

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and policy and procedure review, the facility failed to ensure staff used appropriate Personal Protective Equipment (PPE) while providing care to residents on enhanced barrier precautions for 6 (Resident #11, #8, #175, #18, #36, and #16) of 12 residents reviewed for infection control and failed to ensure cleansing the needleless connector of a peripherally inserted central catheter and midline catheter according to professional standards of practice and policy and procedure during medication administration for 2 of 3 (Resident #175 and #27) resident observations of intravenous medication administration to prevent the possible spread of infection and communicable diseases. Findings include: 1. Review of Resident #11's face sheet documented diagnosis that included end stage renal disease, type 2 diabetes mellitus with diabetic chronic kidney disease, dependence on renal dialysis, atherosclerotic heart disease of native coronary artery without angina pectoris, and hemiplegia and hemiparesis following cerebral infarction affecting non dominant left side. Review of Resident #11's physician orders dated 7/2/2025, read, CVL (central venous line)/CVC (central venous catheter) dressing change: change dressing as needed cleanse w/antimicrobial agent, pat dry, cover w(with)/transparent dressing change injection caps w/each dressing change. Review of Resident #11's physician orders dated 9/12/2025, read, Enhanced barrier precautions due to right chest central line due to dialysis. During an observation on 9/16/2025 at 8:56 AM, Staff P, Certified Nursing Assistant (CNA) and Staff O, CNA, were assisting Resident #11 with incontinence care and dressing. Both staff members were observed with gloves on, but with no gowns. During an interview on 9/17/2025 at 10:00 AM, Staff P, CNA stated, We should have had a gown on when we got him (Resident #11) up and ready. During an interview on 9/17/2025 at 10:05 AM, Staff O, CNA stated, He (Resident #11) is on enhanced barrier precautions and we should used a gown and gloves when giving care. 2. Review of Resident #8's face sheet documented diagnosis that included end stage renal disease, type 2 diabetes mellitus with diabetic neuropathy unspecified, hemiplegia and hemiparesis following unspecified cerebral vascular disease affecting right dominant side, and dependence on renal dialysis. Review of Resident #8's physician order dated 9/9/2025 read, Enhanced barrier precautions due to right chest perm-a-cath for dialysis every shift. (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 9/17/2025 at 7:33 AM, Resident #8's room had signage on the doorway indicating that Resident #8 was on enhanced barrier precautions. Staff O, CNA, was observed performing hand hygiene and donning gloves. Staff O, CNA was observed providing incontinence care without a gown. During an interview on 9/17/2025 at 2:15 PM, Staff O, CNA stated, She (Resident #8) is on enhanced barrier precautions because of her dialysis catheter. I should have worn a gown. 3. Review of Resident #175's face sheet documented diagnosis that included osteomyelitis of vertebra lumbar region, type 2 diabetes mellitus without complications, hypertensive heart disease with heart failure, and essential primary hypertension. Review of Resident #175's physician order dated 9/10/2025, read, Enhanced barrier precautions due to presence of PICC (peripherally inserted central catheter) line and IV (intravenous) abt (antibiotic). Review of Resident #175's physician order dated 9/10/2025, read, PICC line flush each lumen w(with)/Normal saline flush after medication administration, use at least a 10 cc (cubic centimeter) syringe every shift. Review of Resident #175's physician order dated 9/10/2025, read, PICC line flush each lumen w/heparin lock 10 units/ml (milliliter) use at least a 10 cc syringe every shift. During an observation on 9/17/2025 at 9:02 AM, Staff P, CNA was observed completing incontinence care, staff did not have on a gown while providing care. During an observation of medication administration on 9/17/2025 at 9:21 AM, Staff N, Licensed Practical Nurse (LPN) donned gloves but did not don a gown. Staff N scrubbed the needleless connector with alcohol for less than 1 second, did not allow the needleless connector to dry and immediately administered the normal saline, followed by the heparin. During an interview on 9/17/2025 at 1:53 PM, Staff P, CNA stated, I did not use a gown. She [Resident #175] is on enhanced barrier precautions and I should have done that when I did her incontinence care. During an interview on 9/17/2025 at 1:24 PM, Staff N, LPN stated, I should have used a gown when I flushed her [Resident #175] line, she is on enhanced barrier precautions. I should have cleaned the port (the needleless connector) longer. Review of the policy and procedure titled, Midline Catheter Flushing and Locking, last approval date of 1/20/2025, read, 4. Needleless connectors require vigorous cleansing with alcohol prior to accessing to reduce the risk of catheter-related bloodstream infections. Procedure: 7. Vigorously cleanse needleless connector with alcohol. Allow to air dry. 4. Review of Resident #18's face sheet documented diagnosis that included other streptococcal arthritis right knee, other chronic pain, multiple myeloma not having achieved remission, status gastrostomy, personal history of COVID-19, obstructive and reflux uropathy unspecified, and presence of urogenital implants. Review of Resident #18's physician order dated 8/26/2025, read, Enhanced barrier precautions r/t (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(related to) foley catheter/PEG (percutaneous endoscopic gastrostomy) every shift. During an observation on 9/17/2025 at 11:10 AM, Resident #18 was being provided incontinence care by Staff Q, CNA. Staff was observed wearing gloves but no gown. During an interview on 9/17/2025 at 11:37 AM, Staff Q, CNA stated, I should have worn a gown when I was changing him [Resident #18]. 