

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>105365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>06/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Life Care Center of Altamonte Springs                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>989 Orienta Ave<br>Altamonte Springs, FL 32701 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                 |
| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to report an allegation involving serious bodily injury and an injury of unknown source to the state Agency for Health Care Administration (AHCA) within the required timeframes for 1 of 2 residents reviewed for abuse, of a total sample of 5 residents, (#1). Findings: Review of resident #1's medical record revealed she was admitted to the facility on [DATE] with diagnoses including atrial fibrillation, muscle weakness, lack of coordination, abnormalities of gait and mobility, history of falls, and mild cognitive impairment. Resident #1 was transferred to the hospital on 5/16/26 due to chest pain and readmitted to the facility on [DATE]. Upon readmission, new diagnoses included multiple right rib fractures, Alzheimer's disease, and dementia. Review of the hospital Discharge summary dated [DATE] revealed diagnoses including multiple right rib fractures. The hospital course documented the resident was admitted from a skilled nursing facility with chest pain. Imaging identified right rib fractures, a small right apical pneumothorax, and a moderate right pleural effusion. A pneumothorax is a collapsed lung and occurs when air leaks into the space between the lung and chest wall. It can be caused by a blunt or penetrating chest injury, damage from underlying lung disease, or it may occur for no obvious reason. The symptoms usually include sudden chest pain and shortness of breath and on some occasions, it can be a life-threatening event, (retrieved from www.mayoclinic.org on 7/10/26). Review of a physician Progress Note dated 5/19/26 revealed incorporated information from the hospital discharge summary, including multiple right rib fractures. The assessment listed multiple right rib fractures, initial encounter for a closed fracture. The treatment plan included discontinuing Hydrocodone and continuing Acetaminophen. The note also contained a telephone encounter dated 5/16/26 documenting the Advanced Practice Registered Nurse (APRN) spoke with the resident's daughter at 2:12 PM. The daughter reported the hospital informed her that her mother had three cracked ribs and a lung pneumothorax and has fluid and blood in her lung. The APRN documented she notified the resident's physician. On 6/29/26 at 3:55 PM, the Minimum Data Set (MDS) Coordinator explained diagnoses were updated after any readmissions as needed. She reviewed resident #1's medical record and stated Alzheimer's disease, dementia, and multiple rib fractures were added to the medical record on 5/19/26 after the resident returned from the hospital. Review of AHCA's Nursing Home Federal Report Form submitted on 5/22/26 revealed the incident date was listed as 5/22/26 at 5:00 PM, when the daughter called the facility to inquire how her mother's rib fractures were doing. The detailed description of the allegation/incident stated a hospital computed tomography (CT) scan showed acute nondisplaced fractures of the right posterolateral 5th through 9th ribs. Resident #1 had been sent to the hospital for chest pain and there were no reported or documented incidents or events in the facility. The report also mentioned there was no indication of any fractures on the 3008 (Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form) dated 5/18/26. During a joint interview with the Administrator (NHA) and Director of Nursing (DON) on 6/29/26 at 4:54 PM, the NHA stated he was the Abuse Coordinator. He explained he was notified whenever there was an allegation of abuse, neglect or exploitation. The NHA indicated they started an (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>investigation and they had two hours to report to AHCA any abuse allegations, and 24 hours for allegations of neglect or injuries of unknown sources. The DON explained on 5/22/26 the A-Wing Unit Manager (UM) informed her resident #1's daughter had called inquiring about what follow-up was being done for her mother's fractures. The DON stated she looked at the hospital paperwork the facility received and noticed it mentioned the rib fractures. She explained after readmissions from the hospital, they review the list of medications, any follow up needed, new orders, and the 3008 form. The DON recalled talking about the resident during morning meeting after she was readmitted but not seeing anything about fractures. The DON shared resident #1's physician was in the facility at the time and looked at the hospital medical record. The DON reported she learned about resident #1's rib fractures on 5/22/26 and it was then when they initiated an investigation. They shared their expectation was to be informed about fractures noted in the medical record if other staff reviewing the chart discovered/realized they were present. On 6/29/26 at 6:04 PM, the A-Wing UM stated resident #1's daughter called on 5/22/26 asking about an injury her mother had, and she did not know what the daughter was talking about. She stated she looked at the 3008 form which did not mention any injury or fractures so she told the daughter they would look into it and get back to her. She then informed the DON about it. The UM added when they informed resident #1's physician, he was already aware of the fractures, but she felt the physician thought the facility was already aware of them. Based on review of the medical record, hospital discharge records, physician documentation, and staff interviews, the facility became aware of resident #1's unexplained rib fractures upon the resident's return from the hospital on 5/18/26, and the fractures were incorporated into the medical record on 5/19/26. Despite having documentation of multiple rib fractures with no identified cause, there was no evidence the facility initiated an abuse investigation or reported an injury of unknown source to the appropriate authorities until 5/22/26 after the resident's daughter contacted the facility. Review of the facility's policy Abuse - Reporting and Response - No Crime Suspected, revised 10/13/23, revealed the facility required allegations of abuse, neglect, exploitation, injuries of unknown source, and misappropriation of resident property to be reported to the appropriate authorities within the required regulatory timeframes. The policy reflected the reporting requirements outlined under Federal Regulation F609.</p> |                                                                                             |                                                 |