Printed: 11/24/2024 Form Approved OMB No. 0938-0391

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	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	and neglect by anybody. **NOTE- TERMS IN BRACKETS IN	AVE BEEN EDITED TO PROTECT Condition record review, the facility failed to ento provide central venous catheter dressing propriate skills and competencies to a for 3 of 4 reviewed residents with centre lack of appropriate dressing changes uid leaking, redness, pain, tenderness, sertion site, sepsis (a life-threatening in ein) or blood clots. The lack of IV certificated risk of infection, damage to veins and the properties of the provided death of the provide	onfidential residents were free from sing changes and failed to ensure administer intravenous medications ral venous access devices, so to assess the insertion site for and swelling can result in an iffection 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 in admitted to the facility on [DATE] in the properties of the properties and injection sites, and injection sites, and injection sites, and injection sites, and in grand the properties of the patient's vein) can red risk of serious harm and/or in the patient's vein in the properties of the p		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

Facility ID: 106114

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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 PROMPTS OF CURRINES		STREET ADDRESS, CITY, STATE, ZI	D CODE
NAME OF PROVIDER OR SUPPLIF Buffalo Crossings Healthcare & Re		3875 Wedgewood Lane The Villages, FL 32162	PCODE
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	Review of a physician order dated Central Line] Line Dressing Every days for picc care. During an observation on [DATE] a with a single lumen PICC line in he dressing change date of ,d+[DATE] at 9 since I got here. During an interview on [DATE] at 9 since I got here. During an observation on [DATE] at lumen PICC line in her right upper dressing under the white tubular new lumen PICC line in her right upper dressing under the white tubular new lumen PICC line in and flush the Fill Review of the progress notes from peripherally inserted central catheter luming an interview on [DATE] at 1 transparent dressing had the date of been done on a weekly basis. This luming an interview on [DATE] at 1 wow, no way. There is a risk for inf septic infection, there would be a risk for infection, there would be a risk for infection infection in the luming an interview on [DATE] at 6 that happened, how the dressing domind, the dressing change was every day to make sure there is happened that night that I signed it Sometimes you might mark off som needs to be changed, it's time for it	[DATE] for Resident #71 revealed, Char Days and prn [as needed] if soiled or the 9:45 AM, Resident #71 was sitting upon right upper arm, covered with white the law with the properties of the p	ange PICC [Peripherally Inserted dislodged every night shift every 7 on a wheelchair at her bed side abular netting. The dressing had a with a transparent dressing. We not changed my dressing at all on a wheelchair with a single g dressing. The transparent ted ,d+[DATE] in black marker. The ver refused a dressing change. We alled no documentation of I confirmed Resident #71's CC line dressings should have book into this. The treed Nurse (APRN) #1 stated, Oher to the body eventually. Any kind of the body eventually. Any kind of the confirmed Resident #71's The treed Nurse (APRN) #1 stated, Oher to the body eventually. Any kind of the body eventually.
	(continued on next page)		

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		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162	1 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 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 protoco 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 she speak to her attending physician. My opinion will not be much different than his. Maybe a localized infecti and it is a breach in protocol. My expectations are for nurses and facilities to follow orders placed for dressing changes.			
	look at the dressing site if I am not	2:53 PM, Staff E, Licensed Practical No administering medication. If I see the d ssing of [Resident #71's name] was out	ressing out of date, I would have	
	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.			
	During an interview on [DATE] at 2:59 PM, Staff M, LPN, stated, I don't remember seeing the dre her [Resident #71] I would absolutely have changed the dressing if I saw that it was dated ,d+[D, not see the date clearly.			
		[DATE] for Resident #71 revealed, Sod or flush every shift and before and afte		
	(continued on next page)			

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PACT SURVEY COMPLETED 1/216/2022 NAME OF PROVIDER OR SUPPLET Buffalo Crossings Healthcare & Rehabilitation Cen 376 Wedgewood Lane The Villages, FL 32162 For information on the nursing home's plan to correct this deficiency, please contact the nursing home on the nursing home's plan to correct this deficiency, please contact the nursing home on the state survey agency. (X2) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of a physician order dated [DATE] for Resident #71 revealed. Aztreonam in dextrose solution 1 GM (gram)50 ml millilleres), 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 1:53 AM. 41334 2. Review of Resident #289's administration Record (MAR) for Resident was admitted to the facility on [DATE] with diagnoses including right knee septic MSSA (Methicillin-Susceptible Staphylococous Aureus), arithtis with cellulais (infection of the skin), infection and in challendary control and buffar these pulmonary diseases, type 2 diabeties mellitus, presence of right regions are seed and open control and contact with the insertion site. The white tubular dressing relation en the septical seed on air. The dressing was dated [DATE] There was related the insertion site. The white tubular dressing relation related to air. The dressing visual date (DATE) There was related to air. The dressing visual date (DATE) There was related to air. The dressing visual date (DATE) There was related to the insertion site. The white tubular dressing relation related to air. The dressing visual date (DATE) There was related to air. The dressing visual and provides the provided state of the provided state of the days now. The				
Buffalo Crossings Healthcare & Rehabilitation Cen 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) Review of a physician order dated [DATE] for Resident #71 revealed, Aztreonam in dextrose solution 1 GM (gram/550 ml [millilliters], 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 1:53 AM, and administered Aztreonam 1 gm/50 ml intravenously right arm on [DATE] at 5:19 AM. 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), arthrifis with cellulitis (infection of the skin), infection and inflammatory reaction due to internal right knee prosthesis, unspecified athal fibrillation (irregular hearbeat), 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 stiting up in a wheelchair at bedside with a right upper arm single lumen PICC line, with the transparent drassing rolled up at the edges, and the insertion site exposed and opened to air. The dressing was dated [DATE] from the adversard brownish stained areas noted on it. During an observation on [DATE] at 8.45 AM, Resident #289 was observed stiting at bedside with a right upper arm PICC line with the transparent dressing relationer net was covering the PICC line and in contact with the insertion site. The white tubular dressing re		IDENTIFICATION NUMBER:	A. Building	COMPLETED
Buffalo Crossings Healthcare & Rehabilitation Cen 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) Review of a physician order dated [DATE] for Resident #71 revealed, Aztreonam in dextrose solution 1 GM (gram/550 ml [millilliters], 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 1:53 AM, and administered Aztreonam 1 gm/50 ml intravenously right arm on [DATE] at 5:19 AM. 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), arthrifis with cellulitis (infection of the skin), infection and inflammatory reaction due to internal right knee prosthesis, unspecified athal fibrillation (irregular hearbeat), 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 stiting up in a wheelchair at bedside with a right upper arm single lumen PICC line, with the transparent drassing rolled up at the edges, and the insertion site exposed and opened to air. The dressing was dated [DATE] from the adversard brownish stained areas noted on it. During an observation on [DATE] at 8.45 AM, Resident #289 was observed stiting at bedside with a right upper arm PICC line with the transparent dressing relationer net was covering the PICC line and in contact with the insertion site. The white tubular dressing re	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
F 0600 Level of Harm - Immediate joopardy to resident health or safety to resident health or safety to resident health or safety Residents Affected - Some Residents Affected - Some	Buffalo Crossings Healthcare & Re			
Each deficiency must be preceded by full regulatory or LSC identifying information	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Residents	(X4) ID PREFIX TAG			
(continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	Review of a physician order dated [gram]/50 ml [milliliters], use 1 gran infection until [DATE]. Review of [DATE] Medication Admi Practical Nurse (LPN), administere AM, and administered Aztreonam 141334 2. Review of Resident #289's admiwith diagnoses including right knee with cellulitis (infection of the skin), unspecified atrial fibrillation (irregul mellitus, presence of right artificial depression, unspecified. During an observation on [DATE] a a right upper arm single lumen PIC insertion site exposed and opened retainer net covering the PICC line net had several brownish stained a During an observation on [DATE] a upper arm PICC line with the trans was dated [DATE]. The white tubul insertion site. The white tubular dre During an interview on [DATE] at 8 days now. The nurses don't really a Review of Resident #289's NSG Norevealed, Section 18. Diagnosis Ge 9b. Hydration/Port of medication er Review of a physician order dated days and PRN if soiled or dislodged Review of a physician order dated reconstituted 2 GM (grams) use 2 g 33 days. Review of a physician order dated 10 millililiters intravenously three times.	[DATE] for Resident #71 revealed, Aztra intravenously two times a day for RLE inistration Record (MAR) for Resident #2 desolution 0.9% intraverage in gm/50 ml intravenously right arm on [Insection and inflammatory reaction durar heartbeat), chronic obstructive pulmerage in gm/50 plants and inflammatory reaction durar heartbeat), chronic obstructive pulmerage in gm/50 plants and in contact (primary) hypertent to air. The dressing was dated [DATE] and in contact with the insertion site. The area noted on it. It 8:45 AM, Resident #289 was observed parent dressing rolled up and exposing ar dressing retainer net was covering the signing retainer net had several brownish ask to have a look at the catheter, they have Admission (Only) Data Collection are eneralized Category Nutrition/Hydration intry 3. PICC 9c. comments right upper a grant process of the p	reconam 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. s admitted to the facility on [DATE] Staphylococcus Aureus), arthritis e to internal right knee prosthesis, onary disease, type 2 diabetes ision (high blood pressure), and up in a wheelchair at bedside with elled up at the edges, and the helled up at the edges,

