

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Breezy Hills Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5245 N Socrum Loop Rd Lakeland, FL 33809	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34768</p> <p>Based on observation, interview, and record review, the facility failed to provide medically related social services for one of three sampled residents (#2) related to assistance with a room change or assistance with a transfer to another facility as requested.</p> <p>Findings included:</p> <p>On 03/27/2025 at 9:30 AM, Resident #2 was observed lying in bed. Resident #2 said she spoke to the Social Service Director (SSD) in the past about a room change. Resident #2 stated she cannot sleep because her roommate talks all night and keeps the lights on. Resident #2 stated she also talked to the SSD about transferring to a rehab in Jacksonville that specialized in Guillain-Barre Syndrome because the rehab could help her get better.</p> <p>A follow-up interview was conducted on 03/27/2025 at 11:30 AM with Resident #2. Resident #2 stated she talked to the SSD a couple of weeks ago about the room change and was told they did not have any room available.</p> <p>Review of Resident #2's Admission Record showed she was admitted to the facility in 2023 and most recently readmitted on [DATE]. Review of the quarterly Minimum Data Set (MDS) dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 14, indicating cognitively intact.</p> <p>Review of a 02/17/2025 Social Service Progress Note electronically signed by the SSD showed Quarterly note-2/14/25, [Resident #2] is alert and oriented and able to make all of her needs known .She has a [family member] that calls daily and visits monthly and has an occasional visit from prior coworkers. [Resident #2] prefers to stay in bed most days. She plans to stay here for long term care but understands she may choose to discharge if she chooses. She also has episodes of feeling tired and feeling down/depressed trouble sleeping and poor appetite at times. She is followed by psychosocial for history of Trauma. We will continue to follow current plan of care.</p> <p>A review of Resident #2's progress notes and assessment forms for February 2025 through March 27, 2025 at 2:58 PM showed no documentation relating to a room change, roommate concerns, or a request to transfer to another facility.</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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NAME OF PROVIDER OR SUPPLIER Breezy Hills Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5245 N Socrum Loop Rd Lakeland, FL 33809	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/2025 at 12:37 PM, with the Nursing Home Administrator (NHA), the Director of Nursing (DON), and the SSD, the SSD stated when Resident #2 requested a room change, they only had a male room available. The SSD stated, When I went back to her room, she decided they [her and her roommate] were getting along, and she did not want a room change. It [the conversation] happened a few days before 2/4/2025, before she went out to the hospital. She declined to move. The SSD stated that a room was available at the time, but the resident did not want that room. The SSD stated, I spoke with her [Resident #2] this morning, and she did not say anything. She has not voiced anything to me since then. The SSD stated Resident #2 had talked to her family member about moving to another facility in Jacksonville. The SSD stated that was about a month ago, and the SSD called the family member at that time but never received a return call. The SSD confirmed Resident #2 told her it was a facility for Guillain-Barre. The SSD was unable to find the facility and did not know the name of the facility. The SSD confirmed she had not documented or followed up on any of the prior conversations with Resident #2 regarding a room change or the request to transfer to another facility prior to the day of the survey.</p> <p>Review of the Social Worker Job Description showed duties and responsibilities included:</p> <p>Assisting in planning, developing, organizing, implementing, evaluating, and directing the social service programs of the facility.</p> <p>Assisting in providing solutions for social and practical environmental problems including seeking financial assistance, discharge planning, (including collaboration with community agencies), and referrals to other community agencies when specialized assistance is required.</p> <p>Ensuring all charted progress notes are informative and descriptive of the services provided and of the resident's response to the service.</p> <p>Involving the resident and family in planning objectives and goals for the resident.</p> <p>Review of the Resident Handbook, signed as received by Resident #2 on 09/22/2023, showed: Residents' have the right to move to another care facility at any time, if we cannot meet your needs and you are not satisfied here. You can change room or roommates. Please ask, although there is no guarantee that another room or roommate will be available.</p> <p>Review of the Resident Rights and Responsibilities signed as received by Resident #2 on 0/22/2023, showed the resident has the right to be treated with respect and dignity, including their right to: reside and receive services in the facility with reasonable accommodation of your needs and preferences; share a room with another resident of your choice if you both desire; be notified in writing in advance of room or roommate changes; and refuse to transfer to another room in the facility under certain circumstances.</p>		