

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105301	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2025
NAME OF PROVIDER OR SUPPLIER Valencia Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 Sleepy Hill Rd Lakeland, FL 33810	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to inform the family of changes in condition for one resident (#6) of three sampled residents. Findings included:Review of admission record showed Resident #6 was admitted to the facility on [DATE] and discharged on 07/12/2025 with diagnoses included but not limited to Transient Ischemic Accident, congestive heart failure, Cerebrovascular accident, Stage 4 chronic kidney disease and hypertension. Review of the physician orders for Resident #5 showed:Complete Metabolic Profile (CMP), Basic Metabolic Profile (BMP) ordered on 07/07/2025 and 07/08/2025Lasix 20 mg (milligrams) daily as a diuretic as of 07/06/2025Potassium 10 meq. (milliequivalents) daily for hypokalemia as of 07/08/2025Review of the July 2025 Medication Administration Record showed Potassium 10 meq. (milliequivalents) daily for hypokalemia as of 07/08/2025 was given on 07/09, 07/10, 07/11, and 07/12 2025. Review of the Lab Results Report showed on 07/07/2025 Potassium was 2.98 acceptable range (3.5-5.3). Review of the progress notes showed no documentation regarding obtaining labs or starting Resident #6 on Potassium. During an interview on 07/22/2025 at 12:03 p.m. the Director of Nursing (DON) stated Resident #6 was at the facility for respite and hospice care. She stated the physician caring for her had standing orders for routine labs to be performed, a BMP (Basic Metabolic Panel). The DON stated the facility obtains a consent to treat which covers the labs. The DON stated they will call the family if psychotropic medications are needed. The DON confirmed the resident had a low potassium level. The DON verified the facility started the resident on potassium. The DON stated she would expect to see the family notified of the low potassium and any new medications started. Review of the facility's policy, Change in a Resident's Condition or Status, without a date showed the facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in the resident's medical / mental condition and / or status (e.g. changes in level of care). 3. Unless otherwise instructed by the resident, the Nurse Supervisor / Charged Nurse / designee will notify the resident's family or representative when: there is a significant change in the resident's physical, mental, or psychosocial status. 5. The nurse supervisor / charge nurse will record in the resident's medical record information relative to changes in the resident's medical/ mental condition or status.</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 Valencia Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 Sleepy Hill Rd Lakeland, FL 33810	

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record reviews, the facility failed to maintain a safe, clean, comfortable and homelike environment related to pest sightings in five Wings (100, 200, 300, 400, and 500) of the five facility Wings toured. Findings included: During a tour of the dining room across from the therapy gym on 7/22/25 at 1 p.m., a live small eight-legged insect was observed crawling on the floor. An unidentified staff member confirmed the observation and stated it was a spider. (Photographic Evidence Obtained). On 7/22/25 at 12:00 p.m. in the 400-wing, an observation was made of approximately five live insects, flattened, oval-shaped body, long antennae and six legs coming out of the 400-wing linen closet. The insects crawled underneath the base boards when the light was turned on. Multiple interviews were conducted on 7/21/25 from 1:50 p.m. to 2:20 p.m. with alert and oriented residents revealing the following: Resident #7 who was admitted to the facility on [DATE] and had a BIMS (Brief Interview for Mental Status) score of 12/15 meaning intact cognition, confirmed she had seen pests in her room. Resident #8 who was admitted to the facility on [DATE] and had a BIMS score of 12/15 meaning intact cognition stated she had seen insects and pests in their room. Resident #9 who was admitted to the facility on [DATE] reported seeing roaches in his room. Resident #10 who was admitted to the facility on [DATE] and had a BIMS score of 15/15 meaning intact cognition, stated he had issues with pests in his room, specifically, roaches. During an interview on 7/22/25 at 12:08 p.m. with Staff A, Registered Nurse (RN), the nurse stated, I have noticed a roach here or there in the facility. An interview was conducted on 7/22/25 at 12:15 p.m. with Staff B, Certified Nursing Assistant (CNA). Staff B stated, I will occasionally see a flying pest and ants. Staff B stated they have been trained to record the sightings in the pest logs located within each wing. Review of a facility document titled Pest Sighting Log, for dates 4/29/25 through 7/13/2025, revealed pests were sighted in resident rooms and common areas in 100, 200, 300, 400 and 500 Wings. The log revealed numerous sightings of, cockroaches, roaches, ants and a Florida-named bug. The log showed the date the pest was sighted, and a Tech signature was noted by each sighting. During an interview on 7/22/25 at 08:32 a.m. the Nursing Home Administrator (NHA) stated, As it pertains to pests, the contractor comes in on Thursdays and treats the rooms inside and outside. She stated they encourage their residents to keep food in an airtight containers which they issue to the residents for their food storage. The NHA said, It's the housekeeping supervisor's responsibility to monitor the progress of pest reporting, but since we don't have one, it's my responsibility. The NHA confirmed they were still having concerns, as the pest reporting is increasing. The NHA stated they had requested quotes for a new company. The NHA said, The current pest control is not up to par. Review of an undated facility policy titled Environmental Services - Pest (Insect) Control showed - The facility will maintain an ongoing pest control program. Pest control services are provided by a licensed pest exterminator on no less than a monthly basis and as needed. The contracted pest control services will include both interior and exterior pest control. The procedure showed: 1. Food items in resident rooms should be kept in air-tight containers. 2. Garbage and trash are to be removed from the facility daily. 3. Staff will report any evidence of insects in resident's rooms or common areas to the maintenance/housekeeping staff. During regular business hours, the report can be logged into the maintenance request log and/or the log provided by the pest control company, if applicable. 4. Live insects in resident rooms or care areas should be reported as soon as possible to the Maintenance or Housekeeping supervisor and the Administrator. 5. Maintenance/housekeeping will investigate any reports of insects and will ensure adequate control measures are provided. Maintenance/housekeeping will notify the licensed pest exterminator. 6. Residents will be removed from the area where live insects are noted until control measures are provided. Only pest control measures that are approved by the licensed pest exterminator will be used. 7. If insects are detected on a resident, the resident will be assessed by nursing staff and the resident's physician will be notified of any insect bites. The Director of Nursing and the resident's family will also be notified.</p>		