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

Facility ID:

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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		STREET ADDRESS, CITY, STATE, ZI	P CODE
Buffalo Crossings Healthcare & Rehabilitation Cen		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 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.		
safety Residents Affected - Some	unit/ml use 200 unit intravenously every 12 hours as needed for maintain patency before and after each and use 200 unit intravenously three times a day for flush picc line using the sash method before and after each		aff C, LPN, administered 10 ATE] at 1:56 PM, Staff C, LPN, it 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] ilV right arm, on[DATE] at 9:19 0.9% intravenously right arm, on 12 gram IV right arm, on[DATE] at tion 0.9% intravenously right arm, tion 2 gram IV right arm, on [DATE] colution 0.9% intravenously right Flush solution 100 units/ml. If was exposing his insertion site this just happened. The dressing ractical Nurse (LPN), stated, Well, lock medication. When it's under after I give the medication. I don't wink that I actually looked at the site ing enough to get to the connector. admitted to the facility on [DATE] the heart), atherosclerosis of oris (chest pain), essential the II diabetes mellitus, venous I limb cellulitis (infection in the legs). hange PICC line dressing every 7

			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
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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 dressing sinfections 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 dress Replace with sterile transparent dresvery ,d+[DATE] days and PRN (we gauze 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 reconstituted 1 Gm [gram] use 100 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 Staff D, LPN, administered Cefazolin PN, staff C, LPN, administered Cefazolin Milliliters of SPM, Staff C, LPN, administered 10 m	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 resident #297 revealed, Scient EDATE] for Resident #297 revealed, Scient EDATE]	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 entamination 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 t arm, on [DATE] at 6:02 PM, Staff venously right arm, and on [DATE]

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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 & Re		3875 Wedgewood Lane The Villages, FL 32162	. 6552	
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	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. Review of the Certificate from [Technical Center name] reads, Recognizes the attendance of [Staff C's			
Residents Affected - Some		elebotomy course dated [DATE] to [DATE]		
	There is no documentation of addit	ional 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 [Sta D, LPN's name] and there are some other staff that have not completed the 30 hours. I don't know how this happened. I have [the DON's name] working on that.			
	D's name] and she does not have r in order to give IV medications. Yes now. It has been HR's (human resofew other nurses do not have the recopy or keep a copy. No, the ADOI keep a copy. We don't have any sy an LPN. I am responsible to know responsibility to not give medication the IV's. Well, they wouldn't know it	g an interview on [DATE] at 7:15 AM, the Director of Nursing (DON) stated, We reached out to [Staff ame] and she does not have more than 8 hours of IV training. She does not have the required 30 hours er to give IV medications. Yes, she should have that. I can't tell you why we did not know this before It has been HR's (human resources) responsibility to get the certification. We have also found that a ther nurses do not have the required 30 hours, just 24 hours. I asked if they are certifical. I do not get a or keep a copy. No, the ADON [Assistant Director of Nursing] who is responsible for training does not a copy. We don't have any system in place to help identify whether a staff has IV certification if they are 'No. I am responsible to know who is competent and what those competencies are. It really is the nurses' insibility to not give medications if they are not qualified. We have had them tell someone they can't do 's. Well, they wouldn't know if they were asking another uncertified nurse unless they were asking an ord oil to for them. I was not aware that this was a problem until now. If a telephone interview on [DATE] at 7:24 AM, Staff D, LPN, stated, I was IV certified a long time ago in it is and wasn't aware that I needed anything different. I would never deliberately practice outside my e. I did administer IV medications to [Resident #71's name, Resident #289's name and Resident #297's or it is an administer IV medications to [Resident #71's name, Resident #289's name and Resident #297's or it is an administer IV medications. I do not have any more than 8 hours of training that met the requirement at that I didn't know that it wasn't the same in Florida. If an interview on [DATE] at 8:14 AM, the Medical Director stated, I expect that all nurses will practice their scope of practice. We should take notice and put a stop to it immediately. The facility should be gror verification of IV certification before they administer any medications. If an interview on [DATE] at 8:19 AM, the Assistant Directo		
	Virginia and wasn't aware that I new scope. I did administer IV medication name]. I have not been asked to prhad any other certifications. I do not be the score in the score			
	within their scope of practice. We s			
	who don't have the required 30-hou ask the agency if the LPNs are IV certification and the staffing coordin full or part time staff, HR is responsive to any files on staff for competer system in place to identify who is c			
	(continued on next page)			

			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
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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	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 Review of Chapter 64B,d+[DATE]. Observed ed., 64B,d+[DATE]. O	228 AM, the Director of Nursing stated, and will get any certification if they bri yould get copies of their IV certification, ations and that is where they are kept. I am ultimately responsible for all clinic or did not meet the requirements and the a process in place to ensure all staff are Administration of Intravenous Therapy petency and Knowledge requirements its. The Board endorses the Intravenous endorated endorses the Intravenous endoration and training, a Licensed Proceed at contain the following components: (2 to education and training, a Licensed Proceed endoration of a term of the contain the following components: (2 to endorate I lines under the direction of a term of the endoration of the endoration specified in subsection (4) of the I include, at a minimum, didactic and contain specified in subsection (4) of the I include, at a minimum, didactic and contain specified in subsection (4) of the I include, at a minimum, didactic and contain specified in subsection (4) of the I include, at a minimum, didactic and contain specified in subsection (4) of the I include, at a minimum, didactic and contain specified in subsections and remedial measures. Upon the Licensed Practical Nurse shall be as a clinical practice and competence. The contain staff in the proficiency statemen as therapy via central lines. The proficient shall be the responsibility of each institution. Such verification shall be given throw of Subsection (4) revealed, 4) Educated the following: a) Post-graduate Level by Sections 464.019(1)(b), 464.019(1) ensive and that every licensed practical nurse or graduated in subsection 64B,d+[DATE].005	ng them to the interview. If they are CPR [Cardiopulmonary I 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 Central Lines. The board ractical Nurse is capable of registered professional nurse as and training requires a minimum of actuded as part of the 30 hours his rule. The education and training linical practicum instruction in the intral venous line) site assessment; and fluid administration; (f) CVL, completion of the intravenous sessed on both theoretical eclinical practice assessment must a regarding the licensed practical ency statement shall be kept in the ourse must be followed by rate clinical competence. Untine memploying a licensed practical uph a signed statement of a Florida ional Alternatives. The cognitive Course. In recognition that the Off, and 464.019(1)(g), F.S., for I nurse will not administer IV duate practical nurse to administer unserverse researching aspects of IV therapy