5. Review of Resident #36's face sheet documented diagnosis that included vascular dementia, unspecified severity with anxiety, constipation unspecified, and rash and other nonspecific skin eruption. Review of Resident #36's physician order dated 9/10/2025, read, Enhanced barrier precautions due to wound per protocol. Review of Resident #36's physician order 9/10/2025, read, Wound Stage - 2 - site Rt (right) byttock {sic} change dsg (dressing) QD (every day) and PRN (as needed) cleanse w (with)NS (normal saline) dry with 4 x 4 gauze, skin prep periwound, apply hydrogel and cover w foam dressing. Observe area daily x 90 days once a day. During an observation on 9/17/2025 at 11:32 AM, Staff O, CNA, was observed providing incontinence care to Resident #36. Staff O was observed performing hand hygiene, donning gloves, but staff did not don a gown. During an interview on 9/17/2025 at 11:40 AM, Staff O, CAN, stated, I should have had on a gown too. 6. During an observation on 9/15/2025 at 9:54 AM, Resident #16's door had an enhanced barrier sign on the door with personal protective equipment outside of the door. Staff J, CNA, and Staff K, CNA, were using a Hoyer lift to transfer Resident #16. Staff J and Staff K were only wearing gloves and a surgical mask. Staff J, CNA, exited Resident #16 room. Staff K, CNA, was observed making Resident #16's bed without wearing a gown. Review of Resident #16's physician order dated 9/3/2025. read, Wound Stage 2-Site-Sacrum Change DSG [dressing], QOD [every other day] and PRN [as needed]. Cleanse w/ NS [normal saline] Dry with 4x4 Gauze, Skin Prep Periwound and Apply-Hydrocolloid patch observe area daily, x [times] 90 days. Review of Resident #16's physician order dated 9/15/2025, read, Enhanced Barrier Precautions r/t [related to] wound every shift; day, day, day. During an interview on 9/18/2025 at 8:30 AM, Staff K, CNA, stated, I normally work in the memory care unit and when I float [working different sections of the facility], unless the nurse tells, me I do not know if I have to wear the personal protective equipment. I should have used a gown when transferring and making [Resident #16's name] bed. During an interview on 9/18/2025 at 8:35 AM, the Director of Nursing stated, [Resident #16's name] has orders for enhanced barrier precautions. When staff transfer the resident in a Hoyer lift or make the resident's bed the staff should wear a gown and gloves. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Review of Resident #27's face sheet documented diagnosis that included acute pyelonephritis, type 2 diabetes mellitus with diabetic neuropathy unspecified, obstructive and reflux uropathy unspecified, sepsis unspecified organism, and urinary tract infection site not specified, and extended spectrum beta lactamase (ESBL) resistance. Review of Resident #27's physician order dated 9/15/2025, read, Meropenem recon (reconstituted) soln (solution) 1 gram: amt(amount): 1 gram: intravenous: Special instructions: Meropenem 1 GM (gram) q (every) 8 hours x (times)10 days. Dx (diagnosis) ESBL in urine. Review of Resident #27's physician order dated 8/27/2025, read, sodium chloride 0.9 % (flush) syringe, with swab cap: amt 10 ml (milliliters): injection; Special instructions: flush pre and post ABT (antibiotic) therapy. During an observation of medication administration on 9/17/2025 at 1:26 PM, Staff N, LPN performed hand hygiene, donned a gown, scrubbed the needleless connector to a right upper arm midline catheter for 1 second, did not allow the needleless connector to dry and then immediately attached intravenous antibiotic. During an interview on 9/17/2025 at 1:36 PM, Staff N, LPN, stated, I should have cleaned the connector longer than I did. I guess I didn't realize I needed to. During an interview on 9/17/2025 at 1:55 PM, the Director of Nursing (DON) stated, Staff should make sure they are wearing PPE when residents are on enhanced barrier precautions and follow all infection control practices. Review of the policy and procedure titled Enhanced Barrier Precautions, last approval date of 1/20/2025, read, Purpose: Multi-drug resistant organisms (MDRO) transmission is common in LTC (Long Term Care), contributing to substantial resident morbidity and mortality. Many residents/guests in nursing homes are at increased risk of becoming colonized and developing infections with MDRO's. Enhanced barrier precautions are an approach to the use of PPE(personal protective equipment) as a strategy to decrease transmission of CDC (Center for Disease Control) targeted MDRO's when contact precautions do not apply. The precautions are to be used during specific high contact resident/guest activities associated with MDRO transmission and do not involve room restrictions. EBP (Enhanced Barrier Precautions) is used in conjunction with standard precautions. Standard: Upon admission/readmission or when a current resident/guest meets the indications for enhanced barrier precautions, based upon CDC recommendations, these should be implemented, and the resident, representative, and staff should be informed. The ICPO (infection control prevention officer) and or DON (Director of Nursing) should maintain a list of all residents/guests that have been determined to require enhanced barrier precautions and if it is questionable whether or not a resident/guest should have these implemented, the DON or ICPO will review and make the final determination. Process: 1. A sign indicating the enhanced barrier precautions should be placed on the resident's door and if it is in a semiprivate room, it should be labeled for which bed. 3. EBP Requires donning of gown and gloves during high contact resident/guest care activities that provide opportunities for transfer of MDROs to staff's hands and clothing. 4. EBP is indicated for residents/guests with any of the following when contact precautions do not apply: Infection or colonization with a CDC-targeted MDRO when contact precautions do not otherwise apply or wounds and or indwelling medical devices even if the resident/guest is not known to be infected or colonized with a MDRO (wounds generally include chronic wounds, not short or lasting wounds, such as skin tears or skin breaks covered with an adhesive bandage (e.g Band-Aid or similar dressing. Examples of chronic wounds include but not (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	limited to pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. Indwelling medical device's examples include central lines, urinary catheters, feeding tubes, and tracheostomies. 