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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>105234 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>04/21/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rehabilitation and Healthcare Center of Tampa |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4411 N Habana Ave<br>Tampa, FL 33614 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interview, the facility failed to provide social services supports for one resident (#6) of fourteen sampled residents. Findings included: On 04/20/2026 at 10:21 a.m., a telephone interview was conducted with Resident #6's family member. She stated (Resident #6) only received \$30.00 per month. An interview conducted on 04/20/2026 at 1:40 p.m. with Resident #6. He was observed in bed. He stated he had no money coming to the facility. On 04/21/2026 at 2:26 p.m. an interview was conducted with the Social Services Director (SSD). When asked if she had received any complaints regarding Resident #6, she stated she had not. The SSD stated for Resident #6, she was not sure whether a complaint had been received from the resident. She said she had not gone and spoke with him. On 04/21/2026 at 2:35 p.m., Resident #6 was re-interviewed. When asked about his income, he stated before he came to the facility, he was receiving \$800.00 per month. He said, then the check from social security was reduced to \$30.00. He stated the \$30.00 does not come to him here at the facility. He stated there were no additional monies coming here. He said, I have been here two years, and no money. I asked them, and they told me there were no additional monies. A review of Resident #6's clinical chart, the admission record, documented an admission of 06/2024. His medical diagnosis list included: Need for assistance with personal care, spinal stenosis- cervical region, and chronic kidney disease. A review of a Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental status (BIMS) score of 15 which indicated the resident was cognitively intact. On 04/20/2026 at 4:46 p.m., an interview was conducted with the Business Office Manager (BOM). She confirmed Resident #6 was a Supplemental Security Income (SSI) recipient, and his SSI income was \$30.00 per month. She confirmed Resident #6 should receive a supplement check (Personal Needs Allowance (PNA) of \$130.00 from the state through the Department of Children and Families (DCF). She stated since returning to her position in 03/2026, she became aware Resident #6 was not in receipt of the PNA from the state. She stated the issue had been ongoing. She stated she had reached out to the facility's Medicaid Liaison to provide assistance with resolving the issue with DCF. She stated she does not reach out herself to DCF, that was what the Medicaid Liaison was for. On 04/21/2026 at 2:10 p.m., the BOM was re-interviewed with the Nursing Home Administrator Assistant (NHAA) present. The BOM provided business office notes for Resident #6, the last entry on the notes was 09/24/2025. Review of the business office notes revealed an entry, dated 09/23/2025, documented Resident #6's Institutional Medicaid coverage had been authorized on 09/23/2025 with an effective date of 08/2024. There was no note present that would indicate an inquiry had been made by the facility to address Resident #6's personal needs allowance of \$130.00. On 04/21/2026 at 2:47 p.m., the BOM and NHAA were re-interviewed. She stated she had spoken with Resident #6 back in May 2025. She said the resident was concerned about why his SSI check had been reduced to \$30.00. The BOM said the meeting discussion was held with the family member, the Nursing Home Administrator (NHA), the resident and me (BOM) by phone. She stated she had not documented the call. She confirmed the resident should get a supplemental check from the state, in the amount of \$130.00 to make a total of \$160.00 for his personal needs. The BOM stated she had reached out to the (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Medicaid Liaison on 03/06/2026 regarding Resident #6. The BOM said she had received a phone contact number from the Medicaid Liaison for a contact person at DCF. She said she had called the phone number, and the person answering the phone, (DCF representative #A), had told her she had retired, but had provided another name and phone number for the inquiry. A request for documentation of the correspondence and any further documentation for efforts to resolve the issue was made by this surveyor. On 04/21/2026 at approximately 4:30 p.m., the BOM and NHAA, provided a copy of an e-mail, dated 11/11/2025, the e-mail was titled Reinstating the 130.00 state income, addressed to (DCF Representative #A). The e-mail, documented: Are you able to assist with getting a resident's \$130.00 state check reinstated, or advise what steps I can take to get his income reinstated? The BOM also provided an e-mail, dated 03/06/2026, from the BOM to the Medicaid Liaison, which stated, When you have a moment, could you please submit another URL (Uniform Resource Locator) for the \$130? The response, dated 03/06/2026, was the copy of the 11/11/2025 e-mail (documented above). No further information was provided. On 04/21/2026 at approximately 4:35 p.m., this surveyor called the phone number listed on the 11/11/2025 e-mail, (DCF Representative #A) answered the phone. She stated she had retired from her position, the phone number on the document was a personal phone number. She stated, when she received any phone calls inquiring about the PNA checks, she would provide the phone number to her former supervisor and phone number. She stated there was a new specialist in the position to handle PNA inquiries. She said it would be an easy fix in the system and the PNA could be issued. The facility did not provide a policy/procedure for social services expectations.</p> |   |  |