ,d+[DATE] written in black marker and covered with a transparent dressing			
	During an interview on [DATE] at 9 since I got here.	:47 AM, Resident #71 stated, They have	ve not changed my dressing at all	
	(continued on next page)			

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 106114

If continuation sheet

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane The Villages, FL 32162	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some	lumen PICC line in her right upper dressing under the white tubular net dressing under the white tubular net of the progress notes from peripherally inserted central cathet.  Review of the progress notes from peripherally inserted central cathet.  During an interview on [DATE] at 1 transparent dressing had the date of been done on a weekly basis. This does not not not probably should have identified that problems before this. I have not probably should have identified that problems before this. I have not prothink we do a specific competency All nurses should be competent if the determine if agency staff are IV centhey are not IV certified.  During an interview on [DATE] at 7 to PICC lines. I know that we did la look at to identify any possible conducted to another nurse to keep at them for general issues or signs education fall under Assistant Direct During an interview on [DATE] at 1 following physician orders for dress competencies. If not IV certified, now the does not have a system in place should be looking at dressing, date Random audits have been done for	1:42 AM, the Director of Nursing (DON of ,d+[DATE] written on it, stating, All P dressing is way out of date, and I will I 1:58 AM, the Advanced Practice Regisection, line infection, which would entesk for any kind of organ in the body.  DATE] at 7:00 AM, the DON stated, W it there might be concerns with this. I dovided training to staff related to PICC related to central lines. We have not put hey are an RN or are IV certified. We have tiffied. I guess we should as we use the state of the stat	g dressing. The transparent ted ,d+[DATE] in black marker.  never refused a dressing change.  realed no documentation of  confirmed Resident #71's  ICC line dressings should have ook into this.  tered Nurse (APRN) #1 stated, Oh really to the body eventually. Any kind of ell, it is a very high risk, and we conto know if there have been income to ease ssment. I don't rovided any type of special training. Have not established way to em. I expect nurses to let us know if ease we should have done a QAPI related ection. QAPI is a process that we ease we should have done a QAPI.  stated, Central venous lines are than Director of Nursing]. I will look a regular maintenance, training, and esting stated, Nursing staff should be tification. I do not necessarily do IV or another nurse who is certified. Encies for nursing staff. Nurses eeded. I have not done skills fair. Into resident rooms and look at