5. EBP is employed while performing high contact resident/guest care activities dressing, bathing showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use central line, urinary catheter, feeding tube, tracheostomy, wound care any skin opening requiring a dressing.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accuracy of the Minimum Data Set (MDS) assessment reflecting accurate diagnoses for 2 (Resident #6 and #35) of 5 residents reviewed for Preadmission Screening and Resident Reviews (PASRR - a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care). Findings include: 1) Review of Resident #6's PASRR dated 8/16/2024 revealed Mood Disorder and PTSD (post-traumatic stress disorder) as the only diagnoses indicated. There was no bipolar disorder checked. Review of Resident #6's admission record revealed that he was initially admitted on [DATE] with medical diagnoses including bipolar disorder, unspecified (Date diagnosed: 8/14/2024); post-traumatic stress disorder, unspecified (8/12/2024); unspecified mood [affective] disorder (8/12/2024). Review of Resident #6's PASRR, Page 2, Section 1, documented under Other the following: Mood Disorder and PTSD (post-traumatic stress disorder). Bipolar Disorder was not checked. The bottom of page 2 read, Finding is based on (check all that apply) - Documented History. It was dated 8/16/2024. Review of Resident #6's Minimum Data Set (MDS), Quarterly Assessment (standardized clinical assessments used in long-term care facilities to gather comprehensive information on residents' physical, functional, cognitive, and psychosocial status) dated 8/27/2025, documented Bipolar Disorder and Post Traumatic Stress Disorder (PTSD) in Section I &dash; Active Diagnoses, under Psychiatric/Mood Disorder. In Section N &dash; Medications, under High-Risk Drug Classes, it was not documented that Resident #6 was taking antipsychotic medications or that there was an indication noted. During an interview on 9/16/2025 at 3:45 PM, the DON (Director of Nursing) stated that [Resident #6's Name] had another PASRR that included bipolar, but that his wife stated he never had a diagnosis of bipolar. A new PASRR was completed without the bipolar diagnosis included. Review of a document provided by the DON included a facsimile cover sheet documenting communication between the facility's Medical Social Worker (MSW) and MSW at [local hospital's name]. The second page was a letter written by the facility's MSW that read, [Resident #6's name] was admitted to [the facility's name] on August 12, 2024. I completed a check of his PASRR on August 13, 2024 and discovered it had an improper diagnosis on it. I spoke with [Resident #6's Name] and his wife and they both confirmed that he has never had bi-polar . I contacted the VA (Veteran's Administration) social worker in reference to confirming if [Resident #6's Name] had ever had a diagnosis of bi-polar I was advised that he has never had a diagnosis of bi-polar . I did log onto Acentra (a company that provides services to manage the Preadmission Screening and Resident Review process) and completed a new PASRR for [Resident #6's Name]. It has listed his PTSD and mood disorder . It was signed by the facility's MSW and dated 8/16/24. During an interview on 9/16/2025 at 4:00 PM, the Staff H, MDS LPN (Licensed Practical Nurse) stated that [Resident #6's Name] MDS Assessment on 8/27/2025 was a quarterly assessment and did not require review of a PASRR. They communicated frequently with the social worker but were not aware that [Resident #6's Name] did not have a diagnosis of bi-polar. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/16/2025 at 4:15 PM, the MSW stated that they had clinical meetings every morning where issues such as changes in residents' diagnoses or similar clinical issues were discussed. Her co-worker had reached out to the case manager at the VA and learned that [Resident #6's Name] had never had a diagnosis of bi-polar and that his hospital records did not list bi-polar as a diagnosis. She would communicate with their team, and they had room for improvement. During an interview on 9/16/2025 at 4:37 PM, the DON stated that the issue regarding [Resident #6's Name] not having a diagnosis of bi-polar was never discussed at a facility level. 2) Review of Resident #35's admission record documented an admission date of 5/12/2025 with diagnoses including mood disorder due to known physiological condition with mixed feature and insomnia. Review of Resident #35's physician order dated 6/12/2025 read, Melatonin tablet; 3mg [milligram]; amt [amount]: 2 tabs [tablets]; oral Special Instructions: 2 tabs=6 mg [two tablets equal six milligrams] for insomnia at bedtime; 9:00PM. Review of Resident #35's Minimum Data Set (MDS) Quarterly assessment dated [DATE], Section I: Active Diagnoses did not document insomnia or mood disorder as an active diagnosis. Review of Resident #35's progress note dated 5/13/2025, read, Plan: Mood disorder: History of seroquel and olanzapine that are no longer active at this time. Continue trazadone. Monitor behaviors. Insomnia. Continue melatonin. Review of Resident #35's psychiatry subsequent note dated 7/17/2025, read, Chief Complaint: Depression, anxiety, dementia, mood disorder, insomnia, and Parkinson's disease. Assessment and Plan: Mood Disorder: The history suggest that the patient has experienced severe mood swings causing emotional distress. As the mood swings are requiring monitoring and as needed intervention, the patient qualifies for that diagnosis. Insomnia: The history suggest that the patient has suffered from significant sleep problems. The sleep disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition. During an interview on 9/17/2025 at 1:15 PM, Staff H, Minimum Data Set Licensed Practical Nurse, stated, [Resident #35's Name] MDS did not include insomnia as an active diagnosis. [Resident #35's Name] was taking melatonin for the look back period. The assessment should be corrected. During an interview on 9/18/2025 at 9:41 AM, the Regional MDS Case Manager stated, [Resident #35's Name] should have mood disorder coded in her MDS Section I. We had [Resident #35's Name] care planned, and it was part of her diagnoses. We follow the RAI [Resident Assessment Instrument] for the MDS.