

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2025
NAME OF PROVIDER OR SUPPLIER Evergreen Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 7045 Evergreen Woods Trl Spring Hill, FL 34608	
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 0806 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. (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 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents with allergies were provided foods that were free from allergens for 1 of 9 residents, Resident #1, sampled who had food allergies. Resident #1 had a documented severe fish allergy. The dietary department prepared Resident #1's meal tray which consisted of a fish entree; due to interruptions that occur during the tray line, the meal tray was delivered to the floor. At approximately 12:00 PM, Staff D, Certified Nursing Assistant (CNA), delivered the meal tray to Resident #1. At approximately 12:30 PM, Resident #1's meal tray was collected by Staff D, CNA, and realized the meal tray contained fish. Resident #1 notified facility staff that she was allergic to fish and was treated with medication for an allergic reaction. At approximately 12:57 PM, Resident #1 experienced increasing mouth and cheek swelling, was transferred to a local hospital and treated for an allergic reaction/anaphylaxis. Findings include: Review of Resident #1's medical record documented allergies of Fish. Severity Type: Severe. Reaction Manifestation: Anaphylactic Reaction. Reaction Note: itchy throat. Review of Resident #1's nursing progress note dated 6/6/2025 at 12:40 PM read, This writer returned from meal break and was informed by 2nd nurse that patient ate fish on lunch tray, patient allergy to fish, patient assessed, she reports all over mild itching, no mouth or throat itching or tightness, no SOB [Shortness of Breath]. [The Advanced Registered Nurse Practitioner (ARNP) #1's name] notified, new order for Benadryl one time now, then QHS [every night at bedtime] at bedtime as needed x [times] 10 days. Benadryl given, patient resting comfortably in bed, no s&s [signs and symptoms] of distress. Call light within reach, will continue to monitor. Review of Resident #1's eInteract Change in Condition Evaluation dated 6/6/2025 at 12:49 PM read, Situation: A. Signs and Symptoms Identified: Other Change in condition. List the other changes: patient ate fish on lunch tray, allergy to fish. Skin Status Evaluation: mild itching all over. Review Findings and Provider Notifications: 3. Patient provided with Benadryl as ordered. 4. Summarize your observations, evaluations and recommunication's: This writer returned from meal break and was informed by 2nd nurse that patient ate fish on lunch tray, patient allergy to fish, patient assessed, she reports all over mild itching, no mouth or throat itching or tightness, no SOB. [The ARNP #1's name] notified, new order for Benadryl one time now, then QHS at bedtime as needed x 10 days. Benadryl given, patient resting comfortably in bed, no s&s of distress. Call light within reach, will continue to monitor. Provider Notification and Feedback: Recommendation of Primary Clinician: Benadryl one time now, and the QHS as needed x 10 days. Review of Resident #1's eInteract Transfer Form dated 6/6/2025 at 12:57 PM read, Transfer/Discharge Details: other reason for transfer: patient ate fish on lunch tray, seafood allergy. Review of Resident #1's Post Event Note dated 6/6/2025 at 13:00 [1:00 PM] read, The following event has occurred: patient ate fish, allergy to fish. The noted date and time of the event are as follows: 06/06/2025 12:30 PM The event took place in the following location: patient room. The findings of the Skin Check that was completed include the following: no visible skin alterations, no rash. Patient reports mild itching all over. Treatment as follows was provided to the area or areas of concern: Benadryl 25 mg [milligrams] one time now, then QHS PRN [as needed] x 10 days. The description of the event as provided by licensed staff is as follows: patient states all over mild itching, no SOB, no mouth or throat itching/tightness. [The ARNP #1's name] notified, give Benadryl now, then QHS PRN x10 days. The resident has provided the following description of the event: Patient reports mild itching all over. The following type of event is noted: no areas of concern Details of the event are as follows: patient assessed, she reports all over mild itching, no mouth or throat itching or tightness, no SOB. Preventative interventions related to this event include: n/a [not applicable]. The name of the practitioner notified is: [the ARNP #1's name] The date and time of practitioner notification: 06/06/2025 12:40 PM Please note the following new order orders: Benadryl one time now, then QHS PRN x 10 days The name of the Resident Representative notified: Daughter [name of daughter]. The date and time the Resident's Representative was notified: 06/06/2025 12:45 PM Review of Resident #1's order dated 6/6/2025 read, Benadryl Allergy Oral Tablet 25 MG (Diphenhydramine HCl) Give 25 mg by mouth one time only for Allergy for 1 day. Review of Resident #1's Medication Administration Record for the month of June 2025 for Benadryl 25 mg was documented as given on 6/6/2025 at 12:52 PM. Review of Resident #1's physician order dated 6/6/2025 read, Benadryl Allergy Oral Tablet 25 MG (Diphenhydramine HCl) Give 25 mg by mouth as needed for Allergy for 10 days may have 25 mg Q HS PRN x 10 days. Review of Resident #1's progress note dated 6/6/2025 at 1:10 PM read, Patient c/o [complaint of] tongue feels like it is swelling ARNP notified, new order</p>		