			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 DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	[DATE] reads, Policy: It is the police 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 faciliprohibit and prevent abuse, neglect b. established policies and procedute QAPI program. 3. The facility we that its policies are implemented as implement policies and procedures resident property, and exploitation for appropriate interventions, and not conflict or neglect. IV. Identification include, but are not limited to: 8. Faddressing, turning. The Immediate Jeopardy (IJ) was rejeopardy 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 a conducted to verify all IV medication ursing staff. On [DATE], education Assistant Director of Nursing and in	procedure titled Abuse, Neglect and Exploy of this facility to provide protections for plementing written policies and proced sappropriation of resident property. Deserproviders to provide goods and servipain, mental anguish, or emotional distity will develop and implement written put, and exploitation of residents and misures to investigate any such allegations will provide ongoing oversight and supers written. III. Prevention of Abuse, Negles to prevent and prohibit all types of abuthat achieves: D. The identification, on monitoring of residents with needs and a of Abuse, Neglect and Exploitation: Buillure to provide care needs such as contemporary and conducted a facility-wide audit of a identify possible harm, side effects, a allity conducted an Ad Hoc QAPI (Quality acuse analysis. On ,d+[DATE]-,d+[DAT changes and maintenance, documental cline handling. On [DATE], the [NAME] inistration on QAPI/QAA (Quality Assund Assessment) policy and abuse/neglens, dressing changes and line maintenance aursing supervisors related to the requirectification competency was placed at dot operform IV tasks.	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 rivision 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 cance are performed by competent to the Director of Nursing, the rement of 30-hour IV LPN

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			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		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 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 Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 4652		
	of Medication Entry: 3. PICC, 9c. C	admitted /Time: 11/23/2022 at 1800 [6: comments: IV antibiotic therapy. 11/24/2022 for Resident #71 revealed,	•
		g Every 7 Days and prn [as needed] if	,
	During an observation on 12/12/2022 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 11/18 written in black marker and covered with a transparent dressing.		
	During an interview on 12/12/2022 all since I got here.	at 9:47 AM, Resident #71 stated, They	have not changed my dressing at
	lumen PICC line in her right upper	22 at 11:09 AM, Resident #71 was sitti arm covered with a white tubular nettin atting had a dressing change sticker da	g dressing. The transparent
	_	at 11:09 AM, Resident #71 stated, I ha ush the PICC line and give me my med	_
	(continued on next page)		

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Facility ID:

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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
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 of 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 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 eleptrack 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 to the content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection. I content of the provided infection or any kind of infection of the provided infection or any kind of infection or any kind of	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

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		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Buffalo Crossings Healthcare & Rehabilitation Cen		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 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.			
		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	
		at 1:47 PM, Staff G, RN, stated, I do re nould have changed the dressing. I don		
	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 prosthes 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 wheelchair at bedsic 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 12/6/2022. 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 12/13/2022 at 8:45 AM, Resident #289 was observed sitting at bedside with a ri upper arm PICC line with the transparent dressing rolled up and exposing the insertion site. The dressing was dated 12/6/2022. The white tubular dressing retainer net was covering the PICC line and in contact with insertion site. The white tubular dressing retainer net had several brownish stained areas noted on it.			
	1	at 8:45 AM, Resident #289 stated, Tha ally ask to have a look at the catheter, t	·	
	(continued on next page)			

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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 SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	P CODE
Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162	. 6552
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	Review of Resident #289's NSG N 12/6/2022 revealed, Section 18. Di entry: Section 9b. Hydration/Port or 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 nett 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 m connector. 3. Review of Resident #297's admi with diagnoses including endocard coronary artery bypass graft(s) (co (primary) 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 dress During an interview 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, ged. 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, man 1/15/2022 at 12:01 PM, Staff C, License in gand look at the site when I gave the ingrand	and Observation Form dated in/Hydration/Port of medication into right upper arm. Change PICC line dressing every ssing was exposing his insertion ybe this just happened. The ad Practical Nurse (LPN), stated, a 2 o'clock medication. When it's a e and after I give the medication. I think that I actually looked at the netting enough to get to the admitted to the facility on [DATE] the heart), atherosclerosis of the storis (chest pain), essential to I diabetes mellitus, venous in limb cellulitis (infection in the legs). Change PICC line dressing every ICC line care. Itting 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	IP CODE
		The Villages, FL 32162	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES	
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	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 dres Replace with sterile transparent dreevery 5-7 days and PRN (when we dressing every 48 hours. 9. Changat the time of routine dressing char During an interview on 12/13/2022 insertion site and those per policy of The Immediate Jeopardy removal plan. prevent the likelihood of harm and/facility assessed the residents invoresidents with a PICC line and recetthe 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	Dressing Changes reads, Policy: or 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. The armeable membrane (TSM) dressing the dressing, or TSM over gauze on tubing, and stabilization device assing does have gauze over the dretter the receipt of an acceptable actions for removal of immediacy to following: On 12/13/2022, the a facility-wide audit of all current le harm, side effects, and injury to ead an Ad Hoc QAPI (Quality alysis. On 12/15-16/2022, the facility intenance and documentation. On the facility administration on

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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	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Buffalo Crossings Healthcare & Rehabilitation Cen		3875 Wedgewood Lane The Villages, FL 32162	1 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 0726	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.			
Level of Harm - Immediate jeopardy to resident health or safety	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 41334	
Residents Affected - Some	Based on observation, interview, and record review, the facility failed to ensure licensed practical nurses had the appropriate skills and competencies to administer intravenous (IV) medications via central venous access devices for 3 of 4 reviewed residents with central venous access devices, Residents #71, #289 and #297. The lack of IV certification and validation of competency for IV infusion can result in an increased risk of infection, damage to veins and injection sites, an air embolism, phlebitis, and blood clots. Phlebitis can cause blood clots, which can block important blood vessels, causing tissue damage or even be life threatening. Lack of training and verification to assess IV patency (the line is open and not blocked allowing the treatment to flow directly into the patient's vein) can increase the spread of infection and 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 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).			
		[DATE] for Resident #71 revealed, Sod or flush every shift and before and afte		
	Review of a physician order dated [DATE] for Resident #71 revealed, Aztreonam in dextrose solution [gram]/50 ml [milliliters], use 1 gram intravenously two times a day for RLE [right lower extremity] stuminfection until [DATE].			
	Practical Nurse (LPN), administere	inistration Record (MAR) for Resident # d sodium chloride solution 0.9% intrave 1 gm/50 ml intravenously right arm on [enously right arm on [DATE] at 1:53	
	2. Review of Resident #289's admission records revealed the resident was admitted to the facility on [DA with diagnoses including right knee septic MSSA (Methicillin-Susceptible Staphylococcus Aureus), arthri with cellulitis (infection of the skin), infection and inflammatory reaction due to internal right knee prosthe 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.			
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FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

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CTATEMENT OF DEFICIENCIES	(VI) DDOVIDED/GUDDUED/GUD	(V2) MILLTIDLE CONSTRUCTION	(VZ) DATE CLIDVEV	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	106114	A. Building B. Wing	12/16/2022	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP 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 0726 Level of Harm - Immediate jeopardy to resident health or	Review of Resident #289's NSG New Admission (Only) Data Collection and Observation Form date 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.			
safety Residents Affected - Some	, ,	[DATE] for Resident #289 revealed, Ce gram intravenously three times a day fo		
		[DATE] for Resident #289 revealed, So les per day for flush before and after ea		
	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 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 1:05 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 2 gram IV right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 5:02 AM, Staff D, LPN, administered Cefazolin Sodium Chloride solution 2 gram IV 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 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 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 Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:30 PM, Staff C, LPN, administered Cefazolin Sodium Chloride solution 0.9% intravenously right arm, on [DATE] at 3:10 PM, Staff C, LPN, administered Cefazolin 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			
		[DATE] for Resident #297 revealed, Ce mg intravenously every 12 hours for e		
	(continued on next page)			