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review the facility failed to submit a Preadmission Screening and Resident Review (PASRR) Level II for 1 of 6 reviewed for behavioral health management. (Resident #35) Findings include: Review of Resident #35's admission record documented an admission date of 5/12/2025 with diagnoses including mood disorder due to known physiological condition with mixed feature, depression, anxiety, and adjustment disorder. Review of Resident #35's PASSR dated 1/30/2024 read, Section IV: PASRR Screen Completion. Individual may not be admitted to a Nursing Facility. Use this form and required documentation to request a Level II PASSR evaluation because there is a diagnosis or suspicion of (Check one of the following): Serious Mental Illness. Review of Resident #35's progress note dated 5/13/2025 read, History of Present Illness: Did require soft restraints to avoid self-harm while in hospital. Had as needed Seroquel in place however was discontinued while in hospital with olanzapine started twice daily x 3 days then reduce to daily with trazadone twice daily as needed in place. Plan: Mood disorder: History of Seroquel and olanzapine that are no longer active at this time. Continue trazadone, monitor behaviors. Depression. Continue Remeron, monitor weights. Dementia with agitation continue donepezil. Monitor behaviors. Review of Resident #35's record did not document a PASSR Level II evaluation or completion. During an interview on 9/18/2025 at 7:29 AM, the Social Services Director stated, I don't see a PASSR Level II for [Resident #35's name]. I would have to look in the system. During an interview on 9/18/2025 at 8:04 AM, the Director of Nursing stated, PASSR Level II was not done for [Resident #35's Name], resident came from another facility, and we assumed that it was done. We would have to complete one and submit it. Review of the policy and procedure titled, Pre-admission Screening for Mental Retardation and Mental Illness with a last review date of 1/20/2025, read, Purpose: To ensure that individuals with mental retardation or mental illness receive the care and services they need, in the most appropriate setting and have medical needs that outweigh their mental needs. Process: The nursing facility is responsible for ensuring that a Level I screening is completed, submitted and has a Level I Determination and/or a Level II if indicated, on or before nursing home admission and regardless of payment source.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on record review and interview, the facility failed to ensure Preadmission Screening and Resident Review (PASRR) was accurately completed for 1of 6 residents reviewed for behavioral health management. (Resident #42) Findings include:Review of Resident #42's admission record documented an admission date of 9/05/2024 with diagnoses including depression [onset date 9/05/2024]. Review of Resident #42's PASSR dated 9/5/2024 did not show depression disorder under mental illness or suspected mental illness under Section I: PASSR Screen Decision-Making. Review of Resident #42's physician order dated 9/13/2024 read, Mirtazapine tablet; 7.5mg [milligram]; amt [amount]: 1 tab [tablet]; oral [Dx (Diagnoses): Depression, unspecified]. Review of Resident #42's psychiatry subsequent note dated 11/14/2024 read, Chief Complaint: depression and anxiety. During an interview on 9/17/2025 at 12:11 PM, the Director of Nursing stated, [Resident #42's name] PASSR was incorrect. Upon admission of the residents the admission department looks to make sure it [PASSR] is accurate and social services is responsible for submitting a new one if it is not accurate. Sometimes the hospital will not send the PASSR until the resident is in the building.During an interview on 9/18/2025 at 8:29 AM, the Social Service Director stated, [Resident #42's name] should have had an updated PASSR upon admission to include the depressive diagnosis. Review of the facility policy and procedure titled Pre-admission Screening for Mental Retardation and Mental Illness with a last approved date of 1/20/2025 read, Purpose: To ensure that individuals with mental retardation or mental illness receive the care and services they need, in the most appropriate setting and have medical needs that outweigh their mental needs. Process: The nursing facility is responsible for ensuring that a Level I screening is completed, submitted and has a Level I Determination and/or a Level II if indicated, on or before nursing home admission and regardless of payment source.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review the facility failed to provide wound care dressing changes within professional standards of practice for 2 (Resident #127 and #92) of 4 residents reviewed for wound care. Findings include: 1) During an observation on 9/15/2025 at 10:39 AM, Resident #127 was observed in bed with a dressing on her chin that was dated 9/13/2025. Review of Resident #127's admission record documented diagnosis that included unspecified asthma uncomplicated, personal history of transient ischemic attack (TIA) and cerebral infarction (a stroke) without residual deficits, personal history of venous thrombosis and embolism (a blood clot in a vein), chronic obstructive pulmonary disease unspecified, hyperlipidemia specified (high cholesterol), atherosclerotic heart disease of native coronary artery (a condition where the arteries in the heart become narrow or blocked with plaque) without angina pectoris (chest pain), unspecified convulsions (seizures), and essential primary hypertension (high blood pressure). Review of Resident #127's physician order dated 9/9/2025 read, [NAME] change dressing cleanse w(with)/NS (normal saline) pat dry cover with dry dressing, observe area daily x 90 days special instructions: Dx (diagnosis):boil once a day. Review of Resident #127's treatment administration record (TAR) for September 2025 documented a dressing change day shift on 9/14/2025. During an interview on 9/15/2025 at 10:47 AM, Staff M, Licensed Practical Nurse (LPN) verified that the date on the dressing was 9/13/2025 and stated that it is ordered as a daily dressing and should have been changed. 