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building	(X3) DATE SURVEY COMPLETED	
	106114	B. Wing	12/16/2022	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Buffalo Crossings Healthcare & Re	ehabilitation Cen	3875 Wedgewood Lane The Villages, FL 32162		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867  Level of Harm - Immediate jeopardy to resident health or	During an interview on [DATE] at 7:22 AM, the DON stated, We do the audit when we are in survey window not because there is a problem. In June, when we identified deficient practice for two residents, I don't know why we didn't do a QAPI. I do not look at all audits done that is not my responsibility.			
safety  Residents Affected - Some	During an interview on [DATE] at 9:16 AM, the ADON stated, They did not have a problem dates, and I corrected that. I did not do a root cause analysis and no education or training			
	During an interview on [DATE] at 1 were a high risk to put it through Q	0:53 AM, the DON stated, I did not feel API.	the missing orders for PICC lines	
	During an interview on [DATE] at 11:25 AM, the Medical Director stated, I spoke to the administrator we w bring up in next Quality meeting. We updated policies this month, don't remember central venous catheter devices mentioned in past QAPI meetings.			
	Review of a physician order dated [DATE] for Resident #71 revealed, Sodium Chloride solution 0.9% use milliliters intravenously every shift for flush every shift and before and after each use.			
	Review of a physician order dated [DATE] for Resident #71 revealed, Aztreonam in dextrose solution 1 GN [gram]/50 ml [milliliters], use 1 gram intravenously two times a day for RLE [right lower extremity] stump infection until [DATE].			
	Review of [DATE] Medication Administration Record (MAR) for Resident #71 revealed Staff D, Licensed Practical Nurse (LPN), administered sodium chloride solution 0.9% intravenously right arm on [DATE] at 1:5 AM, and administered Aztreonam 1 gm/50 ml intravenously right arm on [DATE] at 5:19 AM.			
	41334			
	ssion records revealed the resident was septic MSSA (Methicillin-Susceptible sinfection and inflammatory reaction duar heartbeat), chronic obstructive pulm knee joint, essential (primary) hyperten	Staphylococcus Aureus), arthritis et to internal right knee prosthesis, onary disease, type 2 diabetes		
	During an observation on [DATE] at 12:35 PM, Resident #289 was sitting up in a wheelchair at bedside with a right upper arm single lumen PICC line, with the transparent dressing rolled up at the edges, and the insertion site exposed and opened to air. The dressing was dated [DATE]. There was white tubular dressing retainer net covering the PICC line and in contact with the insertion site. The white tubular dressing retainer net had several brownish stained areas noted on it.			
	During an observation on [DATE] at 8:45 AM, Resident #289 was observed sitting at bedside with upper arm PICC line with the transparent dressing rolled up and exposing the insertion site. The was dated [DATE]. The white tubular dressing retainer net was covering the PICC line and in consertion site. The white tubular dressing retainer net had several brownish stained areas noted.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building	(X3) DATE SURVEY COMPLETED	
	106114	B. Wing	12/16/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Buffalo Crossings Healthcare & Re	ehabilitation Cen	3875 Wedgewood Lane The Villages, FL 32162		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867  Level of Harm - Immediate jeopardy to resident health or safety	During an interview on [DATE] at 8:45 AM, Resident #289 stated, That has been rolled up like that for a fe days now. The nurses don't really ask to have a look at the catheter, they just give me my antibiotics.  Review of Resident #289's NSG New Admission (Only) Data Collection and Observation Form dated [DA' revealed, Section 18. Diagnosis Generalized Category Nutrition/Hydration/Port of medication entry: Section			
Residents Affected - Some	9b. Hydration/Port of medication er	ntry 3. PICC 9c. comments right upper	arm.	
	days and PRN if soiled or dislodge	[DATE] for Resident #289 revealed, Ch d. Every night shift for PICC care.	nange PICC line dressing every /	
	Review of a physician order dated [DATE] for Resident #289 revealed, Cefazolin sodium solution reconstituted 2 GM (grams) use 2 gram intravenously three times a day for infected right knee prosthesis 33 days.  Review of a physician order dated [DATE] for Resident #289 revealed, Sodium Chloride solution 0.9% use 10 milliliters intravenously three times per day for flush before and after each use of PICC line.  Review of a physician order dated [DATE] for Resident #289 revealed, Heparin Lock Flush solution 100 unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and after each use and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each use.			
	Cefazolin Sodium Solution 2-gram milliliters of Sodium Chloride solution administered Cefazolin Sodium Solution administered 10 milliliters of Sodium Staff D, LPN, administered Cefazol LPN, administered 10 milliliters of Sodium Staff D, LPN, administered 10 milliliters of Sodium Staff D, LPN, administered 10 milliliters of Sodium Staff C, LPN, administered 10 milliliters of Staff C, LPN, administered 10 milliliters of Staff C, LPN, administered 10 milliliters of Staff D, LPN, administered 10 milliliters of Staf	Int #289 documented on [DATE] at 2:02 IV right arm, on [DATE] at 2:02 PM, St on 0.9% intravenously right arm, on [DI lution 2 gram IV right arm, on [DATE] at m Chloride solution 0.9% intravenously lin Sodium Solution 2 gram IV right arm Sodium Chloride solution 0.9% intraver of Sodium Chloride solution 0.9% of Sodium	aff C, LPN, administered 10 ATE] at 1:56 PM, Staff C, LPN, at 1:56 PM, Staff C, LPN, right arm, on [DATE] at 10:05 PM, n, on [DATE] at 10:05 PM, Staff D, nously right arm, on [DATE] at 5:02 at arm, on [DATE] at 5:02 AM, Staff venously right arm, on [DATE] at / right arm, on [DATE] at 3:54 PM, intravenously right arm, on [DATE] at V right arm, on[DATE] at 9:19 0.9% intravenously right arm, on a 2 gram IV right arm, on[DATE] at attion 0.9% intravenously right arm, ition 2 gram IV right arm, on [DATE] olution 0.9% intravenously right Flush solution 100 units/ml. g was exposing his insertion site	
	(continued on next page)			

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106114	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022
NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  3875 Wedgewood Lane The Villages, FL 32162	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0867  Level of Harm - Immediate jeopardy to resident health or safety	During a telephone interview on [DATE] at 12:01 PM, Staff C, Licensed Practical Nurse (LPN) stated, Well, no I did not pull back the netting and look at the site when I gave the 2 o'clock medication. When it's under netting, I don't always check. I probably should check the site before and after I give the medication. I don't know why I didn't.		
Residents Affected - Some	During an interview conducted on [DATE] at 8:23 AM, Staff D, LPN, stated, I don't think that I actually looked at the site of the PICC line when I gave medications. I usually just pull down the netting enough to get to the connector.  3. Review of Resident #297's admission record revealed the resident was admitted to the facility on [DATE] with diagnoses including endocarditis (an infection of the inner lining of the heart), atherosclerosis of coronary artery bypass graft(s) (coronary artery disease) with angina pectoris (chest pain), essential (primary) hypertension (high blood pressure), chronic kidney disease, type II diabetes mellitus, venous insufficiency (chronic) (peripheral), and right lower limb cellulitis, left lower limb cellulitis (infection in the legs).  Review of a physician order dated [DATE] for Resident #297 revealed, Change PICC line dressing every 7 days and PRN if soiled or dislodged every night shift every 7 days for PICC line care.  During an observation on [DATE] at 10:00 AM, Resident #297 was sitting up in a wheelchair with a right arm single lumen PICC line with a dressing date of [DATE]. There was a transparent dressing with a gauze under the transparent dressing covering the insertion site.  During an interview on [DATE] at 10:05 AM, Resident #297 stated, No, they haven't changed this dressing since I got here.  During an observation on [DATE] at 8:49 AM, Resident #297 had a right arm single lumen PICC line with gauze under the transparent dressing. The dressing was dated [DATE].  Review of the facility policy and procedure titled Central Venous Catheter Dressing Changes reads, Policy: Central Venous catheter dressings will be changed at specific intervals, or when needed, to prevent catheter infections that are associated with contaminated, loosened, soiled or wet dressings. Preparation: 2. A physician's order is not needed for this procedure. General Guidelines: 1. Apply and maintain sterile dressing on intravenous access devices. Dressing must stay clean, dry, and intact. Explain		
	insertion site and those per policy related Review of a physician order dated	1:42 AM, the DON stated, The dressin	efazolin sodium solution
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Buffalo Crossings Healthcare & Re	Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	ome's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES			

