

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER Royal Oak Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 37300 Royal Oak Lane Dade City, FL 33525	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to ensure isolation protocols were followed related to PPE (personal protection equipment) use and notifying visitors of infections, in two rooms (231 and 230) out of 15 rooms in hall 200. Findings included: On 02/02/2026 at 03:33 PM, room [ROOM NUMBER] was observed with a contact isolation sign on it, requiring gloves and a gown prior to room entry. There was no indication of whether the sign was for the resident in Bed A or the resident in Bed B. Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA, were observed leaving room [ROOM NUMBER] B, without gloves and gowns after assisting a resident on Bed B's side, as the resident was in a wheelchair. Staff A and Staff B did not use hand hygiene after leaving room [ROOM NUMBER] B. On 02/02/2026 at 03:37 PM Staff A, CNA and Staff B, CNA, were observed re-entering room [ROOM NUMBER] B, without donning gloves and gowns, prior to entering the room. Staff A and Staff B made contact with a curtain divider in room [ROOM NUMBER], and the resident in room [ROOM NUMBER] B's wheelchair, shoulder, right hand, and wrist. Staff A and Staff B were observed leaving room [ROOM NUMBER] and made contact with a table in the hall that had multiple items on it. On 02/02/2026 at 03:40 PM, room [ROOM NUMBER] was observed with a contact isolation sign on the door. Staff A, CNA and Staff B, CNA, were observed entering room [ROOM NUMBER] without donning gloves or gowns. The contact precaution sign on the door did not reveal which resident it applied to. Staff A and Staff B exited room [ROOM NUMBER] and did not use hand hygiene between rooms. On 02/02/2026 at 03:36 PM, an interview was conducted with a family member of the resident in room [ROOM NUMBER] B. The family member explained not having been told anything about the contact isolation sign. The family member of the resident in room [ROOM NUMBER] B stated not knowing gloves and gown were required prior to entering room [ROOM NUMBER]. The family member stated after seeing the contact isolation sign on the door they may need to stop visitation. The family member confirmed they had not been notified or educated on appropriate PPE use prior to entering the room. On 02/02/2026 at 03:42 PM, an interview was conducted with Staff A, CNA and Staff B, CNA, after they were observed leaving room [ROOM NUMBER]. Staff A explained the contact sign on the door of room [ROOM NUMBER] was for Bed B. Staff A stated they assisted the resident in Bed B. Staff A pointed at the contact isolation sign on the door of room [ROOM NUMBER] and stated, I know everything about that. Staff A stated gown and gloves were not needed because only the hands of the resident in Bed B were touched without gloves. Staff A stated if the resident was being picked up during a transfer, then gloves should have been worn. Staff A stated she would have washed her hands afterwards. Staff A stated hand sanitizer had not been used between care contact in rooms [ROOM NUMBERS]. After reading a contact isolation sign on room [ROOM NUMBER]'s door, Staff A stated PPE should have been put on if contact had been made with a resident, not before entering the room. On 02/02/2026 at 03:59 PM, an interview was conducted with Staff C, Registered Nurse (RN), who stated for contact isolation signs, gloves and gown were required to be donned before entering the room. Staff C, RN stated after leaving a</p> <p>(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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>contact isolation room, hand hygiene should be used. Staff C stated all her aides knew how to use PPE and when to use it. Staff C stated, that's nursing 101 right there, or at least it should be. On 02/02/2026 at 04:55 PM, an interview was conducted with the Nursing Home Administrator (NHA), Director of Nursing (DON), and the Infection Preventionist (IP). The DON stated prior to entering a room with a contact isolation sign on it, staff should have put on gloves and gowns. The DON stated when the aides left the room, the gown and gloves should have been disposed of, and their hands should have been washed. The DON stated before the aides went to another room, the process should have been restarted. The DON stated if aides were going near residents, PPE would have been required. The DON stated if a curtain, or a resident's wheelchair was touched, gown and gloves would have been required. The DON stated if a resident's hands were touched, definitely, PPE was required. The DON stated every resident room and bathroom had hand hygiene. The DON stated a new procedure was required from space to space. Review of an undated facility policy titled, Infection Prevention and Control Program, revealed: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Definitions: Staff includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. Policy Explanation and Compliance Guidelines: 1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases. 2. All staff are responsible for following all policies and procedures related to the program. 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee. c. The RNs and LNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections. 4. Standard Precautions: a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies. 5. Isolation Protocol (Transmission-Based Precautions): a. A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines. b. Residents on transmission-based precautions should be placed into a private/single room if available/appropriate, or are cohorted with residents with the same pathogen, or share a room with a roommate with limited risk factors, in accordance with national standards. c. Residents will be placed on the least restrictive transmission-based precaution for the shortest duration possible under the circumstances. d. When a resident on transmission-based</p> <p>(continued on next page)</p>		

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