2) During an observation on 9/15/2025 at 9:38 AM, Resident #92 was sitting in his wheelchair in his room. There was a dressing on each of his legs dated 9/12/25. [photographic evidence obtained] During an observation on 9/15/2025 at 11:20 AM, Resident #92 was in his room getting ready to be transported by a staff member, dressings on lower legs dated 9/12/25. Review of Resident #92's physician orders dated 9/5/2025, read, Arterial wound site LT [left] lower leg change DSG-QOD [dressing-every other day] and prn [as needed]. Cleanse w/ns [with normal saline] dry with 4x4 gauze apply skin prep peri wound, apply collagen powder, cover w [with]/foam dressing observe area daily x [times] 90 days once a day every other day. Review of Resident #92's physician order 9/5/2025, read, Arterial wound site RT [right] lower leg change DSG-QOD and prn cleanse w/ns dry with 4x4 gauze apply skin prep peri wound, apply collagen powder, cover w/ foam dressing observe area daily x 90 days once a day every other day. Review of Resident #92's progress notes from 9/14/2025 did not document any attempts to do dressing changes. During an interview on 9/17/2025 at 1:50 PM, Staff I, Licensed Practical Nurse, stated, I don't recall what happened on Sunday [9/14/2025]. If the system does not show that I need to do a dressing change that day I would not know that the resident has wound care due. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/17/2025 at 3:00 PM, the Director of Nursing stated, The staff should be doing dressing changes as ordered and prn. If the dressing was done earlier, it [dressing] should also be changed as scheduled and also when needed. Review of the policy and procedure titled, Dressing-Clean, with a last review date 1/20/2025, read, Purpose: To provide guidelines for the care of wounds and soiled dressing, to decrease the potential for nosocomial infection. Each wound site should be treated individually.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure peripherally inserted catheters and midline catheter dressing changes were completed according to professional standards of practice and intravenous fluid was administered according to facility policy and procedure and professional standards of practice for 2 (Resident #175 and #27) of 2 residents reviewed with a peripherally inserted central catheter line or midline catheter. Findings include: 1) Review of Resident #175's admission record documented diagnosis that included osteomyelitis (infection of the bone) of vertebra lumbar region, type 2 diabetes mellitus without complications, hypertensive heart disease with heart failure, heart disease unspecified, chronic gastric ulcer without hemorrhage or perforation, unspecified abdominal hernia, anxiety disorder unspecified, adult failure to thrive, hypothyroidism unspecified, depression unspecified, unspecified glaucoma, hyperlipidemia unspecified, retention of urine, anemia unspecified and essential (primary) hypertension. Review of Resident #175's physician order dated 9/10/2025, read, PICC (peripherally inserted central catheter) line dressing change: cleanse with disinfectant, pat dry, cover w(with)/transparent dressing as needed. Review of Resident #175's physician order dated 9/10/2025, read, PICC line flush each lumen w/normal saline flush, after medication administration use at least a 10 cc (cubic centimeter) syringe every shift. Review of Resident #175's physician order dated 9/10/2025, read, PICC line flush each lumen w/heparin lock 10 units/ml (milliliter) every use, at least a 10 cc (cubic centimeters) syringe every shift. During an observation on 9/16/2025 at 8:53 AM, Resident #175 was observed resting in bed with a left upper arm single lumen PICC line with a date of 9/10/2025, the edges of the transparent dressing were lifting on all sides and exposing the insertion site to air. During an observation of medication administration for Resident #175 on 9/17/2025 at 9:21 AM, Staff N, Licensed Practical Nurse (LPN) cleaned the needleless connector for 1 second with alcohol, did not allow the needleless connector to dry and immediately administered 10 milliliters of normal saline followed by the heparin flush. Staff N, LPN did not attempt to verify placement of the PICC line by attempting to aspirate for blood prior to administering medications. During an interview on 9/17/2025 at 1:24 PM, Staff N, LPN, stated, I should have cleaned the port (the needleless connector) longer. I did not verify placement. I did not aspirate to see if I got blood return. I did not clean the hub between the normal saline and heparin. The dressing should have been changed. During an interview on 9/17/2025 at 1:55 PM, the Director of Nursing (DON) stated all staff should follow the policy for administering medications in a central line. Review of the policy and procedure titled, Midline catheter dressing change, last revision date of 6/2024, read, Considerations: 1. The catheter insertion site is a potential entry site for bacteria that may cause a catheter-related infection. Guidance: 1. Sterile dressing change using transparent dressings is performed: 1.3. If the integrity of the dressing has been compromised (wet, loose or soiled). Review of the Centers for Disease Control and Prevention (CDC) Summary of Recommended Frequency of Replacements for Catheters, Dressings, Administration Sets, and Fluids with a publication date of August 9, 2002, read Replacement of catheter site dressing for midline catheters was to Replace dressing when the catheter is removed or replaced, or when the dressing becomes damp, loosened, or soiled. Replace dressings more frequently in diaphoretic patients. In patients who have large bulky dressings that prevent palpitation or direct visualization of the catheter insertion site, remove the dressing and visually inspect the catheter at least daily and apply new dressing. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5132a9.htm. 2) Review of Resident #27's admission record documented diagnosis that include acute pyelonephritis, type 2 diabetes mellitus with diabetic neuropathy unspecified, obstructive and reflux uropathy unspecified, sepsis unspecified organism, and urinary tract infection site not specified, and extended spectrum beta lactamase (ESBL) resistance. Review of Resident #27's physician order dated 9/15/2025, read, Meropenem recon (reconstituted) soln (solution) 1 gram: amt: 1 gram: intravenous: Special instructions: Meropenem 1 GM (gram) q (every) 8 hours x 10 days. Dx (diagnosis) ESBL in urine. Review of (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #27's physician order dated 8/27/2025, read, sodium chloride 0.9 % (flush) syringe, with swab cap: amt (amount) 10 ml (milliliters): injection; Special instructions: flush pre and post ABT (antibiotic) therapy. During an observation of medication administration for Resident #27 on 9/17/2025 at 1:26 PM, Staff N, LPN, performed hand hygiene, donned a gown, scrubbed the needleless connector to a right upper arm midline catheter for 1 second, did not allow the needleless connector to dry and immediately administered 10 milliliters of normal saline and attached the intravenous antibiotic to the needleless connector. Staff N, LPN did not attempt to verify placement of the midline catheter by attempting to aspirate for blood prior to administering the medications. During an interview on 9/17/2025 at 1:36 PM Staff N, LPN, stated, I should have cleaned the connector longer than I did. I guess I didn't realize I needed to. I should have tried to verify the placement. Review of the policy and procedure titled, Midline Catheter Flushing and Locking last approval date of 1/20/2025 read, To be performed by licensed nurses according to state law and facility policy. The nurse is responsible and accountable for obtaining and maintaining competence with infusion therapy within his or her scope of practice. Considerations: 3. Flushing/locking is performed to ensure and maintain catheter patency and to prevent the mixing of incompatible medications/solutions. 4. Needleless connectors require vigorous cleansing with alcohol prior to accessing to reduce the risk of catheter-related bloodstream infections. Guidance: 5. Catheter patency must be verified prior to each medication administration. To assess patency, aspirate the catheter to obtain positive blood return. The aspirated blood should be the color and consistency of whole blood. Procedure: 7. Vigorously cleanse needleless connector with alcohol. Allow to air dry. 9. Attach syringe filled with prescribed flushing agent to needleless connector. Aspirate the catheter to obtain positive blood return to verify vascular access patency. 10. Flush while observing for signs and symptoms of complications/infiltration. 11. Disconnect syringe. If heparin is indicated, vigorously cleanse needleless connector with alcohol and allow to air dry. Lock with prescribed heparin flush solution. Clamp extension set, if applicable.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on interview and record review the facility failed to ensure accurate nurse staffing information was posted on a daily basis on 1 of 4 days of the survey. Findings include: During an observation on 9/15/25 at 9:00 AM, the nurse staffing information was posted and dated for 9/12/25 (photographic evidence). During an observation on 9/15/25 at approximately 3:00 PM, nurse staffing information was posted and dated for 9/12/25. During an interview on 9/16/25 at 11:20 AM, the Administrator, stated, I noticed the posting was not updated. The expectation is for the staffing to be posted daily, it was in the process of being updated.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents' drug regimens were free from unnecessary drugs, specifically without adequate monitoring or adequate indications for use, in 2 (Resident #62 and Resident #152) out of 7 residents reviewed for unnecessary medications. 1) Review of Resident #152's physician orders dated 03/30/2022 read, Midodrine [a prescription oral medication primarily used to treat severe symptomatic orthostatic hypotension, a condition that causes a sudden drop in blood pressure] tablet 5mg (milligram): amt (amount) 1 tab Oral. Special Instructions: Dx (diagnosis) Hypotension [blood pressure is abnormally low, preventing adequate blood flow to the brain and heart]; Do not give post 6pm; Hold for systolic [the pressure in your arteries when your heart pumps blood throughout your body. It is represented by the top number in a blood pressure reading.] BP (blood pressure) greater than 120. Review of Resident #152's Medication Administration Record (MAR) for July 2025 documented Midodrine 5mg tablet was administered outside of physician's parameters for systolic blood pressure greater than 120 on 07/04/2025 at 6:00 AM, B/P 123/64; 07/08/2025 at 12:00 PM, B/P 122/70; and 07/23/2025 at 6:00 PM, B/P 129/71. Review of Resident #152's MAR for July 2025 documented Midodrine 5mg tablet was held outside of physician's parameters for systolic blood pressure less than 120 on 07/21/2025 at 12:00 PM, B/P 116/70. Review of Resident #152's MAR for August 2025 documented Midodrine 5mg tablet was administered outside of physician's parameters for systolic blood pressure greater than 120 on 08/06/2025 at 6:00 PM, B/P 128/79; 08/20/2025 at 6:00 PM, B/P 127/87; 08/23/2025 at 12:00 PM, B/P 122/70; 08/31/2025 at 6:00 PM, B/P 128/78. Review of Resident #152's MAR for September 2025 documented Midodrine 5mg tablet was administered outside of physician's parameters for systolic blood pressure greater than 120 on 09/07/2025 at 12:00 PM, B/P 122/60; 09/07/2025 at 6:00 PM, B/P 122/78; 09/14/2025 at 6:00 AM, B/P 121/57; 09/14/2025 at 6:00 PM, B/P 129/69. Review of Resident #152's MAR for September 2025 documented Midodrine 5mg tablet was held outside of physician's parameters for systolic blood pressure less than 120 on 09/21/2025 at 12:00 PM, B/P 104/60. Review of Resident #152's face sheet documented a most recent admission date of 01/03/2019, with medical diagnoses that included other specified symptoms and signs involving the circulatory and respiratory systems, essential (primary) hypertension [a medical condition where blood consistently flows through arteries at a higher-than-normal pressure] and unspecified intellectual disabilities. Review of Resident #152's MDS (Minimum Data Set) assessment dated [DATE] documented a BIMS (Brief Interview for Mental Status) score of 03 [indicate severely impaired cognition]. Review of Resident #152's resident centered plan of care documented, Problem: Potential for fall and fx (fracture [of bones]) r/t (related to) osteoporosis [disease where bones become weak and brittle, increasing fracture risk], pvd (peripheral vascular disease), incont (incontinence) status, psych meds ([receiving] psychiatric medications), htn (hypertension), unspec (unspecified) intellectual deficits . (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Goal: I don't want to fall for 90 days. Approaches: Medication review; Orthostatic bp (blood pressure) [medication] as ordered. During an interview on 09/17/2025 at 3:42 PM, Staff A, RN (Registered Nurse), Unit Manager stated that he did administer Resident #152's Midodrine at 6:00 PM on 9/14/2025 and that he should have held it because her systolic blood pressure was outside of the parameter in the physician's order. During an interview on 09/17/2025 at 4:18 PM, Staff C, LPN (Licensed Practical Nurse), stated that she gave the medication if her name was there [on the Medication Administration Record (MAR)]. During an interview on 9/17/2025 at approximately 5:15 PM, the DON (Director on Nursing) stated that she expected nurses to follow the physician's orders, including parameters, when administering medications. 2) Review of Resident #62's physician order dated 9/5/2024 read, Midodrine tablet: 10mg [milligram]; amt [amount]:1 tab oral. Twice a day. 1: 9:00AM, 2: 5:00PM. Special Instructions: Hold for SBP [Systolic Blood Pressure] Greater than 130 may crush. Review of Resident #62 Medication Administration Record for the month of September 2025 documented Midodrine 10mg was given on 9/1/2025 at 5:00PM with a systolic blood pressure of 142, 9/3/2025 at 9:00 AM with a systolic blood pressure of 140, 9/6/2025 at 5:00PM with a systolic blood pressure of 144, and on 9/9/2025 at 9:00AM with a systolic blood pressure of 135. During an interview on 9/16/2025 at 1:42 PM, Staff G, Licensed Practical Nurse (LPN), stated, If my name is on the MAR and it documents I gave it then I did give it. During an interview on 9/17/2025 at 8:20 AM, the DON stated, Nursing staff are to check the residents blood pressure and follow the parameters when giving medication and follow physicians order.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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 and interview, the facility failed to ensure medical records were complete and accurate for pain management and adrenergic agonist medication administration for 3 of 8 residents reviewed for medication management (Resident #42, Resident #62, and Resident #152). Findings include: 1) Review of Resident #42's physician order dated 12/09/2024 read, Pain assessment chart highest degree of pain by scale 0-10 for your shift. Chart every shift. Review of Resident #42's physician order dated 4/28/2025 read, oxycodone -Schedule II tablet; 10mg [milligram]; amt [amount]: 1 tab [tablet]; oral Special Instructions: prn [as needed] for severe pain level 5-10. Review of Resident #42's physician order dated 1/16/2025 read, Oxycodone-Schedule II tablet; 10mg; amt: 1 tab; oral Twice a Day; 06:00AM, 06:00PM. Review of Resident #42's Medication Administration Record (MAR) for the month of August 2025 for as needed Oxycodone 10mg documented on 8/1/2025 at 2:38 PM pain level was 5, 8/2/2025 at 12:57 PM pain level was 8, 8/9/2025 at 11:11 AM pain level was 5, 8/13/2025 at 12:12 PM pain level was 7, 8/15/2025 at 12:47 PM pain level was 5, 8/18/2025 at 10:06 AM pain level was 6, 8/23/2025 at 12:13 PM pain level was 6, 8/24/2025 at 2:08PM pain level was a 6. Review of Resident #42's General Administration History for the month of August 2025 for Pian Assessment every shift documented a zero as the highest pain level for the 7-3 pm shift on 8/1/2025, 8/2/2025, 8/9/2025, 8/13/2025, 8/15/2025, 8/18/2025, 8/23/2025 and 8/24/2025. Review of Resident #42's MAR for the month of September 2025 for as needed Oxycodone 10 mg read, 9/1/2025 at 2:32 PM pain level was a 5, and 9/15/2025 at 12:58 PM pain level was a 5. Review of Resident #42's General Administration History for the month of September 2025 for Pain Assessment every shift documented a zero as the highest pain level for the 7-3 pm shift on 9/1/2025 and 9/15/2025. Review of Resident #42's MAR for the month of September 2025 for scheduled Oxycodone 10 mg documented, 9/2/2025 at 9:18 PM late administration: charted late, 9/4/2025 at 9:56 PM late administration: charted late, and on 9/7/2025 at 7:01 PM late administration charted late. Review of Resident #42's MAR for the month of August 2025 for Oxycodone 10 mg documented, 8/2/2025 at 7:21 AM late administration: charted late, 8/4/2025 at 8:05 PM late administration: charted late, 8/10/2025 at 9:56 AM late administration: other, 8/11/2025 at 7:42 AM late administration: other comment: not late, and 8/15/2025 at 9:14 PM late administration: charted late. Comment: delayed charting. During an interview on 9/16/2025 at 12:50 PM, Staff D, Licensed Practical Nurse (LPN) stated, The pain assessment will pop up on my 7AM to 3PM shift. I wait and ask her [Resident #42] what her pain level is. I will ask her towards the end and see if it's still the 7 or if it has changed and that is what I will document. What the resident verbalizes to be close to end of shift. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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	During an interview on 9/17/2025 at 8:14 AM, the Director of Nursing stated, The staff should be asking throughout the shift and fill out at the pain assessment at the end of shift with the highest pain level that was reported at that shift. The charted late note in the MAR means that the staff are documenting outside the two hour window. The system will say, Hey! Why are you giving it at this time? and the staff will have to write an explanation. Staff are expected to document accurately when medication is given. During an interview on 9/17/2025 at 11:02 AM, Staff E, LPN stated, I think they have a pain assessment in the MAR for the end of shift. I think I need to leave the assessment for the end of shift. I click it off early sometimes. I will ask her [Resident #42] after giving her the pain medication and check back and she will tell me it's a zero and that is what I will document but it's not a zero because I gave her medication for the pain. A lot of the time I give medication, and I forget to click the medication off. I will click prep and give it to the patient and then go to the next patient. Then I remember and come back to it. I always click prep but don't click it off at the end. I give the medication on time it is not late. During an interview on 9/17/2025 at 1:44 PM, Staff F, LPN stated, This system when you click prep and complete the medication pass it is difficult to look back. I am more familiar with [name of clinical software] that you are able to look back at the end of day. I will give the medication on time; it is not late. The pain assessment I normally do it in the morning and when giving her [Resident #42] the medication. I had not been doing the assessment at end of shift. I ask when giving medication and as needed what her pain level is. During an interview on 9/18/2025 at approximately 8:35 AM, the DON stated, The staff are supposed to click prep and then save so that the administration is completed and it does not show in the system as a late administration. They should complete the documentation of one patient before moving on to the next patient when giving medication. 