STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105283	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Hills Center	610 E Bella Vista Dr Lakeland, FL 33805

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 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** Based on record review, interview, and review of facility policy, the facility failed to accurately document procedures for a Cardiopulmonary Resuscitation (CPR) event for one (#2) of three resident reviewed for CPR.Findings included:A review of Resident #2's clinical chart, the face sheet documented an admission date [DATE]; and readmission date of [DATE]; with a discharge date of [DATE]. A diagnosis list included: Severe hypoxic ischemic encephalopathy (HIE). Resident #2's clinical chart revealed Advanced Directives of Full Code.On [DATE], Resident #2's clinical chart was reviewed. The progress notes; the assessments; there was no indication of CPR (Cardiopulmonary Resuscitation) being performed on the resident on [DATE].A review of an EMS (Emergency Medical Services) county Fire Rescue report documented a run report of emergency services arriving to the facility on [DATE] at 01:37:48. The report detailed the dispatch was for Cardiac Arrest, CPR was initiated by staff at 0055. EMS provided medication support and continued CPR and subsequently provided transfer of the resident to a local hospital.On [DATE] at 5:12 p.m., an interview was conducted with the Assistant Director of Nursing (ADON) and Regional Nurse Consultant (RNC). The ADON and RNC confirmed the staff were supposed to complete a code blue sheet when CPR was conducted. The ADON was observed to review a binder, which she reported contained code blue sheets. The ADON, stated she did not see a code blue sheet for Resident #2.On [DATE] at 5:15 p.m., an interview was conducted with the Director of Nursing (DON). When asked if she was aware whether CPR was administered to Resident #2, she stated I believe so, the event happened on a weekend. The DON was observed to review a paper medical file, and no code sheet was located. The DON confirmed no documentation in Resident #2 medical record was seen related to having CPR performed. On [DATE], at 9:45 a.m., a phone interview was conducted with Staff B, Registered Nurse (RN). She confirmed she had been assigned to Resident #2 on [DATE]. She confirmed CPR had been administered to Resident #2 prior to the transfer to the hospital and that she had participated in the administration of CPR to the resident. She stated she had filled out the code blue sheet, I do not know what happened to it. When asked about documentation in the clinical record, she stated, that would be on me. We do document; We had a lot going on that night.A review of the facility's Standard & Procedure, CPR- Code Status Orders and Response, effective 02/2026, documented the topic: CPR-Code Status Orders and Response. StaffingStaff members trained & / or certified to perform CPR for Health Care Providers will be present to provide CPR for those residents electing a full code status. These certified team members shall provide CPR until ordered to cease by an authorized, licensed physician, EMS arrives to assume care, or the resident's pulse & respirations are assessed as present. CPR certification staffing needs will be reviewed as indicated.Procedures-for initiating CPRUpon identification that resident is unresponsive the person making the identification will check for pulse and respirations and immediately call for help; loudly calling Code Blue Room (#).Staff will respond to room with medical record and emergency cart.Code Status and resident will be verified by 2 identifiers such as PCC photo, armband, with another nursing care center personnel if resident is full code CPR will be initiated.Room number or physical location alone will not be used as an (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	identifier.Once CPR is started, CPR will continue until:Relieved by EMS;Relieved by another staff member who will take over CPR;Physician orders to discontinue CPR; orResident pulse & respirations are palpable/ observable.One person will assign tasks:Bring emergency cart and chart.Provide CPRCall 911Designate a scribeMay use the Code Blue Worksheet to notate timeline and activity; transcribe notes from worksheet to medical record upon resolution of event.Notify physician and resident representative.Prepare paperwork for transfer to hospital.Await EMS and escort to resident.Assist with transfer of resident to gurney for transport.Complete paperwork to include, but may not be limited to, 24 hour and nurses' note.Notify NHA and DONReplenish emergency cart.