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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
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	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 administered To milliliters of Sodium Solution Sodium Solution administered 10 milliliters of Sodium Solution Sodium Solution Sodium Solution Sodium Solution Solution Solution Sodium Solution S	[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 19% intravenously right arm, on [DATE] at m Chloride solution 0.9% intravenously right arm, on [DATE] at m Chloride solution 0.9% intravenously in Sodium Solution 1 gram IV right arm Sodium Solution 1 gram IV right arm Sodium Chloride solution 0.9% intravenously in IV. Infusion IV. Infus	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, non [DATE] at 6:05 AM, Staff D, nously right arm, on [DATE] at 6:02 PM, Staff venously right arm, and on [DATE] nously right arm. It ame] Community College Center name] has successfully completed nerapy on the twenty-sixth day of the attendance of [Staff C's In a successfully completed nerapy on the twenty-sixth day of the stated, We reached out to [Staff Does not have the required 30 hours why we did not know this before found that a few other nurses do I do not get a copy or 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,

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		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)		on)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Virginia and wasn't aware that I net scope. I did administer IV medication name]. I have not been asked to prehad any other certifications. I do not time. I didn't know that it wasn't the During an interview on [DATE] at 8 within their scope of practice. We stacking for verification of IV certification of IV certification and interview on [DATE] at 8 who don't have the required 30-hou ask the agency if the LPNs are IV certification and the staffing coordin full or part time staff, HR is responsively any files on staff for competer system in place to identify who is cornidlines. When nurses are orient During an interview on [DATE] at 8 will ask them if they are IV certification in the IV certification. In the IV certification. In the IV certification.	ATE] at 7:24 AM, Staff D, LPN, stated, eded anything different. I would never ons to [Resident #71's name, Resident ovide my IV certification until Wednesd thave any more than 8 hours of training same in Florida. 14 AM, the Medical Director stated, I is hould take notice and put a stop to it intion before they administer any medical care course and we did not know this. The certified. The staffing coordinator will as nator will let the manager know if some sible for obtaining certifications and manager. I was not aware that staff were notentified. We do not have any competented, they pass medications with the percentage of their IV certification, and will get any certification if they brit ould get copies of their IV certification, along and that is where they are kept. If am ultimately responsible for all clinic of did not meet the requirements and the approcess in place to ensure all staff are	deliberately practice outside my #289's name and Resident #297's day and yesterday they asked if I ng that met the requirement at that expect that all nurses will practice neediately. The facility should be ations. In g stated, There are several staff the 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 rson training them. Typically, I interview the nurses. I ng them to the interview. If they are CPR [Cardiopulmonary I don't know if HR obtained a copy al staff and their competency. I was ey have been administering IV

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F 0726 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 rerequired for intravenous therapy education shalfollowing 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 intravenurses abserved and institutional protocolicensed Registered Nurse. Review training shall include one or more of curriculum requirements mandated practical nursing programs are extended 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 compatent nursing staff. On [DATE]	Administration of Intravenous Therapy of Detency and Knowledge requirements in the State of S	recessary to qualify the LPN to Therapy Course Guidelines issue an urses, November, 1983. The Central Lines. The board actical Nurse is capable of egistered professional nurse as and training requires a minimum ocluded as part of the 30 hours his rule. The education and training inical practicum instruction in the attral venous line) site assessment; and fluid administration; (f) CVL, completion of the intravenous essed on both theoretical clinical practice assessment must a regarding the licensed practical ency statement shall be kept in the purse must be followed by ate clinical competence. Ution employing a licensed practical augh a signed statement of a Florida onal Alternatives. The cognitive Course. In recognition that the (f), and 464.019(1)(g), F.S., for nurse 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 all current residents with a PICC of an injury to the resident due to IV of Assurance and Performance [2], the facility educated all nursing the handling. On [DATE], an audit intenance are performed by onal Nurse to Director of Nursing, quirement of 30-hour IV LPN

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

Facility ID: 106114

If continuation sheet

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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	4) 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	**NOTE- TERMS IN BRACKETS IN Based on observation, interview, a practicable physical wellbeing of experations of the facility. The facility ensure licensed practical nurses have medications via central venous acceptated devices, Residents #71, #289 and site for signs and symptoms of infean increased risk of infection at the the vein, phlebitis or blood clots. The result in an increased risk of infection or 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 coensure federal, state, and local corpolicies 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. management, and fiscal managem cooperates with specific procedure regulatory requirements. Essential evaluate and direct the Nursing Seas well as regulated programs and review. Assess the quality of care govern nursing services and other employee credentials under his or	full regulatory or LSC identifying information that enables it to use its resources effective that enables it to use its resources of the appropriate skills and competencies devices for 3 of 4 reviewed resider #297. The lack of appropriate dressing ction, fluid leaking, redness, pain, tend in elack 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 provides of the properties of the patient's vein) can independent of the patient's vein as a seed risk of serious harm and/or death. The Administrator dated [DATE] reads, overall day-to-day operations of the fatage individual departments to develop mpany personnel policies and procedumpliance. Assure quality patient care is is sponsible for staff performance, recruit the Director of Nursing (DON) dated [DAr of the management team in planning, the Nursing Services Department in activities and Responsibilities: Plan, devervices and programs for a Quality Improvem I Duties and Responsibilities: Plan, devervices under his or her position control ther position control. Responsible for staff documentation for errors or inconsister documentation for errors or inconsister.	ctively and efficiently. ONFIDENTIALITY** 46523 Intion failed to ensure the highest insibility for the day-to-day eter dressing changes and failed to cies to administer intravenous into with central venous access changes to assess the insertion erness, and swelling can result in grinfection in the blood), damage to of competency for IV infusion can are embolism, phlebitis, and not versels, causing tissue damage attency (the line is open and not increase the spread of infection and incr

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	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 above (fluid around the lungs due to poor and unspecified diastolic heart failus should). Review of Resident #71's New Adrrevealed, 1. Initial Data Intake: 1b. Medication Entry: 3. PICC, 9c. Con Review of a physician order dated Central Line] Line Dressing Every days for picc care. During an observation on [DATE] awith a single lumen PICC line in hed dressing change date of ,d+[DATE]. During an interview on [DATE] at 9 since I got here. During an observation on [DATE] at 1 Nurses just come in and flush the FReview of the progress notes from peripherally inserted central catheted been done on a weekly basis. This During an interview on [DATE] at 1 transparent dressing had the date of been done on a weekly basis. This	[DATE] for Resident #71 revealed, Char Days and prn [as needed] if soiled or at 9:45 AM, Resident #71 was sitting upor right upper arm, covered with white to a written in black marker and covered with a written and covered with 11:09 AM, Resident #71 stated, They have arm covered with a white tubular netting betting had a dressing change sticker da 1:09 AM, Resident #71 stated, I have reflect line and give me my medication.	np, chronic obstructive pulmonary chemic attack (a brief stroke like ral vascular disease (a disorder that repertension (high blood pressure), rregular heartbeat), pleural effusion is (inflammation of the muscles), art doesn't pump blood as well as it and dated [DATE] at 6:53 PM PM]. Section 9a. Hydration/Port of ange PICC [Peripherally Inserted dislodged every night shift every 7 on a wheelchair at her bed side abular netting. The dressing had a with a transparent dressing. We not changed my dressing at all the pin a wheelchair with a single g dressing. The transparent ted, d+[DATE] in black marker. The ver refused a dressing change. We all of the dressing should have ook into this.

