STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
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. Based on observations, interviews and record review the facility failed to maintain a safe, clean, comfortable and home-like environment related to bio growth on shower equipment in four communal shower rooms (B, C, E, and F) out of four communal shower rooms observed. Findings include:On 11/20/2025 at 12:01 p.m. an observation was made of the communal showers in B wing. Two of two shower equipment were observed to have brown, pink and black bio growth.On 11/20/2025 at 12:59 p.m. an observation was made of the communal showers in C wing. Two of three shower equipment revealed pink, black and brown bio growth.On 11/20/2025 at 1:09 p.m. an observation was made of the communal shower in E wing. Two of two shower chairs showed pink, brown and black bio growth.On 11/19/2025 at 1:14 p.m. an observation was made of the communal shower room in F wing. One of two shower chairs showed pink and black bio growth.In an interview was conducted on 11/20/2025 at 4:01 p.m. with the Director of Maintenance (DOM). DOM stated showers are expected to be cleaned daily and after each use, and deep cleaning is done each month. Review of the policy titled, General Housekeeping , with a revision date of 01/2024, revealed the following: Policy: Purpose: To maintain a clean, safe, and sanitary environment for residents, staff, and visitors by outlining the procedures and standards for effective housekeeping in accordance with federal, state, and local health regulations, including Centers for Medicare & Medicaid Services (CMS) and CDC guidelines. Policy statement: It is the policy of the facility to ensure that all areas of the facility are maintained in a clean, sanitary, and orderly condition. The housekeeping department is responsible for daily and scheduled cleaning and sanitation services, promoting infection control and safety for all residents and staff.Procedures: A: 2. Shower rooms-Bathrooms, including showers, commodes, etc., will be cleaned daily in accordance with our established procedures.-Sweep and mop floors Photographic Evidence Obtained

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident medical record review, facility record review, staff and resident family interviews, the facility failed to report and investigate an incident/event for one of one sampled resident, (#12), and who was reviewed as leaving the facility without signing out per the facility's Leave Of Absence rules. It was found the facility did not know Resident #12's whereabouts for over thirty minutes, after he left the facility grounds. Findings included:During an interview with the facility's Nursing Home Administrator (NHA), and the Director of Nursing (DON)/Risk Manager (RM) on 11/19/2025 at 2:45 p.m., both revealed Resident #12 was admitted at the facility from 7/1/2025 through to 10/31/2025, for skilled and therapy services. Also, the NHA and DON/RM revealed Resident #12 was discharged to the community to his daughter's house with Home Health Services, per his discharge care planning on 10/31/2025. The NHA and DON/RM revealed during Resident #12's admission, he was his own decision maker and had an ongoing Leave of Absence (LOA) order without any restrictions. The NHA provided a document noting a timeframe of an event which occurred on 10/30/2025. It was noted Resident #12, who enjoyed access to the front of the building porch routinely, had decided to leave the porch area and leave the property to go to his daughter's home. The timeline document (not dated), revealed; - 10/30/2025 at 6:45 p.m., Staff picked up tray with resident still in room. - 10/30/2025 at 7:20 p.m., Staff completed care. - 10/30/2025 at 7:30 p.m., Resident exited to sit on front porch. - 10/30/2025 at 7:50 p.m., Nurse called code orange. - 10/30/2025 at 7:50 p.m., Certified Dietary Manager spoke with resident on the sidewalk. - 10/30/2025 at 7:55 p.m., Certified Dietary Manager called facility administrator. - 10/30/2025 at 7:55 p.m., Facility Administrator called the facility. - 10/30/2025 at 8:05 p.m. - 8:30 p.m., Certified Dietary Manager walked with resident. - 10/30/2025 at 8:11 p.m., Certified Dietary Manager called Local Police Department. - 10/30/2025 at 8:30 p.m., Resident decided to return to the facility. - 10/30/2025 at 8:45 p.m., Unit Manager picked resident up with van. - 10/30/2025 at 8:50 p.m., Local Police Department returned call and notified resident returned to facility. - 10/30/2025 at 8:53 p.m., Resident arrived back to the unit. - 10/30/2025 at 9:00 p.m., Local Police Department arrived at facility. - 10/30/2025 at 9:14 p.m., Medication Refused. Further interview with the NHA, DON and RM, all revealed they did not find to need to report this event to the State agency, as they determined Resident #12 was not an elopement risk, and only left the facility property without not signing out on Leave of Absence. The NHA revealed resident could have stayed out in the community but wanted to return to the facility with assistance. The NHA and RM both confirmed though, and for a period of ten to thirty minutes, and as a result from Resident #12 not signing out per policy, they did not know where he was at and also confirmed the facility did call out a code orange, which