

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Blue Palms Health and Rehabilitation Center at Fle		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 E Fletcher Ave Tampa, FL 33613	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to respond to grievances appropriately for two residents (#12 and #13) out of three residents reviewed for grievances. Findings included: 1. On 03/17/2026 at 10:15 a.m. an interview was conducted with the SSD (Social Services Director) about grievances. SSD stated that the residents could obtain the grievance forms from the pamphlet holder outside of the social services room. Once completed, they would give SSD the grievance form who would make copies and discuss the grievances in morning meetings. According to the area of concern the SSD would give the grievance to that department to investigate and resolve. This process would take three to five days. If the grievance was not resolved in three days, SSD would follow up. Another way residents could file grievances was during angel rounds where department heads would address resident's concerns. Review of a Resident admission Record dated 03/18/2026 showed Resident #12 was admitted to the facility on [DATE] with diagnoses including but not limited to: unspecified fracture of left patella, muscle wasting and atrophy, disorders of muscle, unspecified abnormalities of gait and mobility, cognitive communication deficit, essential primary hypertension, and unspecified glaucoma. Review of a Brief Interview for Mental Status (BIMS) dated 3/2/26, showed a BIMS score of 15, indicating Resident #12 was cognitively intact. Review of the care plan for Resident #12 showed a focus initiated on 03/08/2026 [Resident #12] needs assist with ADL care related to multiple factors including weakness/decreased mobility s/p recent hospitalization/illness. Intervention included To assist with all ADL tasks and toileting tasks. Review of the care plan for Resident #12 showed a focus initiated on 03/08/2026 [Resident #12] is at risk of falls. The goal showed Resident will ask for assistance with transfer and/or toileting through the review date. The intervention included The resident was to use call light for assistance as needed. Review of the care plan for Resident #12 showed a focus initiated on 03/08/2026 [Resident #12] is at risk for falls related to fracture of left knee, history of falls, incontinence. On 03/17/2026 at 10:50 a.m. during an observation and grievance review, Resident #12 stated that she was unaware of who filed the grievance on her behalf. Resident #12 said sometimes the wait is long for a Certified Nursing Assistants (CNAs) to respond. As a result, the resident reported occasionally going to the bathroom without assistance. On 03/17/2026 at 11:03 a.m. an interview with Staff C, LPN (Licensed Practical Nurse) who started working at the facility a few weeks ago stated they did not know the facility's grievance process. However, based on their experience, they assumed a form was available somewhere. On 03/17/2026 at 2:49 p.m. an interview was conducted with Resident #12 and a family member about the grievance that was filed by Staff B, Housekeeping Director. The grievance stated on the form was Resident Stated it was hard to get a CNA to help them to the bathroom. The action taken to resolve complaint/grievance was Staff reminded resident that dining room was closed due to RSV [Respiratory Syncytial Virus] outbreak in facility and for the safety of the resident we strongly recommend for all residents to stay in the room. The final resolution stated on the grievance was Resident satisfied and the document was signed off by the SSD (Social Services Director). Resident #12 was confused and stated they had never been to or wanted to go to the dining room. Resident #12 (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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and the family member expressed confusion about where the dining room issue came from. Resident #12 stated no one had come to talk to them about this grievance being resolved so they did not know why the form said, Resident satisfied. On 03/18/2026 at 2:26 p.m. an interview was conducted with Resident #12 about the grievance resolution. The residents stated they had never wanted to go to the dining room. The resident confirmed they were in their own room when they needed the CNA's assistance to go to the bathroom. Resident #12 said they never leave their bed unless they go to therapy. Resident #12 stated they had to go to the bathroom last night on their own again as staff took too long to answer the call light. Resident #12 stated SSD (Social Services Director) never came to discuss the grievance resolution otherwise Resident #12 would have corrected SSD about the dining room portion of the grievance. Resident #12 reiterated they did not know anything about the dining room portion and was confused by this. On 03/17/2026 at 3:25 p.m. a follow up interview was conducted with Resident #12 family member. They stated they have had so many issues, and the facility would always tell them they would file a grievance but nothing would be done after that. The family member said they would find the pajamas of Resident #12 soiled and no one attending the call light to help Resident #12. This grievance was not found in the logs. The family member stated there should have been a grievance filed for February 27th. Review of the Grievance Log showed there were no grievances filed for Resident #12 for 2/27/26 or throughout their stay at the facility other than the grievance about Resident #12 needing a CNA to assist them to the bathroom. On 03/18/2026 at 1:50 p.m. an interview was conducted with Staff B, Housekeeping Director who said they would check in on residents and their concerns during angel rounds. Staff B said Resident #12 complained about waiting a long time for their call light to be answered as they needed assistance from a CNA (Certified Nursing Assistant) to go to the bathroom. Staff B did not know where the dining room part on Resident #12 grievance form came from. Staff B does not speak to any residents about resolutions as Staff B was not responsible for that. Other people who take care of the issue were to do that. On 03/18/2026 at 2:16 p.m. an interview was conducted with DON (Director of Nursing) on the process for department heads handling grievances. DON stated no matter which department head did the angel rounds, the SSD (Social Services Director) would conduct the resolution. DON said SSD was to do the resolution for Resident #12. DON said multiple people did not need to sign the grievance, either the administrator or designee should have signed the grievance. On 03/18/2026 at 2:05 p.m. an interview was conducted with SSD (Social Services Director) about Resident #12 grievance form. SSD stated the resident wanted to go to the lunchroom bathroom however SSD explained to the resident they could not go due to the RSV outbreak. SSD stated there was no concern for Resident #12 memory as they had a 15 BIMS score. SSD stated the resident's family member was always at the facility, so the family member was probably going to the dining. SSD said they only spoke to Resident #12 about the resolution. 