STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105325	A. Building B. Wing	08/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Space Coast Healthcare and Rehabilitation Center	125 Alma Blvd Merritt Island, FL 32953

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility neglected to ensure necessary care and services were provided by ensuring nurses coordinated with physicians to provide proper provision of care for 1 of 1 resident reviewed for insulin-dependent Diabetes Mellitus with an insulin pump, of a total sample of 5 residents, (#1). The facility failed to recognize the critical need for insulin orders and blood glucose finger sticks upon admission and failed to implement physician ordered finger stick blood glucose monitoring after it was prescribed. These combined failures in care coordination resulted in a lack of proper blood glucose monitoring and treatment for eight days, during which the resident developed Diabetic Ketoacidosis (DKA), a life-threatening condition. The resident required emergency 911 transfer to the hospital and re-hospitalization with Intensive Care Unit (ICU) level care, for 5 days. DKA is a life-threatening complication that affects people with diabetes and requires immediate medical attention. DKA happens when your body doesn't have enough insulin (an essential hormone that helps your cells use sugar for energy). Lack of insulin causes your liver to break down body fat for energy causing your blood to become acidic, which creates an emergency medical situation. People with type 1 diabetes can develop DKA at any point if they don't get enough insulin. Without treatment, DKA is fatal. Causes of DKA include missing a dose or more of insulin shots, or a clogged or empty insulin pump. DKA is diagnosed if your blood glucose level is above 250 milligrams/deciliter (mg/dL), your blood is acidic, you have ketone (acid molecules) in your urine or blood, and your blood bicarbonate level is lower than 18 milliequivalents/ liter. An insulin pump is a wearable medical device that supplies a continuous flow of rapid-acting insulin underneath your skin. Most pumps are small, computerized devices that are roughly the size of a juice box or a deck of cards. Finger stick tests are primarily used to monitor blood glucose levels, which is crucial for managing diabetes. Regular monitoring can prevent complications associated with high or low blood sugar, (retrieved from my.clevelandclinic.org on 8/08/25). Resident #1 was hospitalized for five days requiring critical care in the ICU, and an intravenous (IV) insulin drip. She returned to the facility on 5/23/25 for continued recovery and therapy until 6/18/25, when the resident had a planned discharged to an inpatient rehabilitation hospital. From admission on [DATE], the facility's nurses did not coordinate vital care needs with the on-call provider to ensure finger stick blood glucose monitoring and insulin orders were implemented on admission. On 5/13/25, the Interdisciplinary Team (IDT) reviewed resident #1's hospital records and admission orders. The IDT failed to recognize finger stick and insulin orders were missing for a high-risk resident with an insulin pump. On 5/14/25, the attending physician and Advanced Practice Nurse Practitioner (APRN) jointly assessed resident #1. On 5/15/25, the attending physician entered an order for finger stick blood glucose testing in the Electronic Medical Record (EMR). Nurses failed to properly finalize the order to link to the Medication Administration Record (MAR) in which prompts notified nurses to perform the tests. The resident's primary care providers did not recognize test results were missing that if implemented, would have detected resident #1's unstable blood glucose levels and prevented complications, worsening of condition, and mitigated the risk of serious injury/impairment/death with the implementation of appropriate interventions. Eight days after resident #1 arrived at the facility, on Monday, 5/19/25, a nurse observed the resident sitting on the floor in her room. After performing two finger stick blood glucose tests with readings of high (exceeded device measurement parameters), physician's orders were obtained to transport the resident to the hospital via 911 Emergency Medical Services (EMS) for dangerously high blood sugar. The facility's neglect to recognize and implement proper provision of care and services for a high-risk resident with type I Diabetes Mellitus and an insulin pump contributed to the destabilization of resident #1's medical conditions and placed all residents at risk for neglect and serious injury/impairment/death. For eight days, the facility was unaware resident #1 was missing critical clinical monitoring and insulin until the resident's condition worsened with weakness and altered mental status and she fell. This failure resulted in Immediate Jeopardy which began on 5/12/25. Findings: Cross reference F635 and F726 Review of the medical record revealed resident #1, a [AGE] year old female was admitted to the facility from an acute care hospital on 5/12/25 with diagnoses that included: acute metabolic encephalopathy (brain dysfunction), diabetes mellitus, hyperglycemia (high blood sugar), other seizures, pneumonia, hypotension (low blood pressure), dependence on renal (kidney) dialysis, and history of venous thrombosis/embolism (blood clot). The Minimum Data Set (MDS) 5-day Assessment with an Assessment Reference Date of 5/19/25 showed during the look-back period, resident #1 scored 15 out of

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interview, and record review, the facility failed to report an incident involving possible neglect to the State Agency (SA) within the required timeframes for 1 of 3 residents reviewed for neglect, of a total sample of 5 residents, (#1). The facility did not report possible neglect regarding a rehospitalization involving a resident with type 1 diabetes and an insulin pump who had not received physician's ordered finger stick blood glucose monitoring or insulin and was subsequently re-hospitalized for Diabetic Ketoacidosis (DKA). The deficient practice had the potential to place residents at risk for unreported neglect and delayed investigation. DKA is a life-threatening complication that affects people with diabetes which requires immediate medical attention. DKA happens when your body doesn't have enough insulin (an essential hormone that helps your cells use sugar for energy). Lack of insulin causes your liver to break down body fat for energy causing your blood to become acidic, which creates a medical emergency. People with type 1 diabetes can develop DKA at any point if they don't get enough insulin, and without treatment, DKA is fatal. Causes of DKA include missing a dose or more of insulin shots, or a clogged or empty insulin pump. An insulin pump is a wearable medical device that supplies a continuous flow of rapid-acting insulin underneath your skin. Finger stick tests are primarily used to monitor blood glucose levels, which is crucial for managing diabetes. Regular monitoring can prevent complications associated with high or low blood sugar, (retrieved from my.clevelandclinic.org on 8/08/25).Findings:Review of resident #1's Minimum Data Set (MDS) Discharge Return Anticipated Assessment with an Assessment Reference Date (ARD) of 5/19/25 showed the resident was discharged from the facility to an acute care hospital. The MDS 5-day Assessment with an ARD of 5/19/25 showed during the look-back period, resident #1 scored 15 out of 15 on the Brief Interview for Mental Status that indicated she was cognitively intact. She was noted with an altered level of consciousness that fluctuated and changed in severity. No behaviors or rejections of evaluation or care were noted. The assessment showed no insulin injections were administered. The resident received hemodialysis before admission and during the stay.Resident #1's Care Plan Report showed a care plan was initiated on 5/13/25 and revised on 6/03/25 for Activities of Daily Living (ADLs) self-care performance deficit related to Diabetes type I, history of recent DKA, encephalopathy, history of acute kidney injury, dependence on dialysis, chronic hypotension, neuropathy, hypothyroidism, and asthma. Interventions included for nurses to monitor/document/report any changes or declines in function. Other care plans included: (5/13/25) Diabetes Mellitus with a goal for no complications and interventions for diabetes medication as ordered by doctor, medication education with verbal understanding, labs, food/nutrition substitutions, and nurse monitoring for abnormal blood glucose signs/symptoms; (5/13/25) risk for falls related to weakness, limited mobility, seizure history, hypoglycemic use, fall risk score, and fall history; (5/13/25), pain and pain medication, right chest dialysis catheter monitoring, nutritional problems related to diabetes, kidney disease, and dialysis; (5/16/25) adverse effects of high-risk medication monitoring, risk for pressure injuries, (5/27/25) seizure history, and indwelling urinary catheter with failed voiding trial, dehydration or potential fluid deficit related to diuretic medication, hemodialysis, type I diabetes with recent DKA, and (6/02/25) hypoglycemia. A Change in Condition (SBAR) [Situation Background Assessment Recommendation] note completed by Licensed Practical Nurse (LPN) B on 5/12/25 at 1:45 PM, revealed resident #1 was observed with increased confusion/disorientation, lethargy (fatigue/drowsiness), and a blood sugar machine reading of high. At 12:30 PM, the physician was notified and gave orders to send the resident to the emergency room (ER) via 911 emergency medical services (EMS).In an interview on 7/31/25 at 2:48 PM, LPN B recalled that on 5/19/25, resident #1 was part of her assignment. The nurse explained she observed the resident on the floor in her room beside her bed in an altered mental state with weakness, drowsiness, and no apparent injuries. The LPN said she notified Advance Practice Registered Nurse (APRN) F who directed her to check the resident's blood sugar. She immediately attempted two finger sticks that both read, high, which was reported to APRN F who gave orders to send the resident out via 911 to the hospital. The nurse said she had been unaware the resident was diabetic with an insulin pump until she called the resident's mother about the change in condition. She said the resident's mother inquired what her daughter's finger stick results and was concerned about possible DKA. The hospital physician's admission notes dated 5/19/25 read, The patient is critically ill requiring high-risk and invasive therapies, intensive monitoring, and complex medical decision-making to prevent otherwise inevitable life-threatening organ system decompensation if untreated. The hospital primary care physician's notes indicated during emergency and Intensive Care Unit (ICU) care, resident #1's blood

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interview, and record review, the facility failed to ensure a thorough investigation was conducted for a rehospitalization involving possible neglect when a resident with type 1 diabetes did not receive physician's ordered blood glucose monitoring or insulin resulting in rehospitalization for Diabetic Ketoacidosis (DKA) for 1 of 5 residents reviewed for neglect, of a total sample of 5 residents, (#1). DKA is a life-threatening complication which requires immediate medical attention which can affect people with diabetes. DKA happens when your body doesn't have enough insulin (an essential hormone that helps your cells use sugar for energy). Lack of insulin causes your liver to break down body fat for energy causing your blood to become acidic, which creates a medical emergency. People with type 1 diabetes can develop DKA at any point if they don't get enough insulin, and without treatment, DKA is fatal. Causes of DKA include missing a dose or more of insulin shots, or a clogged or empty insulin pump. An insulin pump is a wearable medical device that supplies a continuous flow of rapid-acting insulin underneath your skin. Finger stick tests are primarily used to monitor blood glucose levels, which is crucial for managing diabetes. Regular monitoring can prevent complications associated with high or low blood sugar, (retrieved from my. clevelandclinic.org on 8/08/25).Findings:Review of resident #1's Minimum Data Set (MDS) Discharge Return Anticipated Assessment with an Assessment Reference Date (ARD) of 5/19/25 showed the resident was discharged from the facility to an acute care hospital. The MDS 5-day Assessment with an ARD of 5/19/25 showed during the look-back period, resident #1 scored 15 out of 15 on the Brief Interview for Mental Status that indicated she was cognitively intact. She was noted with an altered level of consciousness that fluctuated and changed in severity. No behaviors or rejections of evaluation or care were noted. The assessment showed no insulin injections were administered. The resident received hemodialysis before admission and during the stay.Resident #1's Care Plan Report showed a care plan was initiated on 5/13/25 and revised on 6/03/25 for Activities of Daily Living (ADLs) self-care performance deficit related to diabetes type I, history of recent DKA, encephalopathy (brain dysfunction), history of acute kidney injury, dependence on dialysis, chronic hypotension, and asthma. Interventions included for nurses to monitor/document/report any changes or declines in function. Other care plans included: (5/13/25) Diabetes Mellitus with a goal for no complications and interventions for diabetes medication as ordered by doctor, medication education with verbal understanding, labs, food/nutrition substitutions, and nurse monitoring for abnormal blood glucose signs/symptoms; (5/13/25) risk for falls related to weakness, limited mobility, seizure history, hypoglycemic use, hypotension, neuropathy, fall risk score, and fall history; (5/13/25), pain and pain medication, right chest dialysis catheter monitoring, nutritional problems related to diabetes, kidney disease, and dialysis; (5/16/25) adverse effects of high-risk medication monitoring, risk for pressure injuries. The Change in Condition (SBAR) [Situation Background Assessment Recommendation] notes completed by Licensed Practical Nurse (LPN) B on 5/12/25 at 1:45 PM, revealed resident #1 was observed with increased confusion/disorientation, lethargy (fatigue/drowsiness), and a blood sugar machine reading of high. At 12:30 PM, the physician was notified and gave orders to send the resident to the emergency room (ER) via 911 emergency medical services (EMS).In interviews on 7/28/25 at 2:41PM, and 7/31/25 at 2:48 PM, LPN B recalled on 5/19/25, resident #1 was part of her assignment, and she was new to her at that time. The nurse explained she observed the resident on the floor in her room beside her bed in an altered mental state with weakness, drowsiness, and no apparent injuries. The LPN said she notified Advanced Practice Registered Nurse (APRN) F who directed her to check the resident's blood sugar. She immediately attempted two finger sticks for blood glucose that both read, high, which was reported to APRN F. The APRN gave orders to send the resident out via 911 to the hospital. The nurse said she was unaware at that time the resident was a diabetic with an insulin pump until she called resident #1's mother about the change in condition. She said the resident's mother inquired about the results of blood glucose finger sticks and was concerned about possible DKA. LPN B stated she was not sure why insulin was not put on the admission orders as the family said resident #1 was supposed to be on insulin.The EMS Patient Care Record dated 5/19/25 noted an Emergency Dispatch Complaint for, Diabetic Problem and a primary clinical impression of Diabetic Hyperglycemia.The hospital physician's admission notes dated 5/19/25 read, The patient is critically ill requiring high-risk and invasive therapies, intensive monitoring, and complex medical decision-making to prevent otherwise inevitable life-threatening organ system decompensation if untreated. The hospital primary care physician's notes indicated during emergency and ICU care, resident #1's blood glucose levels were, in

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F 0635 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. (continued on next page)

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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 0635 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to implement and review physician's admission orders for 1 of 3 residents reviewed for admission orders, of a total sample of 5 residents, (#1). The facility did not verify, implement, or initiate expected treatments and prescribed medications consistent with the resident's medical status and as listed in the hospital discharge summary. The Interdisciplinary Team (IDT) failed to recognize that essential components of the admission orders to maintain a chronic condition, including critical medications were missing or not transcribed into the Electronic Medical Record (EMR). This failure resulted in a lack of proper blood glucose monitoring and insulin medication for eight days, during which the resident developed Diabetic Ketoacidosis (DKA), a life-threatening condition. The resident required emergency 911 transfer to the hospital and re-hospitalization with Intensive Care Unit (ICU) level care, for five days. DKA is a life-threatening complication that affects people with diabetes and requires immediate medical attention. DKA happens when your body doesn't have enough insulin (an essential hormone that helps your cells use sugar for energy). Lack of insulin causes your liver to break down body fat for energy causing your blood to become acidic, which creates an emergency medical situation. People with type 1 diabetes can develop DKA at any point if they don't get enough insulin. Without treatment, DKA is fatal. Causes of DKA include missing a dose or more of insulin shots, or a clogged or empty insulin pump. An insulin pump is a wearable medical device that supplies a continuous flow of rapid-acting insulin underneath your skin. Most pumps are small, computerized devices that are roughly the size of a juice box or a deck of cards. Finger stick tests are primarily used to monitor blood glucose levels, which is crucial for managing diabetes. Regular monitoring can prevent complications associated with high or low blood sugar, (retrieved from my.clevelandclinic.org on 8/08/25). While hospitalized for five days, resident #1 required emergency Intravenous (IV) insulin and re-hospitalization with ICU care. She returned to the facility on 5/23/25 for continued recovery and therapy until 6/18/25, when the resident had a planned discharged to an inpatient rehabilitation hospital. On 5/12/25, the facility's nurses did not coordinate vital care needs with the on-call provider to ensure finger stick blood glucose monitoring and insulin orders were implemented on admission. On 5/13/25, the IDT reviewed resident #1's hospital records and admission orders but failed to recognize finger sticks and insulin orders were missing for a high-risk resident with an insulin pump. The resident's primary care providers did not recognize test results were missing that if implemented, would have detected resident #1's unstable blood glucose levels and prevented complications, worsening of condition, and mitigated the risk of serious injury/impairment/death. Eight days after resident #1 arrived at the facility, Monday, 5/19/25, a nurse observed her sitting on the floor in her room. After performing two finger stick blood glucose tests with readings of high (exceeded device measurement parameters), physician's orders were obtained to transport the resident to the hospital via 911 Emergency Medical Services (EMS) for dangerously high blood sugar. The facility's failure to recognize and implement proper provision of care and services with admission physician's orders for immediate care for a high-risk resident with type I Diabetes Mellitus and an insulin pump contributed to the destabilization of resident #1's medical conditions and placed newly admitted diabetic residents at risk for serious injury/impairment/death. For eight days, the facility was unaware resident #1 was missing critical medications and clinical monitoring until the resident's condition worsened with weakness, altered mental status and a subsequent fall. This failure resulted in Immediate Jeopardy which began on 5/12/25.Findings:Review of the medical record revealed resident #1, a [AGE] year old female was admitted to the facility from an acute care hospital on 5/12/25 with diagnoses that included: acute metabolic encephalopathy (brain dysfunction), diabetes mellitus, hyperglycemia (high blood sugar), other seizures, pneumonia, hypotension (low blood pressure), dependence on renal (kidney) dialysis, and history of blood clot. The Minimum Data Set 5-day Assessment with an Assessment Reference Date of 5/19/25 showed during the look-back period, resident #1 scored 15 out of 15 on the Brief Interview for Mental Status that indicated she was cognitively intact. She was noted with an altered level of consciousness that fluctuated and changed in severity. No behaviors or rejections of evaluation or care were noted. The assessment showed no insulin injections were administered. The assessment indicated the resident received hemodialysis before admission and during the stay. Brittle diabetes is a healthcare term used to describe diabetes that's difficult to manage because of severe swings in blood sugar levels that can cause hospitalization. Swings can cause low blood sugar (hypoglycemia) or high blood sugar (hyperglycemia)

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F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. (continued on next page)

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F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure nursing staff had the appropriate competencies and skills to obtain and implement critical physician medication admission orders for the care of a resident admitted from the hospital with a diagnosis of Type 1 Diabetes Mellitus for 1 of 3 residents, reviewed for admission orders, of a total sample of 5 residents, (#1).For eight consecutive days following admission, for all three nursing shifts and involving nine different licensed nurses, the facility did not obtain or implement physician orders for routine blood glucose monitoring (finger sticks) or insulin administration. This failure resulted in resident #1 developing severe hyperglycemia (high blood sugar) and Diabetic Ketoacidosis (DKA) requiring emergency transfer to the hospital, admission to the Intensive Care Unit (ICU), and emergency intravenous insulin therapy.DKA is a life-threatening complication that affects people with diabetes and requires immediate medical attention. DKA happens when your body doesn't have enough insulin (an essential hormone that helps your cells use sugar for energy). Lack of insulin causes your liver to break down body fat for energy causing your blood to become acidic, which creates an emergency medical situation. People with type 1 diabetes can develop DKA at any point if they don't get enough insulin. Without treatment, DKA is fatal. Causes of DKA include missing a dose or more of insulin shots, or a clogged or empty insulin pump. DKA is diagnosed if your blood glucose level is above 250 milligrams/deciliter (mg/dL), your blood is acidic, you have ketone (acid molecules) in your urine or blood, and your blood bicarbonate level is lower than 18 milliequivalents/ liter. An insulin pump is a wearable medical device that supplies a continuous flow of rapid-acting insulin underneath your skin. Most pumps are small, computerized devices that are roughly the size of a juice box or a deck of cards. Finger stick tests are primarily used to monitor blood glucose levels, which is crucial for managing diabetes. Regular monitoring can prevent complications associated with high or low blood sugar, (retrieved from my.clevelandclinic.org on 8/08/25).This failure placed the resident in a situation in which serious injury/harm/impairment/death was likely to occur and resulted in the resident's hospitalization with life-threatening DKA requiring ICU-level care.Findings:Review of the medical record revealed resident #1, a [AGE] year old female was admitted to the facility from an acute care hospital on 5/12/25 with diagnoses that included acute metabolic encephalopathy (brain dysfunction), diabetes mellitus, hyperglycemia (high blood sugar), other seizures, pneumonia, hypotension (low blood pressure), dependence on renal (kidney) dialysis, history of blood clot, and hypothyroidism (low thyroid function).The Minimum Data Set 5-day Assessment with an Assessment Reference Date of 5/19/25 showed during the look-back period, resident #1 scored 15 out of 15 on the Brief Interview for Mental Status that indicated she was cognitively intact. She was noted with altered level of consciousness that fluctuated and changed in severity. No behaviors or rejections of evaluation or care were noted. The assessment showed no insulin injections were administered. The resident received high-risk opioid and anticonvulsant medications. The assessment indicated the resident received hemodialysis before admission and during her stay.Review of the admission Packet sent with resident #1 from the hospital on 5/12/25 for facility admission revealed physician ordered discharge medications included, New: Oxycodone IR 10 Milligrams (MG) every 4 hours as needed for 3 days, Tylenol 650 MG every 6 hours as needed, Minoxidil 60 Gram Foam, topical (on skin) daily. Medications to continue included: Insulin Pump Omnipod 5 Dexg7g6 Pods (Gen5), 1 cartridge, 1 dose SQ (subcutaneous) daily, Lantus Insulin 4 IU (International Units) SQ daily, and Lispro Insulin 2 IU SQ three times daily before meals, Creon 36,000 IU three times daily, Divalproex Sodium 500 MG twice daily, Lacosamide 100 MG twice daily, Levothyroxine 50 Micrograms (MCG) once daily, Midodrine 10 MG three times daily, Gabapentin 300 MG at bedtime.Review of the May 2025 Medication Administration Report (MAR) showed resident #1's 5/12/25 admission physician orders included, Bumetanide (diuretic) 2 MG once daily for pneumonia, Gabapentin (anti-convulsant) 300 MG at bedtime for diabetic neuropathy, Levothyroxine 50 Micrograms (MCG) once daily for hypothyroidism, Keppra 1000 MG twice daily for seizures, Lacosamide 100 MG twice daily for seizures, Creon (pancreatic enzymes) 12000-38000 international units (IU) three times daily for dialysis dependence, Midodrine 10 MG three times daily for low blood pressure, Oxycodone 10 MG every 6 hours as needed for pain. There were no orders for insulin or blood glucose monitoring noted on the MAR for May 2025.After the resident returned from the hospital on 5/23/25, orders were added that included Lantus Insulin 4 IU once daily for diabetes mellitus increased to 6 IU on 5/31/25, Lispro Insulin 2 IU before meals and changed on 5/24/25 to Novolog Aspart Insulin 2 IU before meals with finger sticks and

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	105325	A. Building B. Wing	08/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Space Coast Healthcare and Rehabilitation Center	125 Alma Blvd Merritt Island, FL 32953

