STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105581	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Garden of Clearwater	3480 McMullen Booth Rd Clearwater, FL 33761

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure staff followed care plan interventions and perform accurate assessments on residents related to bed mobility assistance for three residents (#5, #6, and #7) out of three residents sampled.On 07/25/2025 Staff A, Certified Nursing Assistant (CNA), independently rolled Resident #5 onto her side in bed to perform incontinence care. Staff A, CNA left Resident #5 unattended in bed to collect supplies. Resident #5 fell out of the bed while unattended and suffered a right hip fracture which required a transfer to a higher level of care and surgical repair.This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to residents and resulted in the determination of Immediate Jeopardy on 08/07/2025. The findings of Immediate Jeopardy were determined to be removed on 08/08/2025 and the scope and severity was reduced to an E after verification of removal of immediacy of harm.Findings Included: 1. During an interview on 08/06/2025 at 8:32 a.m., Resident #5 stated she had a fall a couple months after she was admitted to the facility. Resident #5 stated she was supposed to always have two people assisting her with care. She stated she requested a bigger bed. She stated, Sometimes they come in with two people and sometimes they just come in with one person. She stated, they set up a chair on the side of the bed for her to hold onto because they told her they could not use side rails. She stated, The chair slides while I'm holding onto it. She stated she requested a bigger bed a few times after a fall and was told they would order it, and it never came until after her most recent fall (07/25/2025). She stated, This last fall I broke my hip in two places and had to have surgery. The CNA came in to change me by herself, she rolled me onto my side, she put my legs with one on top of the other, the CNA went to grab something off of the dresser and I told her I was slipping, and she told me, You will be okay, I told her again that I was slipping and then I fell off of the bed. I only got the bigger bed now because I fell. The aides were upset that they were taking so long, to get me a bigger bed because they all knew I was at risk. Review of Resident #5's admission record revealed an initial admission date of 04/05/2025 and a re-admission date of 07/28/2025. Resident #5 was admitted to the facility with diagnoses to include: displaced apophyseal fracture of left femur (a break in the growth plate area of the large bone of the upper leg), initial encounter for closed fracture (08/04/2025), displaced fracture of greater trochanter (a bony prominence located on the upper part of the thigh bone) of right femur, initial encounter for closed fracture (07/28/2025), spondylolysis (a stress fracture in a vertebra), cervical (neck) region (09/21/2024), unspecified fall, subsequent encounter (09/21/2024), muscle weakness (generalized) (09/21/2024), other abnormalities of gait and mobility (09/21/2024), morbid (severe) obesity due to excess calories (09/21/2024), and repeated falls (09/21/2024). Review of Resident #5's Quarterly Minimum Data Set (MDS), dated [DATE] revealed in Section C-Cognitive Patterns, a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition. Review of Section GG-Functional Abilities revealed Resident #5 had an impairment on one side to her upper and lower extremity. Resident #5 required substantial/maximal assistance revealing helpers do more than half the effort. Helpers lift or hold trunk or limbs and provides more than half the effort for rolling left and right. Sitting to lying (the ability to move from sitting on side of bed to lying flat on the bed, lying on side of bed), Resident #5 was dependent, meaning helper does all the effort. Residents do none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Review of Resident #5's care plan dated 08/03/2024 revealed: Focus: ADL Self-Care and/or mobility deficit. Needs assistance with ADL's Initiated on 09/23/2024. Interventions included: BED MOBILITY-Total ASSIST X 2 TRANSFERS-Total ASSIST with Hoyer X 2TOILETING-Total ASSIST X 2DRESSING-Total ASSIST X 2BATHING-Total ASSIST X 2 Review of Resident #5's Intervention/Task for July revealed one person assistance was provided for ADL-Bed Mobility on 07/26/2025 (day shift), 07/28/2025 (evening shift), 07/30/2025 (day shift), 07/31/2025 (evening shift), 08/01/2025 (day shift), 08/02/2025 (evening shift), 08/03/2025 (day shift and evening shift), 08/05/2025 (evening shift), 08/07/2025 day shift). A review of the physician order summary for Resident #5 revealed: Right hip Xray 2 views due to status post fall pain. Start Date 07/26/2025.Send to ER (emergency room) for further eval and treat. Start Date 07/27/2025. Review of Resident #5's progress notes revealed: -07/28/2025 at 7:47 p.m. Fall Risk Evaluation Fall Risk: History of falls (past 3 months): 1-2 falls in past 3 months. Level of consciousness / mental status: Alert (oriented x 3) OR comatose. Resident is chairbound / incontinent. Systolic blood pressure: No noted drop between lying and standing. Vision status: Adequate (with or without