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		The Villages, FL 32162	
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` '	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	that happened, how the dressing dimind, the dressing change was ever site every day to make sure there is happened that night that I signed it. Sometimes you might mark off som needs to be changed, it's time for it time. Not to my knowledge has she During an interview on [DATE] at 92 assigned to another nurse to keep that them for general issues or signs education fall under Assistant Direct During an interview on [DATE] at 93 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 molonger, my role has changed. This is always a possibility for infection who During an interview on [DATE] at 11 the facility has for central line dress long. It can result in a localized infernotify me of the occurrence. During an interview on [DATE] at 11 following physician orders for dress site and change it if needed. During an interview on [DATE] at 11 care. I am not in a place to give my speak to her attending physician. Mand it is a breach in protocol. My exdressing changes. During an interview on [DATE] at 12 look at the dressing site if I am not changed it. I did not notice the dress removed the netting or not.	229 AM, the APRN #2 stated, Central voiled, or compromised. It really should lesibility for infections, that is the reason should be assessing, flushing and all a hidlines when a resident is initially admiss delegated on nursing staff to do and en dressings are not changed. 2:26 AM, the Medical Doctor (MD) #1 string changes, but that is unacceptable, ction or any kind of infection. I did not a string changes. Nurses should be looking that the looking that the medical opinion on that resident. I do by opinion will not be much different that expectations are for nurses and facilities are sing of [Resident #71's name] was out the strength of the st	vas popping up every day. In my system every day. I will look at the dressing. I can't really say what t. It must have been a busy night. Jee dressing if it is compromised or it ng with [Resident #71's name] one nt and did not refuse treatment. Stated, Central venous lines are ant Director of Nursing]. I will look a regular maintenance, training, and the enous lines standards for dressing the covered, and the insertion site 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 got at 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 larse (LPN), stated, I don't always ressing out of date, I would have of date. I do not remember if I

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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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	sleeve on. Absolutely yes, should in During an interview on [DATE] at 2 her [Resident #71] I would absolute not see the date clearly. Review of a physician order dated milliliters intravenously every shift if Review of a physician order dated [gram]/50 ml [milliliters], use 1 grant infection until [DATE]. Review of [DATE] Medication Adm Practical Nurse (LPN), administere AM, and administered Aztreonam of the skin, unspecified atrial fibrillation (irregul mellitus, presence of right artificial depression, unspecified. During an observation on [DATE] at a right upper arm single lumen PIC insertion site exposed and opened retainer net covering the PICC line net had several brownish stained at During an observation on [DATE] at upper arm PICC line with the trans was dated [DATE]. The white tubul insertion site. The white tubular dresident miles at the proper interview of the plate of the pl	247 PM, Staff G, RN, stated, I do rementative been changed the dressing. I don't restly have changed the dressing if I saw in the last part of	the know why I didn't. Immember seeing the dressing for that it was dated ,d+[DATE]. I did dium Chloride solution 0.9% use 10 reach use. Immember seeing the dressing for that it was dated ,d+[DATE]. I did dium Chloride solution 0.9% use 10 reach use. Immember seeing the dressing in deciding the solution of the sol

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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 properties of the pr	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

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	since I got here.	0:05 AM, Resident #297 stated, No, the	
	gauze under the transparent dressing 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 dres Replace with sterile transparent dreevery ,d+[DATE] days and PRN (with gauze 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	1:42 AM, the DON stated, The dressing	Dressing Changes reads, Policy: Twhen 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. Treable membrane (TSM) dressing ge gauze dressing, or TSM over xtension tubing, and stabilization g does have gauze over the trange PICC line dressing every 7
	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. Review of a physician order dated [DATE] for Resident #297 revealed, Sodium Chloride Solution 0.9% use		
	10 milliliters intravenously every 12 Review of a physician order dated Unit/ml [milliliter] use 200 unit intrav Administer Medication, Saline, H] n		eparin lock flush solution 100 flush, use SASH [Saline,
	(continued on next page)		

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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 at 6:02 PM, Staff C, LPN, administered 10 milliliters of Staff C, LPN, administered 10 milliliters of at 6:02 PM, Staff C, LPN, administered 10 milliliters of at 6:02 PM, Staff C, LPN, administered 10 milliliters of Staff I for workforce development reads, an 8 hour course (.8 ceus) [Continu October in the year 2022. Review of the Certificate from [Tector [NAME] name] at the IV therapy/ph. There is no documentation of addit During an interview on [DATE] at 7 D, LPN's name] and there are som happened. I have [the DON's name] During an interview on [DATE] at 7 D's name] and she does not have r in order to give IV medications. Yes now. It has been HR's responsibility not have the required 30 hours, jus No, the ADON [Assistant Director of have any system in place to help ic responsible to know who is compet to not give medications if they are responsible to know who is compet to not give medications if they are responsible to know who is compet to not give medications if they are responsible to know who is compet to not give medications if they were ask them. I was not aware that this was During a telephone interview on [D. Virginia and wasn't aware that I nescope. I did administer IV medication name]. I have not been asked to present the province of the pr	Int #297 revealed on [DATE] at 7:35 AM, St. 17 right arm, on [DATE] at 7:35 AM, St. 18 roll of the provided solution 0.9% intravenously right arm, on [DATE] at 7:35 AM, St. 27 right arm, on [DATE] at 7:35 AM, St. 28 right arm, on [DATE] at 7 right arm Chloride solution 0.9% intravenously fin Sodium Solution 1 gram IV right arm Sodium Chloride solution 0.9% intravenously for Sodium Chloride solution 0.9% intrave	In, Staff C, LPN, administered aff C, LPN, administered 10 ATE] at 7:36 PM, Staff C, LPN, at 7:36 PM, Staff C, LPN, aright arm, on [DATE] at 6:04 AM, on [DATE] at 6:05 AM, Staff D, cously 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] consuly right arm. It is a successfully completed companies and the attendance of [Staff C's of It is a stated, we reached out to [Staff coes not have the required 30 hours why we did not know this before found that a few other nurses do I do not get a copy or keep a copy. The stated is a copy or keep a copy. The stated is a copy or keep a copy. The stated is a copy or keep a copy. The stated is a copy or keep a copy. The stated is the nurses of the IV's. Well, are were asking an RN to do it for a lift was IV certified a long time ago in deliberately practice outside my #289's name and Resident #297's that are stated in the state of the IV's are and Resident #297's that are stated in the s

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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 DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	within their scope of practice. We sasking for verification of IV certification of IV certification of IV certification and interview on [DATE] at 8 who don't have the required 30-hot ask the agency if they LPNs are IV certification and the staffing coordin full or part time staff, HR is responsive keep any files on staff for competer system in place to identify who is cormidlines. When nurses are orient During an interview on [DATE] at 8 will ask them if they are IV certified hired, I send them to HR and HR with the time of the they are kept. I don't lultimately responsible for all clinications.	:14 AM, the Medical Director stated, I e hould take notice and put a stop to it in tion before they administer any medical incomplete they administer any medical incomplete. 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 notertified. We do not have any competented, they pass medications with the period of their IV certification, and will get any certification if they brieved they do not have any competented, and will get any certification if they brieved they are completed as they are competented. We do not have any competented, and will get any certification if they brieved they are completed to their IV certification, know if HR obtained a copy of [Staff D' I staff and their competency. I was not y have been administering IV medication that it is a staff and their competency. I was not y have been administering IV medication to the complete them.	nmediately. The facility should be ations. Ing 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 erson training them. Typically, I interview the nurses. I ng 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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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 SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Buffalo Crossings Healthcare & Ro	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)		
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	revealed, 64B,d+[DATE].005 Compadminister IV therapy. (1). Contentiby 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 edited for intravenous therapy edited 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 intravenurse based on institutional protocolicensed Registered Nurse. Review training shall include one or more curriculum requirements mandated practical nursing programs are extended.	Administration of Intravenous Therapy betency and Knowledge requirements is s. The Board endorses the Intravenous National Federation of licensed practical contain the following components: (2 to education and training, a Licensed Practical lines under the direction of a regular of the following components: (3 to education and training, a Licensed Practical lines under the direction of a regular of the following components: (4) of the linculation specified in subsection shall be as the linculation of the linculation shall be as the linculation of the section of the section (4) revealed, the section shall be given through the section (4) revealed, the section of the following: a) Post-graduate Level by Sections 464.019(1)(b), 464.019(1) the section of the section of the following: a) Post-graduate Level by Sections 464.019(1)(b), 464.019(1) the section of t	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 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 ugh a signed statement of a Florida ional Alternatives. The cognitive Course. In recognition that the loft, and 464.019(1)(g), F.S., for I nurse will not administer IV duate practical nurse to administer urse teaching aspects of IV therapy

