STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105375	A. Building B. Wing	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Campus Care Center and Rehab	715 E Dixie Ave Leesburg, FL 34748

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 - Some	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. 51447 Based on observations and interviews, the facility failed to provide a clean homelike environment for 2 of 9 residents, Residents #1 and #7, reviewed for environment. Findings include: 1) During an observation on 4/29/2025 at 10:39 AM of Resident #1's room and bathroom there were tiles noted to be missing along the wall of the sink and toilet, these were located along the baseboard of the wall. The bathtub does have a rust colored discoloration near the faucet and brown staining on the tile along the wall. (Photographic evidence obtained) During an interview on 4/29/2025 at 3:20 PM the Regional Plan Operator stated, The condition of the tiles and bathtub were not acceptable and needed to be fixed. During an interview on 4/29/2025 at 3:40 PM the EVS (Environmental Services) Manager stated, The bathtub discoloration is not to his expectations for cleanliness. 46523 2) During an observation on 4/29/2025 at 9:15 AM of Resident #7's room there was a loose baseboard with dry wall debris that spans the length of Resident #7's bed. (Photographic evidence obtained) During an interview on 4/29/2025 at 9:15 AM Resident #7 stated, I do not know what happened to the wall. I think it was water damage. It [the wall baseboard] has been that way for some time now. During an interview on 4/29/2025 at 3:26 PM the Regional Plan Operator stated, [Resident #7's name] room shows up in our report on 4/7/2025 . The floor is given a critical category and would need to be corrected in four hours. Baseboard damage should be repaired right away. [Resident #7's name] baseboard should have been repaired right away. During an interview on 4/29/2025 at 4:13 PM the Director of Nursing stated, A critical entry in the maintenance log is right way and a medium entry should be repaired by the end of the day. (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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(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 - Some	Review of the facility policy and procedure titled Environment of Care with an issued date of 4/1/2022 read, Policy: It will be the policy of this facility to provide the residents with a safe, comfortable and homelike environment.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 51447 Based on record reviews and interviews the facility failed to document blood glucose levels and administration of insulin for one of 3 residents, Resident #1, reviewed for medication administration, and 1 of 3 residents, Resident #1, reviewed for wound care. Findings include: 1) Review of Resident #1's medical record documented a medical diagnosis of diabetes mellitus (DM) type 2. Review of the physician order dated 2/20/2025 for Resident #1 read, Insulin Lispro subcutaneous solution pen 100 unit/ml (milliliter), inject 4 units subcutaneously before meals for DM and Insulin Glargine Solostar Subcutaneous Solution Pen-Injector 100 unit/ml, inject 15 units subcutaneously at bedtime for DM. Review of the physician order dated 2/21/2025 for Resident #1 read, Glucose monitoring before meals and at bedtime for DM. Review of the medication administration record for April 2025 for Resident #1 did not provide documentation of the administration for Insulin Lispro for April 27th at 4:30 PM, Insulin Glargine for April 27th at 9:00 PM, and did not provide documentation of Resident #1's blood glucose levels for April 27th at 4:30 PM and 9:00 PM. During an interview on 4/29/2025 at 3:17 PM Staff A, License Practical Nurse (LPN) stated, I worked a double shift that day and I forgot to document the blood glucose levels and the administration of the insulin. During an interview of 4/29/2025 at 5:25 PM the Director of Nursing (DON) stated, My expectations are that the nurses document glucose serum levels and medication administration accurately in real time. 46523 2) During an observation on 4/29/2025 at 12:00 PM with the DON Resident #1 had a wound dressing on his left leg dated 4/26. Review of Resident #1's physician order dated 3/26/2025 read, Wound care to left lateral malleolus: cleanse w/NS [with normal saline], apply Iodosorb & [and] cover w/border gauze. Review of Resident #1's Wound Assessment Report dated 4/16/2025 documented the left lateral malleolus wound had a resolved status. (continued on next page)

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Treatment Record Administration for the month of April 2025 for wound care to the left lateral malleolus wound documented blank entries on 4/10/2025, 4/13/2025, 4/15/2025, 4/17/2025, 4/18/2025, 4/21/2025, 4/22/2025, and 4/27/2025. Review of Resident #1's Treatment Record Administration for the month of April 2025 for the left lateral malleolus wound care documented on 4/28/2025 wound care was provided. During an interview on 4/29/2025 at 1:45 PM the DON stated, [Resident #1's name] wound had resolved since April 16. The nurse should have discontinued the order. The staff should be checking off when the wound care is completed and not checking off the treatment record if treatment is not being done, only signing off if the treatment is completed. The treatment record is to be filled out accurately to represent the care provided. During an interview on 4/29/2025 at 2:53 PM Staff B, Registered Nurse/Wound Care Nurse stated, [Resident #1's name] wound was healed about a week ago, it was healed. I should have discontinued the order and put in a progress note regarding the wound being resolved. If the staff are doing the wound care nurses should check it off in the treatment record, if they are not doing the wound care, it should not be checked off. If they have any questions, they can let me know or reach out to the provider. During an interview on 4/29/2025 at 5:51 PM Staff C, LPN stated, I didn't do wound care for Resident #1 on 4/28/2025. I checked off doing the treatment by mistake. Review of the facility policy and procedure titled Wound Care with an issued date of 4/1/2022 read, Policy: It will be the policy of this facility to provide assessment and identification of residents at risk of developing pressure injuries, other wounds and the treatment of skin impairment. Procedure: 10. Document in the clinical record when treatments are performed. Review of the facility policy and procedure title Charting and Documentation with an issued date of 4/1/2022 read, Policy: It is the policy of this facility that services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's clinical record as is needed. Procedure: Observations, medication administration, services performed, etc., should be documented in the resident's clinical records.