Printed: 06/12/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER Gulf Coast Medical Center Skilled Nursing Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 13960 Plantation Road Fort Myers, FL 33912	
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 0806 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS H Based on interview, record review, to ensure residents received food f with food allergies. Resident #1 had a documented alle Oleo Resin. On 10/1/23 the facility did not chec contained red bell pepper. Resident #1 consumed the salad d acute care hospital. Resident #1 w able to maintain an airway, was int The failure of the facility to ensure determination of Immediate Jeopard The Immediate Jeopardy started of On 10/26/23 at 9:00 a.m., the Adm provided the IJ template. The findings of Immediate Jeopard The findings included: Review of the clinical record reveal at home and fracture. The Medical Certification for Medic Health Care Administration form 30	and facility policies the facility failed to ree from documented allergies for 1 (Regy to Capsicum Annuum Extract & Dek the resident's allergies and provided alressing and suffered a severe allergic as medicated for an allergic reaction in ubated, and admitted to the Intensive Caresident #1 received food that accommody.	ONFIDENTIALITY** 30599 o consistently implement processes desident #1) of 7 sampled residents erivative (Bell Pepper) Capsicum him a salad dressing which reaction requiring a transfer to an othe emergency room, was not Care Unit. Indiates his allergies resulted in the lation of Immediate Jeopardy and 10/3/23. cility on [DATE] with a history of fall lient Transfer Form (Agency for Risk Alerts section, Allergies:

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: 106122

If continuation sheet Page 1 of 4

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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER Gulf Coast Medical Center Skilled Nursing Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 13960 Plantation Road Fort Myers, FL 33912	
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 0806 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Allergies: Capsicum Annuum Extra On 9/28/23 at 1:37 p.m., the Regis with patient . and he disputed the a added. Message left for wife to atte On 9/29/23 the RD documented in On 10/1/23 at 1:00 p.m., the nurse for possible stroke. Upon arrival to alert. Pt is vomiting currently. His h states he ate dressing at lunch that ER (emergency room). On 10/1/23 at 2:50 p.m., the Emerg he began vomiting and choking. Pa allergy to peppers and had a trunca (Intramuscular) epinephrine, Pepci airway and he was intubated in the Derivative (Bell Pepper) [Capsicum report on 3/14/22. Patient is NOT etc.). Peanut- Derived Hives, Rash allergic reaction during lunch today with truncal rash. On 10/23/23 at 11:30 a.m., in a tele determined he was allergic to pepp approximately a year ago, he ate s 10/1/23, when he ate the salad with and went unresponsive. She ran at After approximately three minutes, ingredients on the packet of the sa She said her husband ate the salad that he ate red pepper, and he was did not know what was going on wi On 10/23/23 at 2:00 p.m., met with to discuss the facility's process to e The Registered Dietitian said, the fi the facility's electronic system. The system contains all the recipes	at the facility completed a history and ct & Derivative(Bell Pepper) [Capsicum tered Dietitian, (RD) documented in an illergy to black pepper stating he only hempt to clarify what he is able to receive a Nutrition Assessment note, Food Alled documented in a progress note, Called room CNA (Certified Nursing Assistant and grasps are present but weak. Wife thas peppers. ready for EMS (Emerged gency Department encounter report not attent also noted to have eaten red pepal rash on arrival. Patient was medicated, Solu-Medrol, and Benadryl. Patient was medicated, Solu-Medrol, and Benadryl. Patient was emergency department. Allergen Capa Oleo Resin]. Reaction: Hives and itch allergic to black pepper seasoning. Only and Swelling. Allergic reaction, assess with red pepper being consumed with the pepper being consumed with the training with pepper, and became uning the Italian dressing, it was like [NAME and got the CNA. Seven or eight staff me her husband started vomiting. She said ad dressing the facility provided and red with the dressing. She immediately to a allergic to them. She requested an epth her husband. The Registered Dietitian, and the Direct consumer residents receive food that accordinately utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility utilizes through the outside med to not allow the dietary staff to printed the facility of the facility that the facility that	Admission assessment, Visited has a problem with it if too much is a problem with it if too much is a problem with it if too much is a problem. The problem with it if too much is a problem with it if too much is a problem. The problem is a problem with wife and cart it is present along with wife. Pt is a states an allergy to peppers, and ency Medical Services) transport to seed, Patient was eating lunch when pers on a salad today with an end for his allergy with IM was not unable [sic] to maintain his siscum Annuum Extract & ing . Per patient and daughter y allergic to the fruit (bell, jalapeno is sment, and plan. Patient had an his salad. Patient arrived to ED in the became in a trance like state is embers responded within minutes. If the draited it contained red peppers. It is ended a nurse who was in the room in inpen, and the nurse told her they interest in Computrition, and preferences in Computrition,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/26/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Gulf Coast Medical Center Skilled Nursing Unit		13960 Plantation Road		
Cult Could Mouldar Contain Change Harding Chik		Fort Myers, FL 33912		
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 0806	The facility provided a Recipe Likes, Dislikes, Allergy report which listed food items the system will automatically not print on a meal ticket based on the allergies. The list included Italian dressing as an item not to provide with pepper allergy.			
Level of Harm - Immediate jeopardy to resident health or safety				
Residents Affected - Few	The facility provided Resident #1's meal tickets printed from the Computrition system for all three meals from 9/27/23 through 10/1/23. The meal tickets listed allergies of peppers, and peanuts.			
	Review of the facility's investigation revealed Resident #1 had a documented allergy to Capsicum Annuum Extract and derivative (Bell pepper). On 10/1/23 Resident #1 declined his original meal option and requested a chef salad and chicken noodle soup as an alternative. The nurse called the kitchen and left the resident's request on a voicemail. The voicemail did not include a request for salad dressing. Food and Nutrition Service Assistant Staff A prepared the requested meal and placed an Italian salad dressing on the tray to accompany the salad. Staff A did not review Resident #1's allergies in the computer prior to preparing the meal tray. The tray was delivered to the floor by another employee and handed over to a Certified Nursing Assistant (CNA). The CNA delivered the meal. Resident #1's spouse accepted the tray from the CNA, prepared the salad with the Italian dressing and assisted Resident #1 with his lunch. The facility concluded there was a process in place to ensure the residents' needs were met. The facility had adequate, qualified staff working in the kitchen to meet the residents' needs. Sufficient alternative options were immediately available. Resident #1's allergy was appropriately documented in the electronic medical record and the nutritional computer application. Dietary Staff A preparing the tray admitted the normal process she was trained for would be to confirm the patient's diet and allergies in the computer system prior to preparing the tray. She admitted to an error in not checking the allergies for the requested alternative meal. The facility provided an undated handwritten statement from Staff A that read, Prepared the salad tray for RM (room) 214 and gave patient Italian dressing. I failed to check patient's allergies before doing so.			
		lian dressing which they said was the s nch meal. The ingredients listed, Less th		
	salad for Resident #1. She said she was in a hurry, was not pa preference before preparing the sa	ohone interview, Dietary Staff A said the e made the salad and provided the Itali aying attention and did not check the sy lad. She said she should have printed a al ticket with Italian dressing due to the	an dressing with the meal. She estem for Resident #1's allergies or a meal ticket. The system would	
		s revealed Dietary Staff A attended a s f the meeting included, Check diets in C any food .		
	(continued on next page)			