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interview, and record review, the facility failed to ensure the Quality Assurance and Performance Improvement (QAPI) program effectively identified and addressed a systemic process failure related to physician's admission orders for immediate care. Following a resident's rehospitalization for Diabetic Ketoacidosis (DKA) due to not receiving physician's ordered blood glucose monitoring or insulin, the facility did not identify an underlying electronic order error until approximately three weeks later. Approximately one month later, the QAPI committee initiated only an Ad hoc review, and a limited Performance Improvement Plan (PIP) focused solely on the electronic order error, without evaluating broader systemic factors. This narrow scope delayed the implementation of broader corrective actions and placed residents at risk of harm due to unaddressed deficiencies. Findings: Review of the facility's standards and guidelines titled Quality Assurance and Performance Improvement dated 3/10/23 defined an adverse event as, an untoward, undesirable and usually unanticipated event that causes death or serious injury, or the risk thereof. The policy detailed Performance Improvement (PI) identified areas of opportunity and underlying causes and provided approaches to correct systemic problems or barriers to improvement. QAPI was defined as taking a systematic, interdisciplinary, comprehensive, and data-driven approach to maintain and improve safety and quality. The program's intent noted plans were focused on safety, health, and outcomes that ensured accepted standards of quality care and services.In a joint interview with the Director of Nursing (DON) and Nursing Home Administrator (NHA) on 8/02/25 at 9:25 AM, the DON recalled on approximately 5/13/25, an Interdisciplinary Team (IDT) that included nurse managers and Advanced Practice Registered Nurse (APRN) D reviewed resident #1's rehospitalization. The DON explained the resident fell on 5/12/25 and had a blood glucose reading of high (exceeded glucometer parameters) and the provider wanted the resident to go to the Emergency Room. She relayed a Urinary Tract Infection (UTI) was attributed to resident #1's severely high blood glucose reading. The DON said on 6/13/25 during a routine care review meeting, it was identified that resident #1's finger stick orders entered on 5/15/25 were never implemented. The DON explained a week later on 6/17/25, an Ad Hoc meeting was conducted where a PIP was developed for correction and monitoring to ensure accuracy of the Electronic Medical Record (EMR) processing steps to link nurse prompts to the electronic Medication Administration Record (eMAR) and ensure tests/treatments were not missed. The DON recalled that all committee members were present and included the former Medical Director who was also resident #1's primary care physician. The NHA explained regular QAPI meetings were held monthly and on 6/18/25, the next day, the sole new PIP developed on 6/17/25 was discussed during the June meeting along with regular items that included departmental reports, concerns for possible additional PIPs, pattern tracking, risk management, falls, customer service, grievances, adverse event reporting, regulatory compliance, rehospitalizations, and any outside agency visits or past and outstanding non-compliance. The NHA explained the IDT discussed all events where it was determined if SA reporting was necessary. Review of resident #1's hospital admission records dated 5/19/25 confirmed the resident's admitting diagnosis was for Diabetes Mellitus with Ketoacidosis (DKA) with blood glucose readings of greater than 600 milligrams per deciliter that required Intravenous (IV) insulin, and Intensive Care Unit (ICU) admission.In a telephone interview on 7/28/25 at 12:24 PM, APRN D recalled after resident #1 returned from the hospital, her blood sugars were very unstable. The APRN stated, she was very brittle; after she got back, we realized how brittle she really was.Review of the EMR revealed after resident #1 returned to the facility from the hospital, from 5/23/25 through 6/18/25, she required routine and sliding scale insulin coverage every day with finger stick checks twice daily, and before meals. Prescribed insulin doses were revised three times when her blood sugar levels were unstable until she was voluntarily discharged from the facility to an inpatient rehabilitation hospital on 6/18/25.On 7/29/25 at 11:20 AM, a telephone interview was conducted with resident #1's primary care physician. The doctor said in May 2025, she was also the Medical Director of the facility and stated, I remember this case very specifically; I even texted the APRN, and I saw they didn't follow my orders for finger sticks; I was very upset. She recalled when she assessed resident #1 on 5/14/25, there were no insulin orders in the resident's EMR. The physician said she did not have all of the hospital information when she assessed the resident and had she known about the insulin orders/pump, the plan of care would have been much different. She explained the care should have included closer monitoring and more testing. The doctor said insulin pumps were dangerous, especially for someone on dialysis and she felt they could not be used in a Skilled Nursing Facility (SNF). The physician recalled later the facility reviewed