STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105354	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeland Nursing & Rehabilitation	1919 Lakeland Hills Blvd Lakeland, FL 33805

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37999 Based on record review and interview, the facility failed to provide one (Resident #3) of one family-requested medical record in a timely manner. Findings included: Review of Resident #3's medical record showed the resident was admitted on [DATE] with diagnoses not limited to unspecified Alzheimer's disease, unspecified peripheral vascular disease, atherosclerotic heart disease of native coronary artery without angina pectoris, and unspecified edema. An interview was conducted on 6/4/23 at 12:30 p.m. with the Medical Records Director (MRD). The MRD reported only one family member had requested medical records and the request had been made on July 28, 2023. The staff member reported sending the attorneys Resident #3's face sheet and death certificate and did not get a response from them for two or three months. The MRD reported speaking to the Business Office Manager about general matters and had been informed the attorneys had not been getting paid (the facility was sold at the end of June 2023). She stated the new company [name of company] had told her to hold off on legal cases, hold off on sending charts, and to follow company procedures, which was to contact company attorneys. The MRD stated at that time the facility did not have attorneys. The MRD admitted to speaking with Resident #3's family member regarding the medical records but she did not want to just give the family member the records and had informed the family she was waiting for the attorneys. The MRD stated the family member had informed her that the family attorney would request the records but had not heard from the attorney of the family since October 2023. The MRD reviewed the Authorization to Release Protected Health Information, dated July 28, 2023, confirming the request was made approximately 11 months ago. During the continued interview with the MRD on 6/4/23 at 1:05 p.m., the staff member reported the facility did have attorneys and there was no outstanding requests for records. She reported there was one other request from a resident that was requesting from another facility and all others were attorney requests. Review of the Authorization to Release Protected Health Information signed by Resident #3's Power of Attorney on July 28, 2023, showed the family member had requested clinical summaries, lab and diagnostics, and entire medical record. (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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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of policy, Release of Information, revised November 2009, revealed Our facility maintains the confidentiality of each resident's personal and protected health information. The policy interpretation and implementation showed: 3. All information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or his/her legal representative(sponsor), consistent with state laws and regulations. 7. Closed or thinned medical records are maintained in the Medical Records Department and are available only to authorized personnel. Authorized personnel include, but are not necessarily limited to: a. Nursing Personnel; b. Physicians; c. Consultants; d. Support Services (i.e., Dietary, Activities, Social, etc.); e. Administration f. Government Agencies; and/or g. Resident/Representative (sponsor). 8. The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor). 9. A resident may have access to his or her records within (blank) hours (excluding weekends or holidays) of the resident's written or oral request. 10. A resident may obtain photocopies of his or her records by providing the facility with at least forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charted for copying services.

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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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 37999 Based on observations, record reviews, and interviews, the facility failed to ensure physician-ordered laboratory tests were completed for one (Resident #6) of three residents sampled for diagnostic laboratory testing. Findings included: An observation and interview were conducted with Resident #6 on 6/4/24 at 2:07 p.m. The resident stated the provider had informed him that blood work was going to be done but it had not been done. The resident reported being told about the laboratory testing a couple weeks ago and again last week. Review of a provider note, dated 5/24/24, revealed the plan for Resident #6 included to obtain a weekly Creatinine level, status post renal transplant, and to avoid nephrotoxic agents including Diuretics. Review of a provider note, dated 5/30/24, showed the resident was seen to follow up on Physical Therapy/Occupational Therapy and ultrasound results. The provider's plan was for Vitamin B12/Folate Levels with next blood draw. Review of a provider note, dated 5/31/24, revealed Resident #6 was seen by the provider while sitting in a wheelchair and complained of bilateral lower extremity (BLE) edema. The Advanced Practitioner Registered Nurse (APRN) documented the plan was to check weekly Creatinine - status post renal transplant, avoid Nephrotoxic agents which listed certain classes of medications including Diuretics, and to recheck Basic Metabolic Panel (BMP) on Monday (6/3/24). Review of discontinued laboratory physician orders showed the following orders: - Basic