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AND PLAN OF CORRECTION 10 NAME OF PROVIDER OR SUPPLIER Gulf Coast Medical Center Skilled Nursi For information on the nursing home's plan to the supplier of the supplier o	to correct this deficiency, please con- UMMARY STATEMENT OF DEFIC fach deficiency must be preceded by on 10/25/23 at 12:15 p.m., the Directorising staff did not check the mean inplemented a new process which dergies prior to delivering the mean	EIENCIES full regulatory or LSC identifying information of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the section	agency. on)	
Gulf Coast Medical Center Skilled Nursi For information on the nursing home's plan to the second of	to correct this deficiency, please con- UMMARY STATEMENT OF DEFIC fach deficiency must be preceded by on 10/25/23 at 12:15 p.m., the Directorising staff did not check the mean inplemented a new process which dergies prior to delivering the mean	13960 Plantation Road Fort Myers, FL 33912 tact the nursing home or the state survey as the state survey	agency. on)	
Gulf Coast Medical Center Skilled Nursi For information on the nursing home's plan to the second of	to correct this deficiency, please con- UMMARY STATEMENT OF DEFIC fach deficiency must be preceded by on 10/25/23 at 12:15 p.m., the Directorising staff did not check the mean inplemented a new process which dergies prior to delivering the mean	13960 Plantation Road Fort Myers, FL 33912 tact the nursing home or the state survey as the state survey	agency. on)	
F 0806 Cevel of Harm - Immediate imple popardy to resident health or safety Residents Affected - Few CE SU (E) O NI al al safety O Residents Affected - Few re	UMMARY STATEMENT OF DEFIC ach deficiency must be preceded by on 10/25/23 at 12:15 p.m., the Directorsing staff did not check the mean explemented a new process which explemented a new process which explemented and the mean on 10/25/23 at 12:34 p.m., the Adr	EIENCIES full regulatory or LSC identifying information of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the incider I tickets before taking a tray to the residential of the section of Nursing said prior to the section	on)	
F 0806 Onto Immediate immediate jeopardy to resident health or safety Residents Affected - Few resident features are safety or safety o	on 10/25/23 at 12:15 p.m., the Direction staff did not check the mean plemented a new process which ellergies prior to delivering the mean on 10/25/23 at 12:34 p.m., the Adrian to the check the mean of the check the mean of the check the mean of the check the mean than 10/25/23 at 12:34 p.m., the Adrian the check t	full regulatory or LSC identifying information ector of Nursing said prior to the incider I tickets before taking a tray to the resident		
Level of Harm - Immediate implementation implementa	ursing staff did not check the mea nplemented a new process which llergies prior to delivering the mea on 10/25/23 at 12:34 p.m., the Adr	I tickets before taking a tray to the resid	at involving Posidont #1, the	
Residents Affected - Few re		On 10/25/23 at 12:15 p.m., the Director of Nursing said prior to the incident involving Resident #1, the nursing staff did not check the meal tickets before taking a tray to the residents. After the incident, the facility implemented a new process which includes nursing to check the meal ticket for the right diet, including food allergies prior to delivering the meal to the resident.		
m	On 10/25/23 at 12:34 p.m., the Administrator said prior the incident involving Resident #1, the dietary staff was responsible to check for food allergies in their system. They did not always print out meal tickets when a resident requested an alternate meal. She said at this time all staff are required to make sure they have a meal ticket and check for allergies before delivering the meal to the resident.			
	The immediate actions implemented by the facility and verified by the surveyor on 10/25/23 and 10/26/23 included:			
R	esident #1's symptoms immediate	ely attended. The surveyor verified thro	ugh review of the clinical record.	
	Staff interviews, regulatory notifications, investigation, and root cause analysis initiated immediately. The surveyor verified through review of the investigation and root cause analysis completed.			
in	Residents allergies and preferences reviewed by the Dietitian on 10/2/23 and verified for current residents, including EPIC (Computer system) and Computrition (Dietary computer system) are matching. The surveyor verified through review of the audits completed.			
al al th ec Si	Administrator, Director of Nursing, Risk Manager and Director of Clinical Nutrition reviewed process for alternate tray requests to be provided to residents on 10/2/23. On 10/2/23 the new process was initiated, and all facility staff completed education on re-printing ticket for additional tray requests for all food items leaving the kitchen. The education was completed at 100% by 10/3/23. The surveyor verified through review of the education, review of the new facility's policy and procedure and interview with dietary and nursing staff. Surveyor verified through observation of meals. Each meal tray had a meal ticket and residents with documented allergies did not receive any food they were allergic to.			
ar up ec	nd educated all facility staff on propon receipt on units, prior to deliveducation was completed at 100%	ctor of Nursing, Risk Manager and Director of Nursing, Risk Manager and Directoress for acknowledging food allergens ery to resident or family member request on 10/3/23. The surveyor verified throuterview, and observation of meal delive	on tray before leaving kitchen and sting to assist resident. This gh review of the education,	
m R	neals. These audits are being com legistered Dietitian to ensure aller	eing completed ongoing to ensure tray pleted by nursing and dietary staff. Augies in EPIC and Computrition were con Registered Dietitian, the Administrator,	dit completed on 10/2/23 by the rrect. The surveyor verified through	

Facility ID: