

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER Community Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2202 W Oak Ave Plant City, FL 33563	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to coordinate an outside medical appointment for one resident (#1) out of three residents reviewed for medical appointments. Findings include: On 04/08/2026 at 10:23 AM, Resident #1 was observed lying down in bed dressed in his nightgown. Resident #1 stated he has vertigo and was supposed to be seen by an Ear Nose and Throat (ENT) Specialist. He stated on the day transportation came to the facility to take him he was not ready because no one at the facility informed him about the appointment. He stated this happened about a month ago. The facility told him they would reschedule his appointment, but it never happened. Review of Resident # 1 admission Record dated 04/08/2026 revealed he was admitted to the facility originally on 10/10/2023 and readmitted on [DATE] with diagnoses to include but not limited to Type 2 Diabetes Mellitus with Diabetic Neuropathy, Unspecified, heart failure, unspecified, chronic kidney disease, stage 3A, Review of an order summary dated 04/08/2026 revealed an Ear Nose and Throat appointment on 2/11/2026 at 11 [NAME] 04/08/2026 at 2:17 PM, an interview was conducted with Staff A, Registered Nurse, RN. Staff A stated Resident # 1 had an Ear Nose and Throat (ENT) appointment on 2/11/2026 for vertigo, but the appointment had to be rescheduled. Staff A stated the staff in Medical Records is responsible for scheduling appointments. Staff A stated she did not know if Resident #1's appointment was ever rescheduled for him to be seen by the (ENT). On 04/08/2026 at 2:36 PM, an interview was conducted with Staff B, Certified Nurse Assistant, (CNA)/ Medical Records. Staff B stated she has worked at the facility since 2022. Staff B stated the Nurse Practitioner informed her that Resident #1 wanted to see the Ear Nose and Throat Doctor. Staff B stated she was not made aware that Resident #1's appointment needed to be rescheduled. Staff B stated the Nurse Practitioner came to her on Monday (4/6/26) to ask her if she had rescheduled Resident #1's (ENT) appointment. She stated she told the Nurse Practitioner that she would get to it but she did not reschedule it because she did not have time. On 04/08/2026 at 2:46 PM, an interview was conducted with the Director of Nursing (DON). The DON stated his expectations are appointments should be followed up on timely. Review of the facility policy titled, Transportation Services, dated 02/2025, showed policy, The facility will arrange for transportation services when needed to ensure that each resident receives a complete continuum of service consistent with the plan of care. Procedure 2. The individual that identifies the need for transportation service shall notify the Medical Records Designee/ Designee of the need and provide the following information: a. Resident, name, date/ time of appointment, and reason for the appointment. B. if the date/time of appointment is in less than 72 hours, the individual scheduling the appointment shall try to re-schedule the appointment for a date/ time greater than 72 hours.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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