

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Rehabilitation Center of Orlando		STREET ADDRESS, CITY, STATE, ZIP CODE 9311 S Orange Blossom Trl Orlando, FL 32837	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide housekeeping and maintenance services necessary to ensure two of two shower rooms were clean, sanitary, and homelike on one of two units, (East Wing), failed to ensure flooring in the back hallway was in good repair and homelike on one of two units, (West Wing), and failed to ensure 4 of 35 residents' rooms on the [NAME] Wing were maintained in good repair and in homelike condition, (#15, #27, #28, and #29). Findings: Cross reference F867 Observations during tour of the facility on 1/21/26 between 11:18 AM, and 11:30 AM revealed in room [ROOM NUMBER], the lower portion of the entrance door exhibited warping and breakage with sharp edges. The bottom panel of the door was lifted up approximately eight inches in length. The closet door was chipped, uneven and did not close properly. In room [ROOM NUMBER], the closet doors were missing. The baseboard next to the bathroom door was cracked open and measured approximately three to five inches in length. The bathroom door had several scratches along the edges. Unfinished drywall patchwork was noted on the walls next to the bathroom entrance and the window. In room [ROOM NUMBER], the left wall surface upon entrance to the room was deteriorated, particularly along the lower portion near the floor. The wall in room [ROOM NUMBER] exhibited unfinished drywall patchwork with spackling material visible. The baseboard next to the bathroom door was cracked, measuring approximately two to four inches in length. A few minutes later in the [NAME] wing back hallway, the floor around the drain area was missing multiple floor tiles. The floor tiles were mismatched, and patchworked, with visible cracked and broken tile edges surrounding the drain. The damaged area on the floor of the back hallway revealed exposed subfloor material, erosion and uneven flooring. Observation at that time in room [ROOM NUMBER] revealed the baseboard next to the bathroom door was cracked and measured approximately two to four inches in width. The bathroom door of room [ROOM NUMBER] had multiple scuff marks along the bottom section, and four to six round, penny-sized holes were noted on the wall above the B-side dresser. Black speckles were noted on the ceiling above bed B and the bathroom ceiling. On 1/21/26 at 12:42 PM, resident #9 stated the door in room [ROOM NUMBER] was ripped because her roommate's wheelchair got caught in it a few days ago. She indicated the closet door had been broken for a long time. On 1/21/26 at 1:08 PM, in a telephone interview, resident #1's family member shared there were holes in the wall and stains on the bedroom ceiling and bathroom ceiling of room [ROOM NUMBER]. He stated the facility had renovated the entire East Wing, but nothing had been done in the [NAME] Wing. He indicated he would continue to advocate if the facility did not want to put a nickel into resident #1's care. On 1/21/26 at approximately 5:25 PM, a tour of shower room one in the East Wing with Certified Nursing Assistant (CNA) A revealed the shower walls had discoloration and staining, particularly along tile surfaces and grout lines. The grout at the base of the walls was cracked, deteriorated, and separated. The shower stall floor consisted of 2-inch by 2-inch ceramic tiles that were worn, uneven, and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 105471	Facility ID: 105471 If continuation sheet Page 1 of 5

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>visibly damaged. A section of the floor contained missing and mismatched tiles. During the tour of the second shower room in the East Wing the toilet bowl contained dark brown standing liquid which caused heavy staining, consistent with prolonged buildup, poor drainage, or inadequate cleaning and maintenance. CNA A stated she verbally reported identified issues to the Maintenance or Housekeeping Director when she saw them because she did not have their phone numbers. She added that reporting could occur the next day if they were not in the facility since her shift was from 3:00 PM to 11:00 PM. CNA A stated if an environmental issue was identified after hours, she would inform her supervisor. She further stated she had not taken any residents to the shower room that day and therefore did not know the condition of each shower room prior to the tour. On 1/22/26 at approximately 9:15 AM, during a tour of shower room two in the East Wing with CNA C, the toilet remained in the same condition as the previous day, with dark brown standing liquid and heavy staining. On 1/21/26 at 3:43 PM, the Maintenance Director stated he had been working at the facility for approximately six months. He shared he had recently hired a technician but had been working alone for the past three weeks. He indicated he was responsible for all aspects of maintenance including interior and exterior areas. He shared he asked CNAs to enter work orders when issues required his attention in resident rooms and indicated he checked work orders three to four times per day, prioritizing urgent issues. He mentioned issues were also discussed during morning meetings and addressed daily. He explained when he was hired in August 2025, he focused on completing the East Wing renovation project and the repairs for the [NAME] Wing were planned next. He stated issues identified in residents' rooms should be fixed as soon as possible. On 1/21/26 at 4:00 PM, a tour of the [NAME] Wing was conducted with the Maintenance Director and the Regional Life Safety Director. room [ROOM NUMBER] was confirmed to have stains on the ceiling near bed B and in the bathroom, as well as holes in the wall near the dresser on the B side. Hallway handrails on the [NAME] Wing had patches of red paint. The Maintenance Director validated the broken closet door and entrance door in room [ROOM NUMBER], the patchwork flooring, and the deteriorated conditions in rooms #28, #29, and #27. He stated repairs and painting were needed. The Regional Life Safety Director indicated they had paint and supplies available but were waiting for additional labor assistance. Both the Maintenance Director and the Regional Life Safety Director acknowledged the findings and stated the conditions observed on the tour did not reflect a homelike environment. On 1/22/26 at 12:05 PM, a tour of shower room one in the East Wing was conducted with the Maintenance Director. He acknowledged two 2-inch by 2-inch tiles were missing from the shower stall floor and stated he had been unaware of the condition. Review of the facility's maintenance logs from November 2025 through the present date of survey, 1/22/26, revealed no documented work orders or repairs related to the deteriorated shower room conditions, unsanitary toilet, damaged resident room doors, wall surfaces, or hallway flooring identified during the facility tour. On 1/22/26 at 2:06 PM, the Housekeeping Director stated he had been working at the facility for three weeks. The Environmental Services District Manager was present during the interview. The Housekeeping Director stated he was responsible for ensuring the housekeepers and floor technicians maintained all areas of the facility as clean. He indicated resident rooms were cleaned daily and inspected randomly, and a calendar was used for deep cleaning and special projects. The Housekeeping Director and District Manager reviewed the photographs of the East Wing shower rooms and stated the grouts were degraded or missing, there appeared to be growth on the walls, and the conditions looked funky. The Housekeeping Director stated both housekeeping and maintenance were responsible for ensuring the showers were clean and functional. The Housekeeping Director indicated replacement of tiles and grout repairs were maintenance's responsibility. The Housekeeping Director acknowledged housekeepers entered the shower</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>rooms daily and were responsible for notifying him when additional work was needed. He stated no housekeeper had reported the clogged toilet in shower room two. The District Manager stated the toilet appeared clogged for some time due to the visible ring inside the bowl. The Housekeeping Director indicated he expected the staff to notify him so the issue could be corrected. On 1/22/26 at 4:45 PM, the Administrator stated she was aware of the environmental findings in the East Wing shower rooms and the resident rooms identified in the [NAME] Wing. She validated the conditions were unacceptable and not homelike. Review of the Director of Maintenance job description, revised July 2024, indicated the primary purpose of the position was to plan, organize, develop, and direct the overall operation of the maintenance department in accordance with current federal, state and local standards to ensure the facility was maintained in a safe and comfortable manner. Duties included conducting ongoing inspections to identify areas and equipment requiring improvement and repair. Review of the facility's policy titled Housekeeping, revised 3/10/23, stated its purpose was to promote a sanitary environment and reduce the transmission of infectious agents. Review of the facility's policy titled Preventive Maintenance Program, revised 3/10/23, revealed the intent to implement a program promoting a safe, functional and comfortable environment for all residents. The procedure indicated maintenance was based on regular and routine inspections and repairs.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on observation, interview, and record review, the facility failed to ensure implementation of its Quality Assurance and Performance Improvement (QAPI) program to the extent that previously identified areas of concern were thoroughly monitored and performance was adequately tracked to ensure prior improvement measures were realized and sustained. Findings: Cross reference F584 Review of the facility's survey history revealed a deficiency related to failure to provide a homelike environment during the last recertification survey dated 7/24/25. Review of the facility's Plan of Correction (POC), dated 8/18/25, identified staff was re-educated on the components of the regulation with emphasis on ensuring a clean and homelike environment in the dining room. The POC indicated newly hired and agency staff would receive education during orientation and prior to working a shift. During the current survey, a deficiency related to F584 was again identified. As a result of the repeat citation, it was determined the facility failed to implement sufficient auditing, monitoring, and oversight to ensure sustained compliance with the homelike environment requirements beyond the limited focus identified in the prior POC. On 1/22/26 at 4:45 PM, the Administrator (NHA) stated during the last recertification survey, the homelike environment concern was related specifically to centerpieces not being available in the dining room. She explained during development of the POC through QAPI, the facility focused primarily on common areas related to residents' dining experience and had not considered the homelike environment throughout the facility. She explained the POC and auditing process did not include shower rooms or residents' rooms. The NHA further shared ever since she began working as the NHA, there had been significant turnover and operational challenges, including three changes of Director of Nursing within six months, a new Maintenance Director, and periods without a Staffing Coordinator. She stated the facility had been in survival mode for a period of time and acknowledged the lack of key personnel may have contributed to missed environmental concerns. She indicated continuity had been difficult to maintain but stated the facility was in the process of building a new management team. The NHA mentioned housekeeping had been an area of focus, however limited progress had been made. She acknowledged the facility was aware there were a lot of things to fix and time was needed to address the issues. Review of the facility's policy Quality Assurance and Performance Improvement, revised 3/10/23, revealed the program was intended to ensure comprehensive, data-driven activities focused on indicators of outcomes of care and quality of life. The policy indicated the QAPI program was designed to address all care and services provided by the facility and ensure ongoing monitoring and sustained improvement.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to adhere to proper infection control practices related to the use of personal protective equipment (PPE) outside of a resident's room, on one of two units, (West Wing). Findings: On 1/21/26 at 11:05 AM, Certified Nursing Assistant (CNA) B was observed standing by a medication cart in the [NAME] Wing hallway talking with a nurse while holding a soiled bag and wearing gloves on both hands. After a couple of minutes, CNA B continued walking down the hallway toward the soiled utility room. CNA B then removed the glove from her left hand but kept the glove on her right hand while holding the soiled bag and entering the utility room. On 1/21/26 at 11:08 AM, CNA B acknowledged she was observed wearing gloves in the hallway, then explained she was not really wearing gloves while holding the bag. She confirmed the finding and stated she knew she was not supposed to wear gloves in the hallway because it was a break in infection control practice. CNA B said, I guess I got distracted. On 1/21/26 at 11:27 AM, the [NAME] Wing Unit Manager (UM) confirmed staff should not wear gloves in the hallways. She indicated doing so was an infection control concern as it could contaminate areas outside of the resident's room. The UM validated staff must remove their gloves inside the resident's room before exiting. On 1/22/26 at 3:35 PM, the Director of Nursing confirmed the CNA who walked down the hallway wearing gloves was an infection control concern. Review of the facility's policy titled Nursing - Infection Control Prevention and Control Program, effective 2/21/23, revealed its purpose was to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment. The policy described its purpose was to prevent the development and transmission of communicable diseases and infections.</p>		