identified as Resident #12 could not be accounted for. On 11/20/205 at 8:50 a.m. an interview with the Certified Dietary Manager (CDM) revealed he had been working at the facility as the CDM for a little over nine months. The CDM revealed he remembered the resident as being able to make his own decisions. The CDM also recalled Resident #12 had Leave of Absence (LOA) orders and could be seen just outside the facility's entrance/exit door, seated on the porch. He revealed the resident liked to sit on the porch and as far as he knew, he had never seen him leave the property on his own but was able to leave the property if he chose to. The CDM was not sure what the facility's policy was with regards to signing out. The CDM revealed on the evening of 10/30/2025 at around 7:50 p.m., he was driving home and just by chance, recognized a resident who was on the sidewalk and ambulating while in a wheelchair. Once he got closer, he realized it was Resident #12. The CDM got out of his car to talk with Resident #12, and he had told him he was on his way to his daughter's house to get his wallet. The CDM remembered asking Resident #12 where his daughter lived and who was told about four miles or so away. The CDM revealed Resident #12 was already approximately 1/2 mile from the facility. The CDM offered to get him back to the facility with (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	transportation and the resident agreed to that. The CDM revealed at that point he would call the NHA because he had no room in his car to transport the resident back to the facility. The CDM revealed the resident's Unit Manager was called by the NHA and she arrived to pick Resident #12 up with her van, as the CDM did not have room in his car to transport him back. The CDM revealed the resident was brought back to the facility about 8:00 p.m. On 11/19/2025 during a closed medical record review, it was found Resident #12 was admitted at the facility on 7/1/2025. Review of the Advance Directives revealed Resident #12 was his own decision maker. Review of the admission diagnosis sheet revealed diagnoses to include but not limited to persistent mood disorder, generalized anxiety, major depression, unspecified dementia, and unspecified severity with other behavioral disturbance. Review of the documents section of the electronic medical record revealed; 1. Leave Of Absence (LOA) form (Release of Responsibility for Leave of Absence) signed and dated by the resident on 7/1/2025. The document revealed Resident #12 the undersigned, hereby accept complete responsibility for Resident while away from nursing center and absolve the management of said facility, it's personnel and the attending physician of responsibility for any deterioration in condition or accident that may occur while resident is away from facility. I understand that a bed will be reserved for the above-named resident upon return up until midnight of the LOA. Resident and or responsible party is to sign out upon departure, with approved md order, and sign resident back in upon return. By signing this agreement, I am stating that I understand the above and have been given the opportunity to ask questions.Review of the Physician's Order Sheet for months 7/2025, 8/2025, 9/2025, and 10/2025 revealed Resident #12 had a Leave of Absence order with no restrictions. Review of the last and most current Minimum Data Set (MDS) Discharge assessment dated (10/31/2025), revealed; (Cognition/Brief Interview Mental Stats or BIMS score = not scored but revealed memory ok, and independent with decisions regarding daily tasks); (Mood - None documented as exhibited during this assessment timeframe); (Behavior Wandering - None documented as exhibited during this assessment timeframe); (ADL -Set up with supervision most to all ADLs) A review of the previous MDS Assessment (Quarterly), dated (9/29/2025), revealed; (Cognition/BIMS score 13 of 15); (Mood - None documented as exhibited during this assessment timeframe); (Behavior Wandering None documented as exhibited during this assessment timeframe).A Teaching Instruction/Education dated 10/30/2025, revealed; Topic = LOA; Resident is able to sign out at the front desk every time he leaves the building, even when sitting on the front porch. Review of the nurse progress notes dated from admission 7/2/2025 thought to discharge 10/31/2025 revealed; a. 7/1/2025 21:39 [NAME] admission eval - Revealed Elopement Evaluation, the leave of absences process was reviewed with the resident. The resident does not have the ability to move about the facility independently with or without assistive devices like a walker or wheelchair. The resident does not have cognitive impairment and has not expressed a desire to leave the facility. The resident has not exhibited any exit seeking behavior. Resident is not at risk for elopement. Resident has been notified of elopement evaluation. Care plan review with next review date (most current), dated initiated 7/2/2205 and next review date 12/30/2025 revealed no problem areas with goals and interventions related to Exit Seeking behaviors, Wandering Behaviors, or Elopement risk. This was confirmed with interview with the Care Plan Coordinator, DON, NHA, Social Service Director on 11/20/2025 at 12:00 p.m. On 11/20/2025 at 11:00 a.m. an interview with the Social Service Director revealed she was knowledgeable of Resident #12. The Social Service Director confirmed throughout Resident #12's stay, he had some confusion in the beginning months of 7/2025 and 8/2025, but he had improved greatly with his cognition/confusion and improved physically as well. The Social Service Director also confirmed Resident #12 had a Leave of Absence (LOA) order with no restrictions and could leave the property on his own if he chose to do so. She remembered Resident #12 signing out and leaving with his daughter to go to appointments a handful of times during his stay. The Social Service Director revealed Resident #12 would at times go outside the front lobby entrance/exit door and sit on the covered porch seating area. She confirmed residents who have no restrictions with Leave LOA do not and did not have to sign out to sit in this (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	area. The Social Service Director revealed she had not seen or noted Resident #12 leaving the property on his own without signing out, until 10/30/2025. The Social Service Director revealed she was not at the facility the day Resident #12 left the property but did hear about it the next day she came to work. The Social Service Director did not know the specifics of exactly when Resident #12 left the property and who and when he was found. On 11/20/2025 at 9:43 a.m. Resident #12's Daughter contacted via the telephone for interview. The Daughter explained Resident #12 moved to her home recently from out of state to live with her. She revealed at a point and while living with her, he had developed wounds and infections and had to go to the Hospital. She revealed as a result from his hospital stay, Resident #12 was then transferred by choice to the Nursing center where he received therapy, and skilled nursing services, with plans to discharge back to her home. Resident #12's daughter revealed he was his own decision maker. Resident #12's Daughter explained he had a Leave of Absence (LOA) order and he could leave the property anytime he wanted to, and there were times she picked him up to go to appointments and lunches. She confirmed Resident #12 had no restrictions related to LOA status. Resident #12's Daughter remembered on 10/30/2025, the day before his planned discharge, had called him, along with other staff members, to bring him his wallet. She revealed she was trying to look for it and he kept calling, and staff kept calling for this request. She revealed she lives only 4 - 5 miles from the facility so she was going to bring it to him Resident #12's daughter revealed apparently Resident #12 decided to try to ambulate himself during the evening of 10/30/2025 with his wheelchair to her house, but he did not call her. Resident #12's Daughter did not know if he had signed out or not and was not aware if the facility staff was aware of where he was at.On 11/20/2025 at 11:44 a.m. an interview was conducted with the weekend receptionist, Staff C. Staff C revealed her normal working hours are from around 9 a.m. through to 9 p.m. Staff C revealed her responsibilities include taking calls, assisting visitors to administration/supervisors or to residents in the building. Staff C also revealed another core part of her working responsibilities are ensuring residents who are not allowed to leave the building don't go out through the front door. She revealed the front door at her work desk is usually unlocked from the time she gets to the facility and then locked around 7:00 p.m. Staff C confirmed she still works for a couple more hours at the facility, at the front desk until 9:00 p.m.Staff C explained there is a Leave of Absence (LOA) book at the front desk and for residents who are ordered and can go out on LOA, will sign in and out from this book. She revealed the process involves a nurse will provide a pink colored ticket to the resident or representative and that ticket is brought to the front desk where she or whoever is working the desk will take the ticket and have the resident or representative sign out. She revealed they are to sign their name, time leaving, a brief note of where they are going and when they will return, as well as a line for signing in with the time of arriving back at the facility. Staff C confirmed if she is going on break, or needs to leave the desk for a moment, she is relieved by another staff member, until she returns back.Staff C revealed there are instances when residents can go outside and do not have to sign the LOA book. She revealed residents who have LOA orders and have no restrictions, can go out to the front porch, which is directly on the other side of the entrance/exit door of the front lobby area. She revealed residents will sit out in this area to enjoy the air, and with family visits. Staff C confirmed Resident #12 had LOA orders with no restrictions and he often would go out and sit outside on the front porch. She confirmed he would not have had a need to sign out, as he was not leaving property. Staff C confirmed she knew Resident 12 well and that his normal routine was to go outside and sit on the porch a couple of times a day, and usually for an hour or maybe longer. Staff C confirmed she worked the night Resident #12 went outside to sit on the porch, which was the evening of 10/30/2025. She revealed she did have to let him outside at around 7:30 p.m., as the door would have been locked around 7:00 p.m. She had seen him seated in his wheelchair on the front porch for a while and noted around 7:40 a.m. but did not remember seeing him after that time. She revealed she was asked by staff at around 7:50 a.m. and she looked outside and did not see him on the porch. She confirmed Resident #12 did not sign out LOA and did not know why he left the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	property. Staff C did confirm there was a period of time when she and the facility staff were not aware of where Resident #12 was, even if it was only twenty minutes or so. Staff C revealed at that point she had overheard a code orange, which would mean a missing resident, and was related to Resident #12. On 11/20/2025 12:50 p.m. a second interview was obtained with the facility's Nursing Home Administrator (NHA), Director of Nursing (DON)/Risk Manager (RM) with relation to Resident #12 leaving the facility property on 10/30/2025. The NHA expressed and confirmed Resident #12 did leave the porch area and left the property via ambulating in wheelchair to go to his daughter's home on [DATE]. The NHA and DON/RM both revealed resident #12 was to be discharged out from the facility the following day on 10/31/2025, per care planning and his choice. The NHA revealed the facility had an expectation (not policy) for residents who have full Leave of Absence, can leave the building to the front porch seating area without signing out. The front door is unlocked during business hours and residents who have full LOA status could leave the building to sit on the front porch without needing to sign out.The NHA and DON/RM both confirmed Resident #12 was full Leave of Absence status, and without any restrictions. The NHA and RM both confirmed Resident #12 would leave the building to sit in the porch area routinely and he had never tried to leave the building property before without first signing out. The NHA and DON/RM both confirmed during the time Resident #12 was off property, a nurse was trying to find him and couldn't find him, therefore calling a missing person code orange. The NHA revealed since Resident #12 did not follow the facility rule/policy for signing out and did leave the property, he could not be accounted for approximately thirty minutes. The NHA confirmed the facility would not have known of his whereabouts during that time frame and now understood that this event should have been reported to the State agency and investigated. On 11/20/2025 at 3:00 p.m. the Nursing Home Administrator (NHA) provided the Leave of Absence policy and procedure with a last review date of 2/2024 for review.The policy guideline revealed: Staff will provide families and residents with education on the facility's Leave of Absence procedure.The Procedure section revealed;1. Each resident leaving the premises (excluding transfers/discharges) should be signed out.2. A sign-out register is located at the receptionist. Registers should indicate the residents' expected time of return and a valid contact number.3. Unless otherwise prohibited, medications should be administered before the resident signs out LOA per the physician's order.4. Staff observing a resident leaving the premises and having doubts about the resident being properly signed out, should notify their supervisor at once. 5. Restrictions noted on the resident's chart concerning who may not sign the resident out should be honored unless otherwise prohibited by facility policy or state/federal law governing such releases. 6. A physician order should be obtained regarding the resident's LOA status. 7. The resident's LOA status can be reviewed and evaluated by the IDT team including nursing and therapy as necessary. On 11/20/2025 at 3:00 p.m. the NHA provided the Abuse, Neglect, Exploitation, Misappropriation, Mistreatment, and injury of Unknown Origin policy and procedure with last review date of 3/2025, for review. Under the Definitions section of the policy, it revealed; 2. Neglect, as defined, means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. An interview with the Nursing Home Administrator on 11/20/2025 at 12:50 p.m. confirmed lack of supervision, or not knowing a resident's whereabouts, would be defined under Neglect.Under section Reporting, the policy revealed; The facility must develop and implement written policies and procedures that: 1. Ensure reporting of crimes occurring in federally funded long-term care facilities in accordance with section 1150B of the Act. 2. Annually notifying covered individuals, as defined of the Act, of that individual's obligation to comply with the following reporting requirements. a. Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident or is receiving care from the facility. b. Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion do not result in serious bodily (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	injury. 3. Staff are required to report any allegation of ANEMMI to the facility risk manager, direct supervisor, and/or abuse coordinator immediately upon knowledge of the allegation. 4. Allegations of possible ANEMMI will be reported to State Agencies per the federal regulation timeframe. State agencies may include (but not limited to): - Abuse Hotline (Department of Children and Families) - State Agencies (Agency for Health Care Administration) - Local Law Enforcement. 