			NO. 0930-0391
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, Z 3875 Wedgewood Lane The Villages, FL 32162	IP 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 informat	ion)
F 0835 Level 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 administration (Quality Assurance a conducted to verify all IV medication nursing staff. On [DATE], education Assistant Director of Nursing and medication and provided training and medication and provided training staff.	removed on site on [DATE] after the reteam verified the facility's actions for redeath as evidenced by the following: On and conducted a facility-wide audit of the identify possible harm, side effects, a dity conducted an Ad Hoc QAPI (Quality conducted an Ad Hoc QAPI (Quality conducted an Ad Hoc QAPI (Quality conducted an Ad Hoc QAPI, the INAME changes and maintenance, documentated in the handling. On [DATE], the INAME changes and maintenance, documentated the handling on QAPI/QAA (Quality Assund Assessment) policy and abuse/negens, dressing changes and line mainter in was provided by the Regional Nurse through the requirementation competency was placed and to perform IV tasks.	emoval of immediacy to prevent the In [DATE], the facility assessed the fall current residents with a PICC and injury to the resident due to IV by Assurance and Performance IE], the facility educated all nursing attion, and the 30-hour IV certification President of Clinical Services arance and Performance lect policy. On [DATE], an audit was nance are performed by competent to the Director of Nursing, the rement of 30-hour IV LPN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 106114 NAME OF PROVIDER OR SUPPLIER Buffalo Crossings Healthcare & Rehabilitation Cen 3876 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) Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 46523 Based on observation, interview, and record review, the facility failed to maintain accurate and complete medical records for central venous catheter dressing changes and documentation of pain scale for 3 of 51 residents sampled, Residents #71, #240, and #139. Findings include: 1. Review of Resident #71's admission records revealed the resident was admitted to the facility on IDATE with diagnoses including infection of right lower extremity amputation stump, chronic obstructive pulmonary disease, hyperitipidensin (left) cholesterol, personal history of transient ischemic adiosarder trasses amonymus, blockage or spasms in the blood vessels), sensible hypertension (left) the or presumpts of the heart, infection in which the heart desert pump blood as well as should). Review of a physician order dated 11/24/2022 for Resident #71 revealed. Change PICC [Perpherally Inserted Central Catheter] Line Dressing Every 7 Days and pm (as needed) if solled or dislodged every in a wheelchair at her bed slide with a single lumen picc line in her right upper arm, covered with white tubular netting. The dressing had a dressing change dated of 11/18 written in black marker and was covered with a renaperant dressing. During an observation on 12/13/2022 at 9.47 AM Resident #71 was sitting up in a wheelchair with a single lumen PICC li				NO. 0936-0391
Buffalo Crossings Healthcare & Rehabilitation Cen 3875 Wedgewood Lane The Villages, F. I. 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 SUMARRY STATEMENT OF DEFICIENCIES Each deficiency must be preceded by full regulatory or LSC identifying information) Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTALITY** 46523 Based on observation, interview, and record review, the facility falled to maintain accurate and complete medical records for central venous catheter dressing changes and documentation of pain scale for 3 of 51 residents sampled, Residents #11, #240, and #139. Findings include: 1. Review of Resident #71's adminision records revealed the resident was admitted to the facility on [DATE with diagnoses including infection of right lower extremity amputation stump, chronic obstructive pulmonand disease, hyperfigidenia (high cholesterol), personal history of transient ischemic attack; and cerebral infraction (a stroke) without residual delicits, peripheral vacuater disease (a disorder it causes narrowing, blockage or spasms in the blood vessels), essential hypertension (high bod pressure) acquired absence of right leg above knee, unspecific datal folliation (an irregular heartbest), pleural effusi (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 should). Review of a physician order dated 11/24/2022 for Resident #71 revealed, Change PICC [Peripherally Inserted Central Catheter] Line Dressing Every 7 Days and pm [as needed] if soiled or dislodged every right in black marker and was covered with transparent dressing at all since I got here. During an observat		IDENTIFICATION NUMBER:	A. Building	COMPLETED
[SumMary STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on observation, interview, and record review, the facility failed to maintain accurate and complete medical records for central venous catheter dressing changes and documentation of pain scale for 3 of 51 residents sampled, Residents #71*, #240, and #199. Findings include: 1. Review of Resident #71*s admission records revealed the resident was admitted to the facility on [DATE with diagnoses including infection of right lover extremity amputation stump, chronic obstructive pulmonary disease, hypertipidental high cholesterol), personal history of transient inschemic attack (a brief stroke like attack) and cerebral infraction (a stroke) without residual deficits, peripheral vascular disease (a disorder it causes narroving, blockage or spasms in the blood vessels), essential hypertension (high blood pressure) acquired absence of right leg above knee, unspecific athal fibrillation (an irregular hearbeak), pleural effusi (fluid arround the lurage due to poor pumping of the heart], infective myositis (inflammation of the muscles), and unspecified disablic heart failure (a chronic condition in which the heart doesn't pump blood as well as should). Review of a physician order dated 11/24/2022 for Resident #71 revealed, Change PICC [Peripherally Inserted Central Catheter] 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 conducted on 12/12/2022 at 9.45 AM, Resident #71 was observed sitting up in a wheelchair after bed side with a single lumen picc line in her right upper arm, covered with vitransparent dressing. The transparent dressing under the white tubular netting had a dr			3875 Wedgewood Lane	P CODE
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on observation, interview, and record review, the facility failed to maintain accurate and complete medical records for central venous catheter dressing changes and documentation of pain scale for 3 of 51 residents sampled, Residents #71, #240, and #139. Findings include: 1. 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, hypertipidemia (high cholesterol), personal history of transient ischemic attack (a brief stroke like attack) and carebra infractation (a stroke) without residual deficits, peripada residual plental fettis (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 should). Review of a physician order dated 11/24/2022 for Resident #71 revealed. Change PICC [Peripherally Inserted Central Cathetar] Line Dressing Every 7 Days and pm [as needed] if soiled or dislodged every night every 7 days for picc care. During an observation conducted on 12/12/2022 at 9:45 AM, Resident #71 was observed sitting up in a wheelchair with a single lummer picc line in her right upper arm, covered with white tubular netting. The dressing had a dressing change dated of 11/18 written in black marker and was covered with transparent dressing under the white tubular netting had a dressing change side of 11/18 in black marker. Puring an observation on 12/13/2022 at 9:47 AM Resident #71 was sitting up in a wheelchair with a single lummer picc line in her right upper ar	For information on the nursing home's	plan to correct this deficiency, please con	ltact the nursing home or the state survey	agency.
Level of Harm - Minimal harm or potential for actual harm or potential harm	(X4) ID PREFIX TAG			
	Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H 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 failt 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 dressin 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 Review of the progress notes from peripherally inserted central cathet	HAVE BEEN EDITED TO PROTECT Countered review, the facility failed to me catheter dressing changes and docum #240, and #139. sion records revealed the resident was of right lower extremity amputation sturesterol), personal history of transient is troke) without residual deficits, peripheres in the blood vessels), essential hyse knee, unspecific atrial fibrillation (an impumping of the heart), infective myositure (a chronic condition in which the heart) are condition in which the heart (a chronic condition in which the heart) are condition in which the heart (a chronic condition in which the heart) are (a chronic chroni	confidential accurate and complete tentation of pain scale for 3 of 51 admitted to the facility on [DATE] inp, 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 and 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 covered with a single and the properties of the processing. The transparent sted 11/18 in black marker. Desident #71 reads, Change PICC it every 7 day(s) for picc care. The procession of the processing in the

