

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Palms at Sebring Nursing and Rehabilitation The		STREET ADDRESS, CITY, STATE, ZIP CODE 725 S Pine St Sebring, FL 33870	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22481</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the protection of a resident's right to remain at the facility by issuing an inaccurate reason on a thirty-day Nursing Home Transfer and Discharge Notice for one resident (#4) out of one resident reviewed for admission, transfer, and discharge.</p> <p>Findings included:</p> <p>On 01/09/2025 at 10:30 a.m., Resident #4 was observed in his room, in bed, working on his laptop. Resident #4 stated the facility was discharging him for non-payment. He stated he did not want to talk about it.</p> <p>On 01/09/2025 at 11:15 a.m., the Nursing Home Administrator (NHA) stated, one resident, Resident #4 had been provided a 30-day discharge notice on 12/05/2024. He stated the reason for the 30-day notice was that the resident was combative.</p> <p>A review of the quarterly Minimum Data Set (MDS), dated [DATE], showed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15, which meant he was cognitively intact.</p> <p>A review of the medical record showed Resident #4's medical diagnoses included: Cerebral Infarction, unspecified, bed confinement status, and need for assistance with personal care.</p> <p>An interview was conducted on 01/09/2025 at 12:15 p.m. with the Business Office Manager (BOM). The BOM stated Resident #4 did not receive any money at the facility. She stated the resident did not owe any money to the facility.</p> <p>An interview was conducted on 01/09/2025 at 12:25 p.m. with the Social Worker (SW). The SW presented the 30-day notice which had been provided to Resident #4 for review.</p> <p>A review of the notice, dated 12/05/2024 with an effective date of 01/04/2025, revealed the following:</p> <p>-The reason for the notice was check marked, Your bill for services at this facility has not been paid after reasonable and appropriate notice to pay, and Your health has improved sufficiently so that you no longer need the services provided by his facility.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Palms at Sebring Nursing and Rehabilitation The		STREET ADDRESS, CITY, STATE, ZIP CODE  725 S Pine St Sebring, FL 33870	

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The brief explanation written was, Patient to be discharged to another long-term care facility.</p> <p>-The transfer location was documented to be another nursing facility.</p> <p>-The signature space for the physician to sign the form, reflected the name of a physician with the words telephone order.</p> <p>The SW stated Resident #4 did not want to be transferred to the listed nursing facility, The SW stated the resident wanted to go to a different local nursing facility. The SW stated he did not know what monies Resident #4 owed the facility, what a bill was for, or the amount owed. The SW stated, the other reason for the discharge was that the resident was a little combative with the nurses. The SW stated he had put the name of the physician in the box, and the IDT (Interdisciplinary Team) talked to the physician, but the physician did not sign the form. The SW said, Resident #4 is alert and oriented, we talked to him, he refused to sign the form.</p> <p>An interview was conducted with the NHA on 01/09/2025 at 12:40 p.m. He confirmed the Nursing Home Transfer and Discharge notice was not accurate. He stated the reason Resident #4 was going to be discharged was due to being combative.</p> <p>A review of the comprehensive care plan, review start date 1/2/2025, revealed the following:</p> <p>Focus area: Resident needs discharge planning R/T (related to) : Adjustment to LTC (Long Term Care) placement.</p> <p>Goals: Resident will develop and participate in day-to-day facility routine that includes social out of room activities and daily care preferences.</p> <p>Interventions/Tasks: Resident's discharge plan is to remain in the facility LTC.</p> <p>An interview was conducted on 01/09/2025 at 1:50 a.m. with the Director of Nursing (DON)The DON stated Resident #4 could be combative. She stated, He refuses care a lot of the time. He refuses his medication, he chooses what he wants when he wants it. He is bedbound because he wants to be. She stated, When he refuses care, he will threaten to hit you. She stated she could not say if he actually ever made contact with anyone. The DON stated, He is a very angry man. I do not think they have put anything under behaviors. I was aware he was being given a 30-day notice, but I did not know why. The DON stated Resident #4 was a long-term resident, he required nursing care, and his health had not improved enough for discharge. She stated, He is bedbound and cannot care for himself.</p>