Metabolic Panel (BMP) with glomerular filtration rate (GFR) every night shift every Monday for status post (s/p) renal transplant, ordered 5/24/24 and to start on 5/27/24. - Complete Blood Count (CBC) with differential (diff), Complete Metabolic Panel (CMP), Magnesium (Mag) every night shift for baseline for 1 day, ordered and to start on 5/27 and to end on 5/28/24. - CBC, BMP, MAG 6/3 every night shift for repeat labs for 2 days, ordered 5/31, start 6/3/24 and end 6/5/24. Review of Resident #6's available laboratory testing results showed a CBC with diff and a CMP was collected 5/23/24 at 7:00 a.m. and reported on 5/23/24 at 6:02 p.m., and See Attached STAT Results Below, collected on 6/4/24 at 7:20 p.m. and reported at 2:37 a.m. on 6/5/24. The results tab of the resident's medical record did not contain any other laboratory results. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #6's laboratory results and physician orders showed the BMP with GFR ordered to be done on 5/27/24 was not completed, the CBC with diff, CMP, and Mag ordered to be obtained on 5/27/24 was not completed (per Treatment Administration Record (TAR) the order was discontinued while pending confirmation), and the CBC, BMP, and MAG ordered on 5/31 to be drawn on 6/3/24 was not completed. Review of the Laboratory orders did not show an order for weekly Creatinine draws or for the planned (note 5/30/24) Vitamin B12/Folate laboratory testing with the next blood draw. Review of Resident #6's May TAR revealed an order for CBC with diff, CMP, and MAG discontinued while pending confirmation on 5/27/24 and a CBC and CMP was drawn on 5/22/24. The review did not show any other laboratory testing orders. The resident's May Medication Administration Record (MAR) did not include any laboratory tests. An interview was conducted with Staff A, Registered Nurse (RN) on 6/4/24 at 2:16 p.m., the staff member reported doesn't typically review doctor notes, if there were orders some of the providers put them in themselves. Staff A demonstrated when putting a laboratory order in, have to use drop down box for Labs/TAR so the order will show up on the TAR and if not in that dropdown box it won't pop up. The staff member reviewed the order for BMP with GFR, written on 5/24 to start on 5/27/24. Staff A confirmed the lab should have been drawn Sunday into Monday morning. The staff member stated usually the physician will communicate with the nurses if labs were ordered or needed to be ordered. Review for Resident #6's order dated 5/24/24 showed a BMP with GFR was ordered every night shift every Monday for s/p renal transplant. The order type was LAB Review of Resident #6's June TAR showed 2 laboratory orders: - STAT 6/4/24 at 7:40 p.m., CBC, BMP and Magnesium. Showed it was obtained on 6/4/24 at 9:47 p.m. - LABS - One week CMP, (Vitamin) B12, Folate one time only for monitoring until 6/12/24 An interview was conducted with Staff B, Licensed Practical Nurse (LPN/Unit Manager (UM) on 6/5/24 at 10:42 a.m. Staff B reported she confirmed orders by clicking on the pending or pending confirmation order and reviewed it just to see if written correctly. Staff B stated this was the first time (newly hired) she had to go behind the providers to confirm. Staff B reported not realizing there was a LABS/TAR and LABS (dropdown box) in a different area and was educated on it today. Staff B stated it was expected that labs showed up on the TAR so nurses could check off on them. Staff B said she did not review providers notes that were put in the computer (providers written) or downloaded in the chart. She did not know who reviewed physician notes and they (physician's) could upload notes through their system. Staff B stated orders should be ordered according to their plan (in notes). During an interview on 6/5/24 at 11:13 a.m., the Interim Director of Nursing (DON) stated the previous DON had reviewed physician notes, but she had not had a chance to review them. The staff member stated as a Unit Manager she had reviewed notes uploaded but it was not something she did every day. The Interim DON stated some (providers) put in orders themselves, it would pop-up to do a confirmation, and she looked at the order to make sure it was put in correctly. The staff member stated a Standard LAB would not populate for staff to see (on TAR), it had to go under LAB/TAR. The DON reported educating the APRN and NP regarding putting in orders correctly. The DON stated the expectation was for orders to be put in correctly and when the providers were at facility to let staff know of all orders. The reason for confirming orders was to make sure they were put in correctly. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the policy - Laboratory Services and Reporting, implemented 9/1/23, showed The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. The compliance guidelines revealed: 1. The facility must provide or obtain laboratory services to meet the needs of its residents. 2. The facility is responsible for the timeliness of the services 7. Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside the clinical reference range. Review of the policy - Provision of Physician-Ordered Services, implemented on 9/1/23, showed The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality. The definition of Professional Standards of Quality means that care and services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting. The compliance guidelines revealed: 2. Qualified nursing personnel will submit timely requests for physician ordered services (laboratory, radiology, (and) consultations) to the appropriate entity.