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to prevent a fall with serious injury for one resident (#5) out of three residents sampled for accidents. On 07/25/2025 Staff A, Certified Nursing Assistant (CNA), independently rolled Resident #5 onto her side in bed to perform incontinence care. Staff A, CNA left Resident #5 unattended in bed to collect supplies. Resident #5 fell out of the bed while unattended and suffered a right hip fracture which required a transfer to a higher level of care and surgical repair.This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to residents and resulted in the determination of Immediate Jeopardy on 08/07/2025. The findings of Immediate Jeopardy were determined to be removed on 08/08/2025 and the scope and severity was reduced to an E after verification of removal of immediacy of harm.Findings included: During an interview on 08/06/2025 at 8:32 a.m., Resident #5 stated she had a fall a couple months after she was admitted to the facility. Resident #5 stated she was supposed to always have two people assisting her with care. She stated she requested a bigger bed. She stated, Sometimes they come in with two people and sometimes they just come in with one person. She stated, they set up a chair on the side of the bed for her to hold onto because they told her they could not use side rails. She stated, The chair slides while I'm holding onto it. She stated she requested a bigger bed a few times after a fall and was told they would order it, and it never came until after her most recent fall (07/25/2025). She stated, This last fall I broke my hip in two places and had to have surgery. The CNA came in to change me by herself, she rolled me onto my side, she put my legs with one on top of the other, the CNA went to grab something off of the dresser and I told her I was slipping, and she told me, You will be okay, I told her again that I was slipping and then I fell off of the bed. I only got the bigger bed now because I fell. The aides were upset that they were taking so long, to get me a bigger bed because they all knew I was at risk. Review of Resident #5's admission record revealed an initial admission date of 04/05/2025 and a re-admission date of 07/28/2025. Resident #5 was admitted to the facility with diagnoses to include: displaced apophyseal fracture of left femur (a break in the growth plate area of the large bone of the upper leg), initial encounter for closed fracture (08/04/2025), displaced fracture of greater trochanter (a bony prominence located on the upper part of the thigh bone) of right femur, initial encounter for closed fracture (07/28/2025), spondylolysis (a stress fracture in a vertebra), cervical (neck) region (09/21/2024), unspecified fall, subsequent encounter (09/21/2024), muscle weakness (generalized) (09/21/2024), other abnormalities of gait and mobility (09/21/2024), morbid (severe) obesity due to excess calories (09/21/2024), and repeated falls (09/21/2024). Review of Resident #5's Quarterly Minimum Data Set (MDS), dated [DATE] revealed in Section C-Cognitive Patterns, a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition. Review of Section GG-Functional Abilities revealed Resident #5 had an impairment on one side to her upper and lower extremity. Resident #5 required substantial/maximal assistance revealing helpers do more than half the effort. Helpers lift or hold trunk or limbs and provides more than half the effort for rolling left and right. Sitting to lying (the ability to move from sitting on side of bed to lying flat on the bed, lying on side of bed), Resident #5 was dependent, meaning helper does all the effort. Residents do none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Review of Resident #5's care plan dated 08/03/2024 revealed: Focus: ADL Self-Care and/or mobility deficit. Needs assistance with ADL's Initiated on 09/23/2024. Interventions included: BED MOBILITY-Total ASSIST X 2 TRANSFERS-Total ASSIST with Hoyer X 2TOILETING-Total ASSIST X 2DRESSING-Total ASSIST X 2BATHING-Total ASSIST X 2 Review of Resident #5's Intervention/Task for July revealed one person assistance was provided for ADL-Bed Mobility on 07/26/2025 (day shift), 07/28/2025 (evening shift), 07/30/2025 (day shift), 07/31/2025 (evening shift), 08/01/2025 (day shift), 08/02/2025 (evening shift), 08/03/2025 (day shift and evening shift), 08/05/2025 (evening shift), 08/07/2025 day shift). A review of the physician order summary for Resident #5 revealed: Right hip Xray 2 views due to status post fall pain. Start Date 07/26/2025.Send to ER (emergency room) for further eval and treat. Start Date 07/27/2025. A review of Resident #5's right hip Xray, radiology report, dated 07/26/2025 revealed:Reason for Study: Acute Pain Due To TraumaFINDINGS: There is deformity of the femoral neck concerning for a fracture. There is joint space narrowing of the right hip with bony productive change. There is diffuse osteopenia.Conclusion: Deformity of the right femoral neck concerning for a fracture. A follow-up CT (computed tomography) scan of the hip is suggested. Review of Resident #5's