2. Review of a Resident admission Record dated 03/18/2026 showed Resident #13 was admitted to the facility on [DATE] with diagnoses including but not limited to: polyarthritis, morbid obesity, anxiety, hyperlipidemia, sleep apnea, muscle weakness, muscle wasting and atrophy, need for assistance with personal care, chronic pain syndrome, and hypertension. Review of a Brief Interview for Mental Status (BIMS) dated 2/23/26, showed a BIMS score of 15, indicating Resident #13 was cognitively intact. Review of the care plan for Resident #13 showed a focus initiated on 12/22/2025 Resident is at risk for functional decline in mobility and selfcare. The intervention included Encourage resident to use bell/call light to call for assistance. Review of the care plan for Resident #13 showed a focus initiated on 01/02/2026 [Resident #13] is at risk for complications related to bowel and/or bladder incontinence. The intervention included Provide incontinence there with each incontinence episode as tolerated. On 03/18/2026 at 9:03 a.m. an interview was conducted with Resident #13 about their grievance for getting changed in a timely manner. The grievance form stated, Resident voiced concern on not getting changed in a timely manner. The action taken to resolve the grievance was Staff was educated on answering the call light in a timely manner. The final resolution on the form stated Resident satisfied. This grievance was signed off by SSD. Resident (continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>#13 stated they waited two and a half hours to get their brief changed. They would use the call light multiple times however staff would come in to turn it off and say they would be right back. During the night shift from Saturday night to Sunday morning, Resident #13 waited two and a half hours to get their brief changed. Then from Sunday night to Monday morning, they waited an hour and a half to get briefs changed. Resident #13 believed there might have been an issue with night staffing. A few days ago a nurse told Resident #13 they were the only nurse on the floor. While this interview was being conducted, the SSD (Social Services Director) walked into the room and asked if the resident needed anything to which they responded no. After the SSD left the room, Resident #13 stated they had never seen the SSD in their life. Resident #13 stated the SSD did not come in to discuss the grievance resolution with the resident. They didn't know what was done with the follow up, and the resident had not received the form back. On 03/18/2026 at 11:17 a.m. an interview was conducted with the Nursing Home Administrator (NHA) about the expectation for the grievance process. The NHA stated if the family or resident had a concern, they could fill out the form, or the facility would help fill it out. The form would be given to the SSD (Social Services Director) who then logged and copied it. Then it would be sent to the department the concern belonged to. The department head would resolve it and return it to the SSD. Then SSD would talk to the resident or family member(s) to let them know the grievance was resolved. SSD would also ask if the resolution was to their liking. Another way residents could fill out grievances was during angel rounds. On 03/18/2026 at 12:40 p.m. an interview was conducted with the administrator and DON (Director of Nursing) about the appropriate call light response timings. DON stated call lights should be answered at a reasonable time, but at most 10 minutes. The Administrator said the facility was conducting call light audits due to the call light grievances. On 03/18/2026 at 12:04 p.m. an observation was made of an interaction between a resident and the SSD (Social Services Director) in the social services office. The resident told the SSD anytime they used the call light, staff would not do anything because they would come in to turn it off and run out of the room. SSD says this would be discussed in a meeting and training would be provided. On 03/18/2026 at about 12:10 p.m. an interview was conducted with SSD (Social Services Director). SSD stated there was no section for other department heads to sign off on the grievance. SSD stated they always conducted the follow ups. After the department head resolved the grievance with the resident, they would give the grievance form to the SSD who would go back to the resident to make sure they were satisfied. Review of a policy titled Resident and Family Grievances Revised 07/15/2025, showed: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Policy Explanation and Compliance Guidelines: 2. The Grievance Officer is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; Issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. 10. Procedure: d. The Grievance Officer Will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. i. Steps to resolve the agreements may involve forwarding the grievance to the appropriate department manager for follow up e. The Grievance Officer, or designee, Will keep the residents appropriately apprised of progress towards resolution of the grievances. g. In accordance with the residence right to obtain a written decision regarding his or her grievance, the grievance officer will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation the written decision will include at a minimum: i. The date the grievance was received. ii. The steps taken to investigate the grievance. iii. A summary of the pertinent findings or conclusions regarding the residents concern(s) iv. A statement as to whether the grievance was confirmed or not confirmed v. Any corrective action taken or to be taken by the facility as a result of the grievance. vi. The date the written decision was issued</p>		