

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Vivo Healthcare Lakeland		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure dental services were provided for one resident (#1) out of one resident sampled for timely dental care. Findings included: On 3/26/2026 at 10:33 A.M. an interview was conducted with Resident #1 who stated receiving dental care at the facility was always a big issue. Resident #1 stated their mouth feels weird and that the resident had told the facility numerous times. Resident #1 stated he had seen the dentist one time and never after that. Resident #1 said, Yes, I have ongoing dental problems with dental pain when I eat. Resident #1 stated he mainly eats soft stuff to accommodate the discomfort. Resident #1 stated there was an issue with scheduling his dental appointments and that the facility stated it was due to insurance or paperwork. The resident stated they had to start initiating his appointments because with the facility takes forever. The resident said once the appointments are scheduled at the last minute his appointments are cancelled without a reason given. Review of Resident #1's admission record revealed an original admission date of 07/18/2024 with diagnoses to include muscle wasting and atrophy not elsewhere classified, multiple sites, legal blindness and anemia. Review of Resident #1's Minimum Data Set (MDS), dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, meaning his cognition was intact. Review of Section L - Oral/Dental Status, revealed there was no response for mouth or facial pain, discomfort, or difficulty with chewing, broken teeth, loosely fitting or partial dentures (chipped, cracked, uncleanable, or loose). Review of Resident #1's physician order summary report from [Name of Company] Dental Services from 8/18/2025 showed the patient has root fragment on tooth #8 that is mobile and causing slight discomfort. Patient interested in extraction of root fragment. Review of Resident #1's progress notes revealed there was no evidence of documentation of the tooth pain, a broken tooth, or mention of dental services. A review of the Social Service's progress notes revealed there was no documentation regarding offering dental services to Resident #1, or documentation for rationale as to why the resident did not have access to dental services. On 3/26/2026 at 4:19 PM an interview was conducted with the Social Services Director (SSD) who stated they had an email from March 11, 2026, showing [Name of Company] dental services was there and there was no patient responsibility for Resident #1. She stated she was not sure what that meant. The SSD stated the dental company was at the facility on 2/27/2026 and the resident was not seen. The SSD provided a note from [Name of Company] Dental Services from 8/18/2025 revealing the patient had root fragments on tooth #8 that was mobile and causing slight discomfort. The SSD stated the resident was interested in extraction of the root fragment. The SSD stated she did not have an answer as to why the resident had not received a follow up to the 8/18/2025 dentist visit. The SSD stated she had seen the resident multiple times since that visit, and he had not mentioned anything to her either about being in pain. The SSD stated that she would reach out to the dental company today to further investigate what they meant by no patient responsibility. The SSD stated Resident #1 was seen on 8/18/2025 by an in-house dentist for dental and per the notes it showed the root fragment for tooth #8 that was mobile and causing slight discomfort and the patient interested in extraction of root fragment. On 3/26/2026 at 5:41 PM an interview was conducted with the SSD who stated Resident #1's income was so low, (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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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and the resident does not have enough to cover patient liability for dental. The SSD stated trying to reach out to the family today to see if they would cover it and no one had gotten back to them. Review of the undated facility policy titled, Dental Policy revealed - It is the policy of this facility to assist residents in obtaining routine, to the extent covered under the state plan and emergency dental care. Under definition it revealed, emergency dental services includes services needed to treat broken, or otherwise damaged teeth, or any other problem of the oral cavity that required immediate attention by a dentist.</p>		