

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Lotus Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7950 Lake Underhill Road Orlando, FL 32822	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to promote dignity during mealtime assistance for 2 of 2 residents reviewed for dining support, of a total sample of 14 residents, (#3, and #5).</p> <p>Findings:</p> <p>1. Review of resident #3's medical record revealed she was admitted to the facility on [DATE] and readmitted from an acute care hospital on 6/14/25. Her diagnoses included dysphagia (difficulty swallowing), vascular dementia, and contracture of the right and left hands.</p> <p>Review of the Minimum Data Set (MDS) annual assessment with an Assessment Reference Date of 5/18/25 revealed resident #3's Brief Interview for Mental Status was not obtained as she was rarely or never understood. Instead, a Staff Assessment for Mental Status was conducted, with memory impairment noted for both short- and long-term memory. The MDS assessment indicated resident #3 was severely impaired in cognitive skills for daily decision-making.</p> <p>Review of Certified Nursing Assistants (CNAs) Tasks documentation revealed resident #3 was totally dependent on staff for all activities of daily living (ADLs), including eating.</p> <p>2. Review of resident #5's medical record revealed he was admitted to the facility on [DATE] with diagnoses that included Parkinson's disease, dysphagia (difficulty swallowing), and glaucoma.</p> <p>Review of the CNA's documentation for the eating task revealed resident #5's ability to eat fluctuated between independence and total dependence.</p> <p>Review of resident #5's baseline ADLs care plan, initiated on 6/21/25, did not identify his specific mealtime assistance needs.</p> <p>On 6/25/25 at 1:04 PM, resident #5 was observed in bed with a lunch tray on his bedside table. A couple of minutes later, CNA C walked into resident #5's room and stated she tried feeding the resident twice previously, but both times he refused. CNA C asked resident #5 if he wanted his lunch and he agreed. CNA C began feeding resident #5 while standing at his right side. Three chairs were available in his room. At 1:09 PM, the Central Supply Coordinator walked into resident #5's room and took one of the chairs and placed it near where CNA C was standing. After moving the bed and setting the chair to resident #5's right side, CNA repositioned the resident sitting down next to him.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Lotus Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7950 Lake Underhill Road Orlando, FL 32822	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/25 at 5:32 PM, the Central Supply Coordinator explained she helped during meals because she was also a CNA. She confirmed she had observed CNA C feeding resident #5 while standing and stated staff should be seated at eye level with residents during feeding for dignity and proper support.</p> <p>On 6/25/25 at 1:43 PM, CNA A shared she had two residents who needed assistance with their meals. She stated the [NAME] Wing was the hardest because sometimes you have a lot of feeders. She said, The nurse already knows if we have a lot of feeders, one assignment has five.</p> <p>On 6/25/25 at 3:08 PM, while CNA B explained the care she provided to resident #3, she referred to the resident as a feeder. The Director of Nursing (DON), present during the interview, corrected CNA B and said it was assisted diners. CNA B reiterated staff referred to resident #3 as a feeder. She explained she said feeder because she had written the word on her notes. The DON confirmed referring to residents as feeders was a dignity concern and staff should refer to them as assisted diners.</p> <p>On 6/26/25 at 11:12 AM, CNA D identified residents in her assignment who required assistance with meals and said, they are my feeders. When asked what she meant by feeders, she explained they were the ones needed to be fed. CNA D shared after she dropped all the trays to the residents who were able to eat by themselves, she indicated she then got the trays for her feeders.</p> <p>On 6/26/25 at 12:07 PM, CNA E explained her assignment had between two and four residents who needed assistance with their meals. She shared there were feeders in the day room too. The DON was present during the interview.</p> <p>On 6/26/25 at 12:55 PM, the DON validated CNA E referred to residents as feeders during the interview. Later at 2:54 PM, the DON indicated she expected CNAs to sit at resident's eye level when ready to assist with his or her meal. The DON indicated the facility did not have a policy, procedure, or formal competency in place regarding CNA mealtime assistance. She shared it should be in the education the CNAs received when they became CNAs. She stated they had 32 residents who were dependent on staff for eating.</p> <p>Review of the facility's Resident Rights policy and procedure dated 3/01/21 read, It is the policy of the facility to provide Resident Rights in accordance to State and Federal regulations. The list of procedures included, The resident has a right to a dignified existence, . A facility must protect and promote the rights of each resident . The facility will promote care for residents in a manner and an environment that maintains or enhances dignity and respect in full recognition of his or her individuality. Examples include: . Respecting resident social status, speaking respectfully, listening, and addressing the resident with a name of their choice.</p> <p>Review of the Facility Assessment Tool updated on 6/02/25 read, Every staff member has knowledge competency in . resident rights . Additional competencies are determined according to the amount of resident interaction required by the job role, job specific knowledge, skills and abilities and those needed for the resident population.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Lotus Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7950 Lake Underhill Road Orlando, FL 32822	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to follow its grievance process for 1 of 2 residents reviewed for grievances, of a total sample of 14 residents, (#12).</p> <p>Findings:</p> <p>Review of resident #12's medical record revealed she was readmitted to the facility on [DATE] with diagnoses including hemiplegia (one-sided paralysis) and hemiparesis (one-sided weakness) following a stroke affecting her right dominant side, contracture of the right hand, congestive heart failure, and type 2 diabetes.</p> <p>Review of the Minimum Data Set quarterly assessment, with an Assessment Reference Date of 6/11/25, revealed resident #12 had a Brief Interview for Mental Status score of 15 out of 15 indicating she was cognitively intact.</p> <p>Review of the Grievance Log from March 2025 through 6/26/25 revealed two grievances were submitted by resident #12: The first was a grievance dated 5/08/25 concerning the demeanor of the Certified Nursing Assistant (CNA), including a delay in response to the call light, and failure to identify herself due to absence of a name badge. The Summary of Findings/Conclusion section indicated the CNA was re-educated on call light response, customer service, and was instructed to wear a name badge at all times. Documentation showed the outcome was communicated to the resident on 5/13/25. The second grievance was dated 6/11/25 related to her repeated voiced concerns regarding the CNA's demeanor and response time to the call light. The Summary of Findings/Conclusion section indicated the CNA was removed from resident #12's assignment and corrective action was taken. However, the Grievance Outcome section was left blank. The complainant's satisfaction question was not answered. The form was signed by the Social Services Director and the Administrator (NHA) on 6/13/25.</p> <p>On 6/26/25 at 1:55 PM, the Social Services Assistant confirmed receipt of resident #12's 6/11/25 grievance. When asked if she clarified with the resident what she meant by the CNA's demeanor, she stated she did, and the resident did not like the CNA's tone of voice and raised her voice at her. The Social Services Assistant confirmed the CNA in question was the same referenced in the 5/08/25 grievance. The Social Services Assistant stated she asked the resident if she felt abused or neglected and the resident replied, No. The NHA was present during this interview.</p> <p>On 6/26/25 at 1:59 PM, the NHA stated she was the Abuse Coordinator for the facility. She explained abuse investigations involved interviewing the resident and assessing how they felt, including physical and emotional effects. She noted grievances were discussed during daily meetings. She validated resident #12's grievance form on 6/11/25 lacked documentation of any follow up with the resident. The NHA acknowledged clarification should have been sought to determine where this grievance met criteria for a reportable event,</p> <p>Review of the facility's Grievances policy and procedure dated 3/01/21 read, It is the policy of the facility to have a Grievance Process in accordance to State and Federal regulations. The policy further indicated, Each facility must respond to the grievance within a reasonable time after its submission.</p>		