5. For alleged violation of abuse, neglect, exploitation, misappropriation of resident property, exploitation, and mistreatment, including injuries of unknown source, the surveyor reviews whether the facility maintains evidence that alleged violations are thoroughly investigated. There is no specific investigation process that the facility just follows, but the facility must thoroughly collect evidence to allow the Administrator to determine what actions are necessary (if any) for the protection of residents. Depending upon the type of allegation received, it is expected that the investigation would include, but is not limited to: - Conducting observations of the alleged victim, including identification of any injuries as appropriate, the location where the alleged situation occurred, interactions and relationships between staff and the alleged victim and/or other residents, and interactions/relationships between residents to other residents; - Conducting interviews with, as appropriate, the alleged victim and representative. Alleged perpetrator, witnesses, practitioner, interviews with personnel from Advance Copy outside agencies such as other investigatory agencies, and hospital or emergency room personnel; - Conducting record review for pertinent information related to the alleged violation, as appropriate, such as progress notes (Nurse, social services, physician, therapist, consultants as appropriate, etc.), financial records, incident reports (if used), reports from hospital/emergency room records, laboratory or x-ray reports, medication administration records, photographic evidence, and reports from other investigatory agencies. The Policy's Initial Reporting revealed; 1. In accordance with State Regulation, with response to allegation of abuse, neglect, exploitation, or mistreatment, the facility must; a. Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and Adult Protective Service where state law provides for jurisdiction in long term care facilities), in accordance with State law through established procedure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105459	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nursing & Rehabilitation Center of New Port Richey	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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program in the facility's common areas (nursing station and dining room); in four rooms (101, 106, 130, 230) located in four wings (B, C, E and F) of four wings observed.Findings included:On 11/19/2025 at 9:15 a.m. an observation of room [ROOM NUMBER]b revealed a small insect crawling on the wall.On 11/19/2023 at 10:52 a.m. an observation was made of the resident's dining area located outside of the kitchen. The observation revealed numerous small flying insects, approximately 10, landing on countertop, cabinets, sink, and icemaker.On 11/19/2025 at 12:14 p.m. an observation was made of an insect flying around and landing on the nurse's station desk located between B wing and C wing.On 11/19/2025 at 3:00 p.m. an observation was made of resident room [ROOM NUMBER] where a gnat was seen flying in the resident's room.An interview was conducted on 11/19/2025 at 1:00 p.m. with the kitchen manager (KM). He confirmed the flying insects were gnats. He stated pest control comes in and sprays for the gnats which includes routine maintenance. The KM stated he did not put in a report and has seen these gnats since February of 2025. He stated he pours bleach down the drains and buys the stuff himself to try and take care of this issue as the gnat problem was ongoing. The KM stated the gnats were only located where there is water and in the drains.On 11/20/2025 at 10:08 a.m. an observation was made of resident room [ROOM NUMBER]. A cocoon in the bathroom was seen and when visiting the same bathroom later that day at 1:24 p.m., there was a bug moving and coming out from the cocoon.On 11/20/2025 at 10:14 a.m. an observation was made of room [ROOM NUMBER]. Approximately five flying gnats were seen flying around the room.An interview was conducted on 11/20/2025 at 4:01 p.m. with the Director of Maintenance (DOM) and the Nursing Home Administrator (NHA). The DOM discussed their pest control procedures and practices. The DOM and NHA discussed the type of pests they had encountered at the facility. They mentioned palmetto bugs, occasional sugar ant, and ghost ants. They did not mention gnats and cocoons and expressed not being aware of these concerns until today. The DOM and NHA stated the staff are trained to report pest sightings, they stated everyone has been trained to report them to the DOM.Review of the policy titled, Pest Control with a revision date of 01/2024, revealed the following: Policy: Standard: It is the policy of this facility to maintain an effective pest control program to ensure the facility is free of pests and rodents. Procedure: 2. Should a staff member observe a concern with the presence and/or sighting of a pest/rodent (e.g., whether alive, carcass, or evidence of presence via droppings, etc.), the same shall be reported to the department Head and/or Administrator for further action, as warranted. Photographic Evidence Obtained.