

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Nursing & Rehabilitation Center of New Port Richey		STREET ADDRESS, CITY, STATE, ZIP CODE 8417 Old County Rd 54 New Port Richey, FL 34653	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review, the facility failed to provide access to a functional call light for one resident (#3) out of three residents reviewed for call lights.</p> <p>Findings included:</p> <p>On 06/19/25 at 10:16 a.m. an observation and interview with Resident #3 was conducted. She was observed sitting in her wheelchair next to her bed dressed in appropriate day clothes. She stated things are ok. Her call light was observed next to her within reach on her left side, but she stated her call light doesn't work. She stated it is a squeeze call light and has not worked for one week or more. She stated they gave her a ringing hand bell to use but when she uses it, nobody comes. She stated has to wait until she sees someone to receive the care she needs. She stated it scares her. She stated she doesn't get back into bed when she wants to because she is just left in her room and cannot do it herself. She stated she doesn't know if they are doing anything about her call light and feels afraid that something may happen if they don't fix it. Resident #3 was observed to squeeze her call light for demonstration. The light outside her room not did not illuminate to notify staff she was calling. There were no staff observed in the hall. The room adjacent to her room was being deep cleaned and a loud vacuum sound was heard. She demonstrated using her hand ringing the hand bell. There were no staff observed in hall and a faint ringing sound was heard from the hall.</p> <p>A review of Resident #3's admission record revealed she was admitted to the facility on [DATE] with diagnoses to include; type 2 diabetes, chronic kidney disease, reduced mobility, muscle weakness, need for assistance with personal care, repeated falls, and weakness.</p> <p>A review of Resident #3's Quarterly Minimum Data Set (MDS), dated [DATE] revealed in Section C- Brief Interview for Mental Status (BIMS) score of 12, indicating she is cognitively intact. Section GG showed -functional abilities an impairment on both sides of her upper extremities.</p> <p>A review of Resident #3's active Care Plan showed a focus of participating in physical, occupational or speech therapy with a goal to improve their functional level. Interventions included - Report and document PRN {as needed} . Change in ability to perform ADLs {Activities of Daily Living}, Decline in mobility.</p> <p>On 06/19/25 an interview with Staff C, Occupational Therapist (OT) was conducted. She stated Resident #3's right upper extremity functions better than her left upper extremity She stated her fine motor skills are intact but he does have normal decreased sensation in her hands.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/19/25 at 11:30 a.m. an interview with Staff A, Licensed Practical Nurse, LPN, was conducted. Staff A is responsible for Resident #3's care. She stated everyone is responsible for answering call lights and all call lights should be working on this floor.</p> <p>On 06/19/25 at 11:37 a.m. an interview with Staff B, Certified Nursing Assistant, CNA, was conducted. She stated she floats to all of the units in the facility throughout the day. She stated all call lights are working and if a call light isn't working, they would fix it quickly.</p> <p>On 06/19/25 at 1:49 p.m. an interview with the Maintenance Assistant was conducted. He stated if a call light wasn't working the staff would put in a work order and we would get to it as quickly as we could. He stated he was not aware of any call lights currently not working.</p> <p>On 06/19/25 An observation was conducted with the Maintenance Assistant. He went to Resident #3'3 room and squeezed the call light, he determined it did work; however he believes the resident was not strong enough to squeeze it. He stated he would switch it for a tap/touch call light device.</p> <p>On 06/19/25 at 1:14 p.m. an interview was conducted with the Assistant Director of Nursing/Interim Director of Nursing (ADON/DON). She stated everyone was responsible for answering call lights. She stated she was not aware of any call lights not working. The ADON/DON stated if a call light did not work, they would let maintenance know. She said, If a resident's call light was not working, the staff would be aware of the situation and the resident would have a manual ringing bell.</p> <p>The facility did not provide a policy on call lights.</p>		