

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/18/2026
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)		
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure complete and accurate personal funds/financial accounting statements were provided to 2 of 3 residents reviewed for Resident Rights, of a total sample of 3 residents, (#1, #2). Findings: 1. Record review revealed resident #1 was admitted to the facility on [DATE]. Review of resident #1's most current care plan revealed a focus for impaired cognitive function or thought process related to dementia. Review of resident #1's record revealed the facility managed the resident's personal funds. Review of the records revealed bank statements for February, March, April, May and June of 2025 were not available. 2. Record review revealed resident #2 was admitted to the facility on [DATE]. Review of resident #2's quarterly Minimum Data Set with the assessment reference date of 4/23/26 showed he had a Brief Interview for Mental Status score of 15 out of 15 which meant he had normal thinking and good memory. On 6/18/26 at 2:36 PM, resident #2 stated he had not received statements from the facility for the year, and he did not receive his previous balance before they changed owners. He said he was missing \$800 because the facility overcharged him \$100 a month. Resident #2 said he received no statements in 2025. He continued, monthly charges went from \$400 to \$460, and he was not able to see the credits, so he did not notice anything was missing. On 6/18/26 at 12:29 PM, the Business Office Manager (BOM) said the statements for resident #1 were not available because the facility went through a period of transition from one management company to another in February 2025 and she acknowledged quarterly account statements should be provided to residents whose funds were managed by the facility. She confirmed resident #1's statements had not been issued as requested. The BOM explained the residents had direct deposits from Social Security, and some residents made payments with paper checks or money orders which she was responsible for mailing. She said she made copies of the checks, and the checks were mailed to accounting service for resident personal funds. Next, she stamped the copy of the check with the date it was mailed. The BOM explains that the accounting service utilized by the facility that included funds received from the family. The BOM said the residents received a quarterly statement every three months and as requested, with copies of the statements kept in their file. The BOM explained transition of facility ownership took place in February 2025 and during the transition from one owner company to another, the banks used for personal funds accounts changed. She said she asked their corporate for information about the resident funds because she needed to know if the residents had funds. She stated the corporate side handled the funds then the new company took over but the statements came from the previous bank to the new one. The BOM said there was one family member that called her every day for statements from the time of transition and he also called the Medicaid case manager for his wife (resident #1). She explained he sent a \$500 monthly check from Social Security for resident #1 for deposit to the new bank. The care costs were taken out and the spending money stayed in the account. On 6/18/26 at 1:41 PM, the BOM explained that the money was not frozen and explained that resident #1's money was in transition to the new accounting service and prior to the company transition the corporate business staff provided the statements because she did not have this information. The BOM did not (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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/18/2026
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)		
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	know the process to obtain statements but said she was in communication with the corporate business staff. She acknowledged resident #1's representative asked why these statements took so long but she could not answer the question. The BOM said the statements for February, March, April, May and June 2025 had not been released to the resident #1's representative. She explained the first \$500 shown in the records was for 7/21/25; the interest-bearing accounts from previous months were not available and she said that corporate was working on this currently. On 6/18/26 at 2:45 PM, the BOM provided photocopies of statements for the resident #2 that did not include funds from previous ownership. She said his funds were off because a credit consolidation was still pending from corporate. She said he received statements, but documents she provided did not note statements were received by the resident, only stamped with dates. On 6/18/26 at 3:46 PM, the BOM stated the Corporate Business Office Manager had been working on the statements for resident #1 and she was called with no response after two attempts. The RNC called the Corporate Business Office Manager via telephone and there was no response. The Regional Business Office Manager was called via telephone and per recording she was not available. The facility had no policy for accounting and personal funds.		

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 06/18/2026
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)		
F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility's Governing Body failed to timely ensure complete, consolidated, accurate accounting of personal funds, transactions, and balance transfers were provided upon and after transfer of ownership for 3 of 3 residents reviewed for Resident Rights, of a total sample of three residents, (#1, #2, #3). Findings: On 6/18/26 at 11:15 AM, resident #1, a cognitively impaired [AGE] year-old female resident was observed sitting on her bed in her room. She said she only had a little bit of cash for vending machines, and her husband managed all her financial affairs. In the afternoon on 6/18/26, two unsuccessful attempts were made by telephone to reach resident #1's spouse. On 6/18/26 at 12:29 PM, the Business Office Manager said the facility changed ownership the previous year and they were still transitioning resident funds into a new Resident Fund Management Service (RFIM) account. She explained she was still having difficulty obtaining records from their corporate department to consolidate all resident funds. The Business Office Manager said resident #1's account was the only one outstanding since March 2025. She said she was unaware how residents received accounting statements of the previous accounts and she only provided the facility's RFIM statements. On 6/18/26 at 2:36 PM, resident #2, a cognitively intact [AGE] year-old male was observed in his room, lying in bed. The resident stated he had been at the facility for a couple of years, and the previous year he had not received complete financial statements of transactions and personal funds from the facility. He explained he had complained to the Business Office Manager multiple times, and she indicated she had difficulty obtaining old records from previous ownership, and the facility was in process of consolidating the old account balances into one resident facility account. The resident said he received late statements that were incorrect in the charge transactions, he was unable to see credits/debits or check the accuracy, and he thought money was missing because it didn't look correct since the ownership change approximately one year prior. On 6/18/26 at 2:45 PM, the Business Office Manager provided photocopies of resident #2's 2025 statements. She said his funds were, off because of a pending credit consolidation from corporate. The documents did not indicate the resident receipt nor when/how they were provided to the resident. On 6/18/26 at 3:10 PM, and approximately 3:20 PM, unsuccessful attempts were made to reach the Corporate Business Office Manager by telephone. On 6/18/26 in the afternoon, two unsuccessful attempts were made to reach the Regional Business Office Manager by telephone. On 6/18/26 at approximately 3:30 PM, the Regional Nurse Consultant was informed the survey team was unable to reach their Corporate or Regional Business Office Managers. A phone number was provided with a request to have them contact the survey team. On 6/18/26 at approximately 3:50 PM, the Business Office Manager conveyed the process of consolidating RFIM accounts was not done immediately upon ownership transfer and was completed a few at a time since March 2025. She was unaware of the exact time resident #3's account was transferred. On 6/18/26 at 4:55 PM, the survey team had not received a return phone call from the facility's Regional nor Corporate Office Manager. Review of the facility's undated standards and guidelines titled Governing Body noted it was responsible for the management of the facility including use of additional support for cash management and/or other professionals. The Nursing Home Administrator's responsibilities included recognition that the institution's commitment was to serve the interests of the needs of the residents and provide supervision of consultants and advisors to the facility.		