2) Review of Resident #62's physician order dated 9/5/2024 read, Midodrine tablet: 10mg; amt:1 tab oral. Twice a day. 1: 9:00AM, 2: 5:00PM. Special Instructions: Hold for SBP [Systolic Blood Pressure] Greater than 130 may crush. Review of Resident #62's MAR for the month of September 2025 documented Midodrine 10mg was given on 9/1/2025 at 5:00 PM systolic blood pressure was 142, 9/3/2025 at 9:00 AM systolic blood pressure was 140, 9/6/2025 at 5:00 PM systolic blood pressure was 144, and 9/9/2025 at 9:00 AM systolic blood pressure was 135. During an interview on 9/17/2025 at 11:00 AM, Staff E, LPN stated, I am positive I didn't give her [Resident #62] the medication. I might have clicked all medication and gotten the blood pressure and seen the medication should be held and not given to the resident. I normally wait and then click it off. I accidentally click off everything. During an interview on 9/17/2025 at 1:44 PM, Staff F, LPN stated, I don't recall that day. I would normally would have held it [midodrine] with that blood pressure. During an interview on 9/18/2025 at approximately 8:35 AM, the DON stated, The nurses should first check the patient's blood pressure and then prep the medication. They should not be clicking all the medications as prep because it can document in the system the medication was given when it was not given. Documentation should be accurate. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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	Review of the facility policy and procedure titled, Charting and Documentation Guidelines with a last review date of 1/20/2025, read, Process: I. Rules for charting and Documentation: b) Be concise, accurate and complete and use objective terms. Avoid meaningless entries. IV. Late Entries. Clearly identify late entries. Entries are labeled as late entry. Record the time and date of the entry and identify the time and date entry should have been made. 3) Review of Resident #152's physician orders dated 03/30/2022, read, Midodrine [a prescription oral medication primarily used to treat severe symptomatic orthostatic hypotension, a condition that causes a sudden drop in blood pressure] tablet 5 mg (milligrams): amt (amount) 1 tab (tablet) Oral. Special Instructions: Dx (diagnosis) Hypotension [blood pressure is abnormally low, preventing adequate blood flow to the brain and hear]; Do not give post 6 pm; Hold for systolic [the pressure in your arteries when your heart pumps blood throughout your body. It is represented by the top number in a blood pressure reading.] BP (blood pressure) greater than 120. Review of Resident #152's MAR from 07/01/2025 through 09/16/2025 documented 3 instances when administration of Midodrine was not documented accurately. Review of Resident #152's MAR for July 2025 showed that the documentation for Midodrine 5 mg tablet with corresponding blood pressure reading was incorrectly documented for systolic blood pressure greater than 120 on 07/10/2025 at 6:00 PM, no B/P documented, medication held; 07/24/2025 at 6:00 PM, no B/P documented, medication held. Review of Resident #152's MAR for August revealed that the documentation for Midodrine 5 mg tablet with corresponding blood pressure reading was incorrectly documented for systolic blood pressure greater than 120 on 08/11/2025 at 6:00 PM, no B/P documented, medication held. Review of Resident #152's MAR for September 2025 revealed that the documentation for Midodrine 5 mg tablet with corresponding blood pressure reading was incorrectly documented for systolic blood pressure greater than 120 on 09/04/2025 at 12:00 PM, B/P documented as 122/76, medication given; 09/08/2025 at 6:00 PM, no B/P documented, medication held. Review of Resident #152's face sheet documented a most recent admission date of 01/03/2019, with medical diagnoses that included other specified symptoms and signs involving the circulatory and respiratory systems, essential (primary) hypertension [a medical condition where blood consistently flows through Review of Resident #152's MDS (Minimum Data Set) assessment dated [DATE] documented a BIMS (Brief Interview for Mental Status) score of 03 [indicate severely impaired cognition]. Review of Resident #152's resident centered plan of care documented, Problem: Potential for fall and fx (fracture [of bones]) r/t (related to) osteoporosis [disease where bones become weak and brittle, increasing fracture risk], pvd (peripheral vascular disease), incont (incontinence) status, psych meds ([receiving] psychiatric medications), htn (hypertension), unspec (unspecified) intellectual deficits . Goal: I don't want to fall for 90 days. Approaches: Medication review; Orthostatic bp (blood pressure) [medication] as ordered. During an interview on 09/17/2025 at 4:10 PM, Staff B, LPN stated that if he charted that he gave Resident #152's Midodrine on 9/04/2025 at 12:00 PM then he felt certain he had given it. He was familiar with the parameter to hold the medication if the systolic blood pressure was greater than 120. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ocala Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 SE 24th Rd Ocala, FL 34471	
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	He did not think he would have given the medication outside of the parameter, but he might have documented the wrong blood pressure when he charted 122/76. During an interview on 9/17/2025 at approximately 5:15 PM, the DON (Director on Nursing) stated that she expected nurses to follow the physician's orders, including parameters, when administering medications. If a medication was held, she expected the correct information to be documented and the physician to be notified that the medication was held.		