STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105470	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernandina Beach Rehabilitation and Nursing Center	1625 Lime Street Fernandina Beach, FL 32034

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, interviews and a review of the facility's policy and procedure, the facility failed to provide a notice of transfer/discharge and a copy of the actual transfer/discharge form to the Long-Term Care Ombudsman's Office for three (Residents #7, #71 and #125) of five residents reviewed for transfer/discharge.The findings include:1.A review of Resident #7's medical record revealed an admission date of 1/16/26 with diagnoses including a fracture of the upper end of her left humerus (upper arm). She was discharged on 3/18/26.A review of the resident's minimum data set (MDS) assessment dated [DATE], revealed a Discharge, Return Not Anticipated assessment. A review of the resident's physician's orders revealed that on 3/18/26, the resident had orders to discharge to another facility the same day (3/18/26) with supportive services.A review of the resident's care plan revealed a Focus Area indicating an expressed desire to discharge to the community (Initiated on 1/19/26).A review of the resident's progress notes revealed a Discharge Planning/Summary, dated 3/18/26, documenting that Resident #7 was discharged at 12:51 PM to another facility. The Electronic Medical Record (EMR) did not contain a discharge/transfer form.On 4/8/26 at 12:50 PM, an interview was conducted with the Assistant Director of Nursing (ADON). He was asked where the discharge/transfer form was located in the resident's EMR. He confirmed that it was located under either the Assessment or the Miscellaneous tab. No discharge/transfer form was found under the Assessment or the Miscellaneous tab in Resident #7's EMR.On 4/8/26 at 12:55 PM, an interview was conducted with the Administrator. He was asked who was responsible for notifying the Long-Term Care (LTC) Ombudsman's office upon resident transfer or discharge. He confirmed it was the Social Services Director (SSD) and stated she was newly hired and may not have received training on the process yet. He stated the Social Services Assistant (SSA) was on leave.On 4/8/26 at 1:17 PM, an interview was conducted with the SSD. She stated she was initially hired by the facility in May of 2025 as a certified nursing assistant and had since been promoted to SSD for about a month. She stated she had already completed the facility orientation. She was asked to explain the process for notification of the LTC Ombudsman of resident transfers/discharges. She stated she had not received any training in that area. I haven't had any training on the Ombudsman process yet, so I'll have to find that out for you. She was asked who she would be consulting to get information about notifying the Ombudsman's office of resident transfers/discharges. She replied, The Social Services Assistant (SSA) has been training me, and I've received some training from the SSD at our sister facility. She was asked to explain her role and responsibilities. She stated she assisted with admission paperwork and interviews, BIMS (Brief Interview for Mental Status) interviews, and she had just started working on grievances and the weekly reassessments based on insurance.On 4/8/26 at 2:22 PM, the State Long-Term Care Ombudsman confirmed via email that she had not received any notifications of transfer/discharge for Residents #7, #71 or #125. 2.A review of Resident #71's medical record revealed an admission date of 3/7/26. The resident was transferred to an acute care hospital on 3/10/26. The EMR did not contain a transfer/discharge notification to the LTC Ombudsman or evidence that a transfer/discharge notice had been sent to the Ombudsman when the (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105470	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernandina Beach Rehabilitation and Nursing Center	1625 Lime Street Fernandina Beach, FL 32034

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident transferred from the facility. The record review further revealed that Resident #71 re-entered the facility on 3/11/26 and discharged home on 3/25/26. The EMR did not contain a transfer/discharge notification to the LTC Ombudsman or evidence that a transfer/discharge notice had been sent to the Ombudsman when the resident discharged from the facility. The Electronic Medical Record (EMR) did not contain a discharge/transfer form.3.A review of Resident #125's medical record revealed an admission date of 2/7/26. The resident was discharged from the facility on 3/12/26. The EMR did not contain a transfer/discharge notification to the LTC Ombudsman or evidence that a transfer/discharge notice had been sent to the Ombudsman when the resident discharged from the facility. The Electronic Medical Record (EMR) did not contain a discharge/transfer form.On 4/9/26 at 12:41 PM, an interview was conducted with the Administrator. He was asked to explain the facility's process for resident transfer/discharge notification to the LTC Ombudsman's office. He stated the LTC Ombudsman was notified of facility transfers/discharges monthly via fax. He was not able to provide fax confirmations as evidence of having faxed the LTC Ombudsman's office. He provided a binder containing monthly resident transfer/discharge logs that included facility fax cover sheets documenting what was allegedly sent to the LTC Ombudsman, which were lists of the previous month's resident transfers/discharges. There was no documented evidence verifying that the required information was sent to/received by the Ombudsman's office. There was no indication that copies of the actual notices had been sent to the Ombudsman's office. A review of the facility's policy and procedure titled Transfers and Discharges, Resident Rights (Issued: 5/20, revised: 2/24), revealed: 4. A copy of the notice will be sent to the Office of the State Long-Term Care Ombudsman.