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

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105332	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winter Park Care and Rehabilitation	2970 Scarlett Rd Winter Park, FL 32792

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** 46665 Based on interview, and record review, the facility failed to ensure 1 of 3 residents reviewed for administration had an accurate medical record, of a total sample of 3 residents, (#1). Findings: Review of the medical record revealed resident #1, an [AGE] year old female was admitted to the facility for respite care from home on 5/23/24, 6/07/24, 7/08/24, 8/23/24, and 9/16/24. The resident discharged home on 10/14/24, and most recently readmitted on [DATE]. The resident's diagnoses included: cerebral arteriosclerosis, encounter for palliative care, holiday relief care, Alzheimer's Disease, vascular dementia with behavioral disturbance, gastrostomy (feeding tube), type 2 diabetes mellitus, major depressive disorder, anxiety disorder, hypertension, hyperlipidemia, and insomnia. The most recent comprehensive Minimum Data Set admission assessment with assessment reference date 10/01/24 noted resident #1 was unable to complete the Brief Interview for Mental Status and assessed by staff with severely impaired cognitive skills for daily decision making. No behavioral symptoms or rejections of evaluation or care was noted. The Functional Abilities assessment showed the resident used a wheelchair and was dependent on staff for mobility and to complete activities of daily living. No ulcers, wounds, or skin problems were noted on the assessment. The Comprehensive Care Plan included focus areas for fall with injury risks, impaired mobility, impaired self-care abilities, need for staff assistance, and impaired cognition. Review of the Agency for Health Care Administration (AHCA) Form 5000-3008 dated 9/23/24 revealed the skin care and body map section noted resident #1 did not have any areas of skin impairment or bruises. The nursing Admit/Readmit Screener evaluation completed by Licensed Practical Nurse (LPN) B on 9/24/24 at 1:35 PM, documented a complete skin assessment was conducted and revealed resident #1's skin integrity was normal with no areas of breakdown. A nurse's Progress Note completed by LPN B on 9/24/24 noted the resident #1's skin condition and read, . does have some spotty discoloration to bilateral legs and G tube (feeding tube) present to upper abdomen . (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

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Winter Park Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2970 Scarlett Rd Winter Park, FL 32792	

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	On 10/29/24 at 10:39 AM, LPN B explained she completed skin checks for residents who were newly admitted or readmitted to the facility. The LPN said nurses were required to document any bruises, injuries, wounds, or impairments on the electronic Admit/Readmit Screener form. The LPN recalled she was the only nurse who completed resident #1's re-admission evaluations on 9/24/24, and she did not remember any bruises. She stated, I would have put an old bruise if I saw one. In a telephone interview on 10/29/24 at 11:41 AM, resident #1's hospice Registered Nurse (RN) explained she completed head to toe skin assessments on residents, and any bruises or scratches were noted on the medical records. The RN said she knew resident #1 well, and checked the medical records for 9/23/24 and 9/30/24. She said there were no notations resident #1 had any bruises. The nurse recalled the resident fell on [DATE] and she completed reports after the incident. She checked the records and said on 10/01/24, after the fall the documentation showed bruising to her face was noted in the hospice nurses progress notes. Review of the hospice Plan of Care Review completed by the hospice RN dated 9/25/24, after resident #1 was readmitted to the facility nurses documented the resident's skin was intact with no wounds. A nurses Progress Note written by LPN C on 10/01/24 documented resident #1 fell to the floor in the dining room at 3:40 PM. The note read, . bruising to right forehead, right knee front small scrape/skin tear . On 10/29/24 at 10:17 AM, LPN C recalled resident #1 was included in her assignment the day she fell on [DATE]. The LPN explained the resident sustained a bruise to her forehead and a minor injury to her right knee. The nurse could not recall a bruise on resident #1's forehead prior to the fall. Review of a nurse's progress note written by the RN [NAME] Unit Manager on 10/02/24 at 9:35 AM read, . bruise to resident was from admission, not the fall . On 10/28/24 at 2:45 PM, the RN [NAME] Unit Manager said she knew resident #1 well as she frequently came to the facility for hospice respite services. The RN recalled on 9/16/24, the resident was readmitted to the facility and stated, I did her head to toe assessment from her admission. She already had a bruise on her head; it was green. Review of resident #1's medical record did not include a head to toe skin assessment completed by the RN [NAME] Unit Manager. The nurse's Weekly Skin Evaluation dated 9/30/24 completed by LPN D, after the resident was admitted and before she fell on [DATE] documented the resident's skin was intact, and she did not have any bruises. On 10/29/24 at 1:19 PM, LPN D said resident #1 was often included in her assignments, and she knew her well. The LPN explained nurses documented any areas of skin discoloration or bruises on the Weekly Skin Evaluation form. The nurse stated, If it's on the forehead I would see it. It wasn't there, (on 9/30/24) or I would have noted it on the record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Winter Park Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2970 Scarlett Rd Winter Park, FL 32792	

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	On 10/29/24 at 12:53, resident #1's daughter explained she was upset after the [NAME] RN Unit Manager told her the resident's forehead bruise occurred during transportation for readmission to the facility on [DATE]. She recalled she was with her mother when she arrived to the facility that day, and she was certain her mother did not have a bruise on her forehead and stated, I would have noticed and I would have said something; my sister and brother saw her too and there was no bruise; she had nothing on her face before the 1st of October. On 10/29/24 at 10:44 AM, the Director of Nursing (DON) explained she expected nurses to make notations of any bruises on admission, progress notes, and/or weekly skin evaluations. She said the RN [NAME] Unit Manager was aware of the expectations for documentation and that it was imperative to document bruises to track any injuries of unknown origin. The DON explained, she expected nurses to document skin assessments completely and correctly. She said she was on leave between 9/16/24 and 10/02/24 and could not explain why the RN [NAME] Unit Manager's notes and recollections would conflict with other nurses. The facility's undated standards and guidelines titled Medical Records read, . The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, . includes: Medical and general health status; . The facility's undated job description for RN Unit Manager read, . Ensures completion of assessments of residents at admission, discharge, as necessary and required.Ensures nursing policies and procedures are implemented and followed .