STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105455	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Placid Health and Rehabilitation Center	125 Tomoka Blvd S Lake Placid, FL 33852

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to inform the resident's Health Care Surrogate (HCS) of medication changes, prior to implementing the changes for one resident (#1) of three residents sampled for notification of changes.Findings included: During a telephone interview on 02/19/2026 at 10:11 AM, Resident #1's HCS, explained the facility had not facilitated prior communication of medication changes before carrying out the changes. Resident #1's HCS stated the resident had begun taking Haldol and Depakote after presenting with behaviors at the facility. Resident #1's HCS expressed being upset the medication changes were not communicated prior to implementation. During an interview on 02/19/2026 at 02:20 PM, Staff A, Licensed Practical Nurse (LPN), stated Resident #1 was challenging and hard to work with at times. Staff A stated Resident #1 would curse and get loud with staff. Staff A stated for residents to get on psych medication, the unit manager was supposed to notify the family. Staff A stated there was no reason a resident's HCS would not be notified, prior to a resident being placed on psychotropic medication. Staff A stated Resident #1s HCS refused psychotropic medication for the resident.During an interview on 02/19/2026 at 02:41 PM, Staff B, LPN, Unit Manager (UM), stated to start a resident on psychotropic medication, a call would have been placed to the resident's HCS prior to administering the medication to the resident. Staff B stated the HCS would have been made aware of the medication's risk. Staff B stated there was a psychotropic medication form, that would have been signed prior to implementing medication changes. Staff B stated consent would have been obtained through a phone call and documented on a consent form. Staff B stated a medication order would have been placed in the resident's medical record by a nurse, after receiving a script from a provider. Staff B stated a consent form would have been uploaded to the medical record, along with a progress note. Staff B stated on 04/11/2025, Resident #1 was ordered Haldol. Staff B stated Haldol was administered on 04/26/2025. Staff B stated Depakote had been reduced on 04/13/2026 and received prior, by the resident from 03/2025.During an interview on 02/19/2026 at 03:17 PM, Staff B, LPN, UM, provided a signed psychotropic consent form dated 04/28/2025, for Depakote. Staff B stated he had not seen a psychotropic consent form for Depakote signed prior to 04/28/2025. Staff B stated the psychotropic consent form for Resident #1 should have been signed prior to Resident #1 receiving Depakote and Haldol.Review of Resident #1's medical record revealed the resident was admitted to the facility on [DATE].Review of Resident #1's medical diagnosis included:Other specified mood disordersUnspecified dementia, unspecified severity, with other behavioral disturbanceMajor depressive disorder, recurrent, moderateOther specified anxiety disordersReview of Resident #1's orders revealed:Haldol Injection Solution 5 MG/ML [milligram per milliliter] (Haloperidol Lactate) Inject 1 dose intramuscularly every 24 hours as needed for agitation, ordered 04/11/2025 discontinued 05/07/2025Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG [milligram](Divalproex Sodium) Give 1 Capsule by mouth three times a day for Mood Disorder Pharmacy 3/31/2025 17:00 Discontinued 4/13/2025Depakote ER Oral (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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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Tablet Extended Release 24 Hour 250 MG (Divalproex Sodium) Give 1 tablet by mouth two times a day for Mood Disorder Pharmacy 4/13/2025 17:00 Discontinued 4/28/2025Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 500 MG (Divalproex Sodium) Give 500 mg by mouth two times a day for Mood Disorder Pharmacy 4/28/2025 17:00 Discontinued 5/06/2025Review of Resident #1's Medical Administration Record (MAR) revealed Resident #1 received:Haldol Injection solution 5 MG/ML, on 04/26/2025Divalproex Sodium oral capsule delayed release sprinkle 125 MG, three times a day from 04/01/2025 through 04/12/2025 and two times on 04/13/2025Depakote ER oral tablet extended release 24 Hour 250 MG, one time on 04/13/2025 and 04/28/2025 and two times a day from 04/14/2025 through 04/27/2025.Depakote ER oral tablet extended release 24 Hour 500 MG, one time on 04/28/2025 and two times a day on 04/29/2025 and 04/30/2025.Review of Resident #1's Minimum Data Set (MDS), section C, dated 12/04/2025, revealed the resident had a Brief Interview Mental Status (BIMS), of 03, which indicated severe cognitive impairment.Review of Resident #1's progress notes showed a note dated 04/26/2026, which revealed: Resident #1 had approached staff and stated having had a disagreement with a roommate and if the dispute continued, Resident #1 was going to practice self defense. The note revealed Resident #1 was not redirectable and attempted to argue with a roommate while staff was in the room. The note revealed Haldol was given to the resident for severe agitation due to unredirectable nature.A late entry progress note dated 04/28/2025, revealed: behavioral health provider in to asses patient related to behaviors. Education provided to Resident #1's family member. Resident #1's family member gives consent for medication.A progress note dated 05/06/2025, revealed: on 5/6/2025 facility staff spoke with Resident #1's family member on the phone, about concerns of psychotropic medication use. The note showed the family member changed decisions about new medication. The note revealed education was provided and wasn't receptive at the time. The note showed the psych provider was notified and new orders were received to discontinue medication.Review of Resident #1's medical documents revealed a Psychotropic Medication Administration Disclosure form, in which consent was given on 04/28/2025, by phone through verbal consent from Resident #1's HCS.Review of Resident #1's care plan revealed a focus of Resident #1 having potential for adverse effects related to use of psychotropic medication use: -antidepressant to manage depression -anti-anxiety to manage anxiety, initiated on 04/29/2025. The goal was for Resident #1 to have a reduced risk of adverse reactions related to medication use through next review date, initiated on 04/29/2025. The interventions included: administer medications as ordered by the physician. Observe side effects and effectiveness, initiated 04/29/2025. Another intervention was to consult with pharmacy & Medical Doctor (MD), for gradual dose reduction when clinically appropriate, initiated 04/29/2025. Another intervention was to observe for adverse reactions to medication and report to MD as needed, dated 04/29/2025.During an interview on 02/19/2026 at 04:45 PM, the Director of Nursing (DON), stated psych saw residents, performed evaluations, wrote orders, and then called families of residents to provide education about the risk benefit of psychotropic medications. The DON stated family members of residents planned to take psychotropic medication, would have been contacted prior to administering the medication as somebody's got to give consent. The DON stated, unless there was an emergent situation like a psychotic breakdown, there would have been no reason not to notify the family of a psychotropic medication change. The DON stated Resident #1 was on divalproex known as Depakote, for mood disorders, from 03/31/2025 until 04/13/2025. The DON stated Resident #1received Haldol once on 04/26/2025. The DON stated Depakote was received on 04/28/2025. The DON stated consent should have been obtained for Haldol and Depakote prior to administering the medication. The DON stated Resident #1's HCS first contact would have been the nurse practitioner. The DON stated, typically, staff would have documented on Resident #1's medical record that the provider (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notified the family. The DON stated not having seen in the resident's medical record that the provider spoke with the family on 03/31/2026. The DON was unable to confirm consent for Haldol and Depakote was obtained prior to administering the medication.