

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Lake Montgomery Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1270 SW Main Blvd Lake City, FL 32055	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>45951</p> <p>Based on observation and interview, the facility failed to maintain a clean and homelike environment for residents (Photographic evidence obtained).</p> <p>The findings include:</p> <p>During an observation of laundry room on 4/10/2024 at 2:50 PM with the Maintenance Director, Director of Housekeeping and Laundry, and Staff C, Laundry Assistant, one of the two washing machines was not working. In the washing machine room, there were linen cans with no covers, a large buildup of garbage, debris, and lint behind the washing machines, a window screen propped on the floor next to the working washing machine with a large amount of garbage and debris around it, and on debris and lint on the air conditioning unit. In the lint area of Dryer #1 and Dryer #2, there was a large buildup of dust and lint. In the drum of Dryer #2, there was a large buildup of brown, melted, unidentified matter. Dryer #2's door did not latch. In the bottom of the clean linen cart, there was a buildup of garbage and debris. The carts in the dryer room which held the clean linens were uncovered.</p> <p>During an interview on 4/10/2024 approximately at 2:55 PM, the Director of Housekeeping and Laundry stated the washing machine had been broken for a couple of weeks and it was affecting their ability to keep up with laundry needs.</p> <p>During an interview on 4/10/2024 approximately at 2:57 PM, the Maintenance Director stated there was a window air conditioning unit in the window, preventing the screen from fitting into the window properly, and stated that the facility never cleaned and scraped the dryer drums.</p> <p>During an interview on 4/10/2024 approximately at 3:00 PM, Staff C, Laundry Assistant, stated that the latch was broken.</p> <p>During an observation on 4/10/2024 approximately at 3:10 PM, inside the shower room on the C-Hallway, there was one disinfectant cleaner with bleach spray lying near a stack of towels, a drink, a package of cookies, and a cell phone on the sink counter. The freezer section of the specimen refrigerator located in the dirty utility room of the C-Hallway had a buildup of ice. Three ceiling vents located on the C-Hallway had a buildup of dust, lint, and a black substance. In the Medication Room on the C-Hallway, there were supply boxes stacked on top of the upper cabinets, reaching the ceiling. The wash sink in the soiled room on the B-Hallway was broken.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Lake Montgomery Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1270 SW Main Blvd Lake City, FL 32055	
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 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 4/10/2024 approximately at 3:15 PM, the Maintenance Director confirmed the findings and was unable to tell how long the wash sink had been broken.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Lake Montgomery Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1270 SW Main Blvd Lake City, FL 32055	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45951</p> <p>Based on observation, interview, and record review, the facility failed to ensure nutritional interventions were provided in a timely manner for 1 of 6 residents reviewed for nutrition, Resident #4.</p> <p>The findings include:</p> <p>During an interview on 4/8/2024 at 10:27 AM, Resident #4 stated the food at the facility was cold and over seasoned and that she often asked for a substitute which was normally a sandwich. The resident stated she had lost weight since being admitted to the facility.</p> <p>Review of Resident #4's admission record showed the resident was admitted to the facility on [DATE] with diagnoses including diabetes, gastroesophageal reflux disease, and pressure injuries.</p> <p>Review of Resident #4's Minimum Data Set, dated dated [DATE] showed a Brief Interview of Mental Status score of 15, which indicated intact cognition.</p> <p>Review of Resident #4's care plan, last reviewed on 1/24/2024, showed the resident was at nutritional risk and was experiencing weight loss despite having a fair to good oral intake.</p> <p>Review of Resident #4's care plan, last reviewed on 3/12/2024, showed the resident was care planned for alteration in skin integrity related to stage 4 pressure ulcer on her sacrum with history of wound infection and is at ongoing risk for further breakdown.</p> <p>Review of Resident #4's weights showed 188 pounds on 10/10/2023, and 150 pounds on 4/9/2024, which indicated the resident had 20.21% weight loss since she was admitted to the facility.</p> <p>Review of Resident #4's Skin and Wound Notes documented by the Wound Nurse Practitioner revealed the post-debridement measurement of the wound was 2.1 x 0.9 x 0.2 centimeters (cm) on 4/9/2024 at 9:18 AM, 2.1 x 1.3 x 0.3 cm on 3/19/2024 at 8:30 AM, and 2.3 x 2.1 x 0.4 cm on 2/20/2024 at 8:27 AM.</p> <p>Review of Resident #4's Nutrition/Dietary Notes dated 11/16/2023 and 2/23/2024 revealed the Registered Dietitian was aware that the resident had lost weight and that her intervention was to provide snacks.</p> <p>Review of Resident #4's meal consumption log documented by the Certified Nursing Assistants revealed the resident ate 50-100% of all meals with the exception of three meals during a 30-day look back period.</p> <p>During observations on 4/8/2024, 4/9/2024, and 4/10/2024, Resident #4 consumed 60-80% of each of her meals.</p> <p>During an interview on 4/10/2024 at 8:45 AM, the Consultant Dietitian stated she was aware that Resident #4 had a significant weight loss and that she had not started supplements for her yet. She stated she saw the weight that had been done on 4/9/24.</p>		