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 p	olan 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	how that happened, how the dressing 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 som do it and then mark the task off as compromised or it needs to be chan venous lines here in the facility. I or knowledge has she ever refused. Sometimes were refused. Sometimes and interview on 12/14/2022 fault. I do not do anything with IVs. change dressings. I know for a fact should have not marked it off becaused. Review of Resident #240's admin with diagnoses including a history of encounter for closed fracture with residuely failure, elevated white blood hypertension, and muscle weakness. Review of a physician order dated 7 days and PRN if soiled or dislodg. During an observation on 12/12/20 aright upper arm dated 12/6/2022. During an interview on 12/12/22 at medication through the IV (intraventave come here. Review of December 2022 TAR for (LPN), on 12/8/2022 as completing. During an interview on 12/14/2022 7 days later as long as they don't help determine if dressing needs to date was wrong on the order. I sho	12/6/2022 for Resident #289 revealed, ged. Every night shift for PICC care. 22 at 10:56 AM, Resident #240's midling at 10:56 AM, Resident #240 stated, The shous) line. They will flush it. My dressing at Resident #240 documented initials of a the treatment. at 1:26 PM, Staff O, LPN, stated, Dressave gauze we wait. It is up to the nurse as be changed. If dressing has a gauze, uldn't have signed it if it wasn't done. at 10:56 AM, the Director of Nursing (Decord and medication administration researched.	der was popping up every day. In the system every day. I will look at on dressing. I can't really say what it. It must have been a busy night. hould take the time to read it and I should change dressing if it is even to received training for central for same one time. Not to my fouse treatment. I Nurse (LPN), stated, It was my se to administer medications or documented. I didn't realize it. I using changes. I sadmitted to the facility on [DATE] are of right femur, subsequent e malnutrition, anemia, acute perglycemia, essential Change PICC line dressing every The catheter was observed in the Staff will give me my antibiotic g has not been changed yet since I Staff O, Licensed Practical Nurse Staff O, Licensed Practical Nurse Staff O, Licensed to be changed as who is doing the admission and we will change them next day. That

AND PLAN OF CORRECTION IDE	PROVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
	3114	A. Building B. Wing	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 conf	tact the nursing home or the state survey	agency.
	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Dur Rese exp	Review of Resident #139's physisident #139's reported pain scale view of Resident #139's Medicat not reveal any documentation the site every shift as ordered by the ring an interview on 12/14/2022 sident #139's reported pain scale	cian orders showed an order with a sta e, description and site every shift. cion Administration Record (MAR) date the facility had charted Resident #139's	art date of 12/1/2022 to document d 12/1/2022 through 12/31/2022, reported pain scale, description that the facility had not charted dered by the physician. She

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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	corrective plans of action. **NOTE- TERMS IN BRACKETS H Based on observation, interview, at and Process Improvement (QAPI) the following: ensuring residents with ensuring licensed practical nurses medications via central venous accedevices, Residents #71, #289 and site for signs and symptoms of infe an increased risk of infection at the the vein, phlebitis or blood clots. The result in an increased risk of infection of clots and provided the venous accedevices. Phlebitis can cause blood clots. Phlebitis can cause blood clots. Phlebitis can cause blood clots. Phlebitis can cause blood clots are sult in the likelihood of increased risk of infection of clots. Phlebitis can cause blood clots. The result in an increased risk of infection at the the vein, phlebitis can cause blood clots. The result in the likelihood of increases including infection of close and phlebitis can cause blood clots. The result in the likelihood of increases including infection of close and cause blood clots. The result in the likelihood clots. The r	dent and assurance group to review qualitative dent and assurance group to review qualitative dent and assurance group to review qualitative dent and record review, the facility failed to impolicy and procedure to identify and continuous catheters received dent to central venous catheters received dent the appropriate skills and compete dess 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 and leaking), redness, pain, tend insertion site, sepsis (a life-threatening and leaking), redness, pain, tend insertion site, sepsis (a life-threatening and leaking), redness, pain, tend insertion site, sepsis (a life-threatening), training and verification and verification to assess IV powdirectly into the patient's vein) can insert records revealed the resident was sof right lower extremity amputation stunds and insert into the patient's vein) can insert into the patient's vein) can insert into the patient's vein) can insert into the heart, infective myosit are (a chronic condition in which the heart (a chronic	on plement their Quality Assessment rrect quality deficiencies related to ressing changes as ordered and encies to administer intravenous his with central venous access changes to assess the insertion erness, and swelling can result in ginfection in the blood), damage to not competency for IV infusion can an air embolism, phlebitis, and bod vessels, causing tissue damage attency (the line is open and not increase the spread of infection and admitted to the facility on [DATE] inp., chronic obstructive pulmonary chemic attack (a brief stroke like ral vascular disease (a disorder that inpertension (high blood pressure), rregular heartbeat), pleural effusion is (inflammation of the muscles), art doesn't pump blood as well as it on dated [DATE] at 6:53 PM PM]. Section 9a. Hydration/Port of lange PICC [Peripherally Inserted dislodged every night shift every 7 on in a wheelchair at her bed side ubular netting. The dressing had a vith a transparent dressing.

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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		STREET ADDRESS, CITY, STATE, ZI	P CODE
Danial Greening Fredhirour Greening Market Greening		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 (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an observation on [DATE] at lumen PICC line in her right upper a dressing under the white tubular new dressing under the white tubular new During an interview on [DATE] at 1 Nurses just come in and flush the Final Review of the progress notes from peripherally inserted central catheter During an interview on [DATE] at 1 transparent dressing had the date of been done on a weekly basis. This During an interview on [DATE] at 1 wow, no way. There is a risk for information in the probably should have identified the problems before this. I have not protablems before this. I have not protable and the problems before this. I have not protable and the problems before this. I have not protable and the problems before this. I have not protable and the problems before this. I have not protable and the problems before this. I have not protable and the problems before this. I have not probl	at 11:09 AM, Resident #71 was sitting usurm covered with a white tubular netting had a dressing change sticker dated and a dressing is may be a dressing is way out of a dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is way out of date, and I will I dressing is a high or greated to PICC I related to central lines. We have not properties and any concerns related to PICC I inessing that the light of concerns such as infections. But the corressing changes is a high-risk area and I gue and any concerns such as infections. But the corressing changes. Staff will show me IV centures are expected to ask supervisors of for verification to determine IV competers and assessing site and change it if not central venous lines. I physically go in sing is peeling. Last audit was done la	pp in a wheelchair with a single g dressing. The transparent ted ,d+[DATE] in black marker. never refused a dressing change. realed no documentation of (a) confirmed Resident #71's lCC line dressings should have ook into this. Itered Nurse (APRN) #1 stated, Oh re to the body eventually. Any kind of line care or assessment. I don't rovided any type of special training. I eave not established way to ear. I expect nurses to let us know if lave not completed a QAPI related ection. QAPI is a process that we less we should have done a QAPI. I stated, Central venous lines are tant Director of Nursing]. I will look a regular maintenance, training, and ling stated, Nursing staff should be tification. I do not necessarily do IV or another nurse who is certified. I have not done skills fair. Into resident rooms and look at

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

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 SUPPLI	FD	STREET ADDRESS, CITY, STATE, ZI	P CODE
	Buffalo Crossings Healthcare & Rehabilitation Cen		F CODE
Bullio Grossings Floatinoard & Tic	STADINIALION CON	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 (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	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. During an interview on [DATE] at 9:16 AM, the ADON stated, They did not have a problem with dressing dates, and I corrected that. I did not do a root cause analysis and no education or training was provided to the nursing staff, just the two staff involved were educated and orders were placed. I gave all audits to the Director of Nursing. During an interview on [DATE] at 10:53 AM, the DON stated, I did not feel the missing orders for PICC lines were a high risk to put it through QAPI.		
	During an interview on [DATE] at 11:25 AM, the Medical Director stated, I spoke to the administrator we will 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 10 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 GM [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 1:53 AM, and administered Aztreonam 1 gm/50 ml intravenously right arm on [DATE] at 5:19 AM. 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.		
	upper arm PICC line with the trans was dated [DATE]. The white tubul insertion site. The white tubular dre	at 8:45 AM, Resident #289 was observed parent dressing rolled up and exposing ar dressing retainer net was covering the essing retainer net had several brownish	the insertion site. The dressing ne PICC line and in contact with the
	(continued on next page)		

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

Facility ID:

If continuation sheet Page 35 of 41

			110. 0700 0071
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 Buffalo Crossings Healthcare & Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZI 3875 Wedgewood Lane	P CODE
Buildio orossings ricalinate a ref	nasination och	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 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	During an interview on [DATE] at 8 days now. The nurses don't really a Review of Resident #289's NSG Nerevealed, Section 18. Diagnosis Get 9b. Hydration/Port of medication en Review of a physician order dated days and PRN if soiled or dislodged Review of a physician order dated reconstituted 2 GM (grams) use 2 gas 33 days. Review of a physician order dated no milliliters intravenously three times. Review of a physician order dated no milliliters intravenously three times. Review of a physician order dated no milliliters of Sodium Solution 2-gram milliliters of Sodium Solution 3:54 PM, administered 10 milliliters of Sodium Staff D, LPN, administered CeD, LPN, administered 10 milliliters of 3:54 PM, Staff C, LPN, administered Staff C, LPN, administered 10 milliliters of Sodium Solution 3:54 PM, Staff D, LPN, administered Staff C, LPN, administered 10 milliliters of Sodium Solution 3:54 PM, Staff D, LPN, administered Staff D, LPN, administered 3:34 AM, Staff D, LPN, administered M, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered Staff D, LPN, Staff D, LPN, administered N, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:34 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:354 AM, Staff D, LPN, administered 10 milliliters of Sodium Solution 3:354 AM, Staff D, LPN, administered 10 milliliters of Sodium So	245 AM, Resident #289 stated, That hat ask to have a look at the catheter, they sew Admission (Only) Data Collection at the catheter at the ca	s been rolled up like that for a few just give me my antibiotics. Ind Observation Form dated [DATE] In/Port of medication entry: Section arm. In ange PICC line dressing every 7 In ange PICC line dressing every 6 In ange PICC line dressing eve

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 SUPPLII	FD.	STREET ADDRESS CITY STATE 71	P CODE	
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 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 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.			
		ervation on [DATE] at 8:49 AM, Resident #297 had a right arm single lumen PICC line with 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 to the resident that the dressing should not get wet. 2. Change all dressings if any suspicion of contamination is suspected. 4. After original insertion of CVAD, the dressing will consist of gauze and TSM. This will change within 24 hours. Replace with sterile transparent dressing. 5. Change transparent semi-permeable membrane (TSM) dressing every ,d+[DATE] days and PRN (when wet, soiled, or not intact). 6. Change gauze dressing, or TSM over gauze dressing every 48 hours. 9. Change needless connection device, extension tubing, and stabilization device at the time of routine dressing changes.			
	During an interview on [DATE] at 11:42 AM, the DON stated, The dressing does have gauze ove insertion site and those per policy required changing in 48 hours.			
		dated [DATE] for Resident #297 revealed, Cefazolin sodium solution se 100 mg intravenously every 12 hours for endocarditis for 42 days.		
	(continued on next page)			

			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 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 0867 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] medication of Sodium Solution 1 gram milliliters of Sodium Solution 1 gram milliliters of Sodium Chloride solution administered Cefazolin Sodium So administered To milliliters of Sodium Solution 1 gram of Sodium Solution 1 gram milliliters of Sodium Solution	[DATE] for Resident #297 revealed, He venously every 12 hours as needed for method 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, St. on 0.9% intravenously right arm, on [DATE] at m. Chloride solution 0.9% intravenously lin Sodium Solution 1 gram IV right arm. Sodium Solution 1 gram IV right arm. Sodium Chloride solution 0.9% intravenously described by the solution of Sodium Chloride solution 1 gram IV right of Sodium Chloride solution 1 gram IV right of Sodium Chloride solution 0.9% intravents and the solution of Sodium Chloride solution of Sodium C	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, n, on [DATE] at 6:05 AM, Staff D, lously right arm, on [DATE] at 6:02 t 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 completed the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff completed herapy on the twenty-sixth day of the staff complete the staff

			NO. 0930-0391
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 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	SUMMARY STATEMENT OF DEFICIENCIES		

			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
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For information on the pursing home's	plan to correct this deficiency please con	The Villages, FL 32162	agonov
(X4) ID PREFIX TAG			ауепсу.
	(Each deficiency must be preceded by	full regulatory or LSC identifying informati	ion)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	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 Chapter 64B,d+[DATE] 0.05 Competency and Knowledge requirements necessary to qualify the LPN to administer IV therapy. (1). Contents. The Board endorses the Intravenous Therapy Course Guidelines issued by the education department of the National Federation of ilicensed practical nurses. November, 1983. The intravenous therapy education must contain the following components: (2) Central Lines. The board recognizes that through appropriate education and training reflact and uses that through appropriate education and training and training requires a minimum of four (4) hours of instruction. This required 4 hours of instruction may be included as part of the 30 hours required for intravenous therapy education specified in subsection (4) of this rule. The education and training requirement in this subsection shall include, at a minimum, didactic and clinical practicum instruction in the following areas: (a) Central venous landon specified in subsection (4) fibris rule. The education and training requirement in this subsection shall include, at a minimum, didactic and clinical practicum instruction in the following areas: (a) Central venous langers: (a) CVL flushing; (e) CVL medications and fluid administration; (f) CVL, blood drawing; and (g) CVL complications and remedial measures. Upon completion of the intravenous therapy training via central lines, the Licensed Practical Nurse shall be assessed on both theoretical knowledge and practice, as well as clinical practice and competence. The clinical practical was shall file a proficiency statement regarding the licensed practical nurses ability to perform intravenous therapy via central lines. The proficiency statement regarding the licensed practical nurses ability to perform intravenous therapy via central lines. The report of the following:		

			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
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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 DEFIC		
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	with an approval date of [DATE] remaintain an effective, comprehensiof care and quality of life and addrees Explanation and Compliance Guide be interdisciplinary and shall. c. Dequality deficiencies. d. Regularly reand data resulting from drug regim. Development Guidelines. 2. Gover leadership is responsible and accoinclude, but are not limited to the foral opportunities that reflect organization performance indicator data, and reactions address gaps in systems a problems will be addressed and priestablishment of sub-committees. The Immediate Jeopardy (IJ) was residents involved in the IJ situation line and receiving IV medications to administration. On [DATE], the facility emaintenance, documentation, and handling. On [DATE], the [RAME] on QAPI/QAA policy and abuse/nemedications, dressing changes, an education was provided by the Regand nursing supervisors related to	ocedure titled Quality Assessment and ads, Policy: It is the policy of this facility, ive, data driven QAPI program that focuseses all the care and unique services beline. 2. The QAA [Quality Assurance are evelop and implement appropriate plantwiew and analyze data, including data the reviews, and act on available data to transce and Leadership: a. The governity untable for the QAPI program. b. Governity of the QAPI program identional processes, functions, and services sident and staff input, and other information are evaluated for effectiveness. 4. It is invitized, whether by frequency of data are even werified the facility's actions for reduce the action of the program identified the facility and conducted a facility wide audit of the individual and invited and the conducted and Hoc QAPI meeting ducated all nursing staff related to PICC the 30-hour IV certification requirement President of Clinical Services provided glect policy. On [DATE], an audit was of the difference of the maintenance are performed by company the requirement of 30-hour IV LPN Certification to ensure that the action of the program is station to ensure that the action of the program is station to ensure that the action of the program is station to ensure that the action of the program is station to ensure that the action of the program is station to ensure that the program is station is station.	y to develop, implement and uses on indicators of the outcomes the facility provides. Policy and Assessment] Committee shall s of action to correct identified collected under the QAPI program on make improvements. Program ing body and/or executive rring oversight responsibilities stifies and prioritizes problems and is provided to residents based on ation. vi. Ensuring that corrective Program activities: a. All identified collection/monitoring or by the ceipt of an acceptable immediate emoval of immediacy to prevent the in [DATE], the facility assessed the fall current residents with a PICC and injury to the resident due to IV g and a root cause analysis. On , C line dressing changes and t for LPNs prior to PICC line training to the facility administration conducted to verify all IV ompetent nursing staff. On [DATE], the Assistant Director of Nursing tification. A list of LPNs with IV