Virginia and wasn't aware that I needed anything different. I would never deliberately practice outside my scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #297 name]. I have not been asked to provide my IV certification until Wednesday and yesterday they asked if I had any other certifications. I do not have any more than 8 hours of training that met the requirement at that time. I didn't know that it wasn't the same in Florida.  Residents Affected - Some  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice				
Buffalo Crossings Healthcare & Rehabilitation Cen  3875 Wedgewood Lane The Villages, FL 32162  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)  During a telephone interview on [DATE] at 7:24 AM, Staff D, LPN, stated, I was IV certified a long time ago Virginia and wasn't aware that I needed anything different. I would never deliberately practice outside my scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #289's name.] I have not been asked to provide my IV certification until Wednesday and yesterday they asked if I had any other certifications. I do not have any more than 8 hours of training that met the requirement at the time. I didn't know that it wasn't the same in Florida.  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice within their scope of practice. We should take notice and put a stop to it immediately. The facility should be asking for verification of IV certification before they administer any medications.  During an interview on [DATE] at 8:19 AM, the Assistant Director of Nursing stated, There are several staff who don't have the required 30-hour course and we did not know this. The staffing coordinator will ask them to provide the IV certification and the staffing coordinator will let the manager know if someone is not IV certified. With regula full or part time staff, HR is responsible for obtaining certifications and maintaining them in the files. I do no keep any files on staff for competence. I was not aware that staff were not IV certified. I have not had any system in place to identify who is certified. We do not have any competencies that are specific to PICC line or midlines. When nurses are oriented, they pass medications with the person training them.  During		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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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.  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  During a telephone interview on [DATE] at 7:24 AM, Staff D, LPN, stated, I was IV certified a long time ago Virginia and wasn't aware that I needed anything different. I would never deliberately practice outside my scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #289's name and Resident #289's name and Resident #280' in any other certifications. I do not have any more than 8 hours of training that met the requirement at that time. I didn't know that it wasn't the same in Florida.  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice within their scope of practice. We should take notice and put a stop to it immediately. The facility should be asking for verification of IV certification before they administer any medications.  During an interview on [DATE] at 8:19 AM, the Assistant Director of Nursing stated, There are several staff who don't have the required 30-hour course and we did not know this. The staffing coordinator will sak them to provide the IV certification and the staffing coordinator will est the manager know if someone is not IV certified. With regulation of the staffing coordinator will est the manager know if someone is not IV certified. With regulation of the staff were not IV certified. The staff were not IV certified and the staff were not IV certified. The staff were not IV certified. The have not had any system in place to identify who is certified. We do not have any competencies that are specific to PICC line or midlines. When nurses are oriented, they pass medications with the person training them.  During an interview on [DATE] at 8:28 AM, the Director of Nursing stated, Typically, I interview the nurses. Will ask them if they are IV			3875 Wedgewood Lane	PCODE
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F 0867  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  During an interview on [DATE] at 7:24 AM, Staff D, LPN, stated, I was IV certified a long time ago Virginia and wasn't aware that I needed anything different. I would never deliberately practice outside my scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #297 name]. I have not been asked to provide my IV certification until Wednesday and yesterday they asked if I had any other certifications. I do not have any more than 8 hours of training that met the requirement at the time. I didn't know that it wasn't the same in Florida.  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice within their scope of practice. We should take notice and put a stop to it immediately. The facility should be asking for verification of IV certification before they administer any medications.  During an interview on [DATE] at 8:19 AM, the Assistant Director of Nursing stated, There are several staff who don't have the required 30-hour course and we did not know this. The staffing coordinator will usually ask the agency if they LPNs are IV certified. The staffing coordinator will ask them to provide the IV certification and the staffing coordinator will let the manager know if someone is not IV certified. With regula full or part time staff. HR is responsible for obtaining certifications and maintaining them in the files. I don't know the staffing coordinator will est them are specific to PICC line or midlines. When nurses are oriented, they pass medications with the person training them.  During an interview on [DATE] at 8:28 AM, the Director of Nursing stated, Typically, I interview the nurses will ask them if they are IV certified and will get any certification if they bring them to the interview. If they a hired, I send them to HR and HR would get copies of their IV certification, CPR [Cardiopulmonary Resuscitation] or any other	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Virginia and wasn't aware that I needed anything different. I would never deliberately practice outside my scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #297 name]. I have not been asked to provide my IV certification until Wednesday and yesterday they asked if I had any other certifications. I do not have any more than 8 hours of training that met the requirement at the time. I didn't know that it wasn't the same in Florida.  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice within their scope of practice. We should take notice and put a stop to it immediately. The facility should be asking for verification of IV certification before they administer any medications.  During an interview on [DATE] at 8:19 AM, the Assistant Director of Nursing stated, There are several staff who don't have the required 30-hour course and we did not know this. The staffing coordinator will usually ask the agency if they LPNs are IV certified. The staffing coordinator will ask them to provide the IV certification and the staffing coordinator will let the manager know if someone is not IV certified. With regulate full or part time staff, HR is responsible for obtaining certifications and maintaining them in the files. I do not keep any files on staff for competence. I was not aware that staff were not IV certified. I have not had any system in place to identify who is certified. We do not have any competencies that are specific to PICC line or midlines. When nurses are oriented, they pass medications with the person training them.  During an interview on [DATE] at 8:28 AM, the Director of Nursing stated, Typically, I interview the nurses. will ask them if they are IV certified and will get any certification in they bring them to the interview. If they a hired, I send them to HR and HR would get copies of their IV certification, CPR [Cardiopulmonary Resuscitation] or any other certifications and that is where they are kept	(X4) ID PREFIX TAG			
who don't have the required 30-hour course and we did not know this. The staffing coordinator will usually ask the agency if they LPNs are IV certified. The staffing coordinator will ask them to provide the IV certification and the staffing coordinator will let the manager know if someone is not IV certified. With regula full or part time staff, HR is responsible for obtaining certifications and maintaining them in the files. I do no keep any files on staff for competence. I was not aware that staff were not IV certified. I have not had any system in place to identify who is certified. We do not have any competencies that are specific to PICC line or midlines. When nurses are oriented, they pass medications with the person training them.  During an interview on [DATE] at 8:28 AM, the Director of Nursing stated, Typically, I interview the nurses. will ask them if they are IV certified and will get any certification if they bring them to the interview. If they a hired, I send them to HR and HR would get copies of their IV certification, CPR [Cardiopulmonary Resuscitation] or any other certifications and that is where they are kept. I don't know if HR obtained a copy of [Staff D's name] IV certification. I am ultimately responsible for all clinical staff and their competency. I we not aware that there were staff who did not meet the requirements and they have been administering IV medications. We should have had a process in place to ensure all staff are competent.	Level of Harm - Immediate jeopardy to resident health or safety	scope. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #297's name]. I have not been asked to provide my IV certification until Wednesday and yesterday they asked if I had any other certifications. I do not have any more than 8 hours of training that met the requirement at that time. I didn't know that it wasn't the same in Florida.  During an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice within their scope of practice. We should take notice and put a stop to it immediately. The facility should be		
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		medications. We should have had	•	,

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2022	
	NAME OF PROVIDER OR SUPPLIER  Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 3875 Wedgewood Lane	
For information on the pursing home's	plan to correct this deficiency please con	The Villages, FL 32162	aganay	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES		
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)				

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Evel of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some				