

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105606	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Northbrook Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  575 Lamar Ave Brooksville, FL 34601	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46523</p> <p>Based on record review and interview, the facility failed to ensure resident assessments accurately reflected the residents' status for 1 of 8 residents reviewed for nutrition, Resident #31, and 1 of 6 residents reviewed for medication management, Resident #81.</p> <p>Findings include:</p> <p>1) During an observation on 3/25/2025 at 12:39 PM, Resident #31 was lying in bed, receiving Jevity 1.5 via tube feeding at 80 milliliters per hour.</p> <p>During an observation on 3/26/2025 at 7:30 AM, Resident #31 was lying in bed, receiving Jevity 1.5 via tube feeding at 80 milliliters per hour.</p> <p>Review of Resident #31's quarterly Minimum Data Set (MDS) dated [DATE] showed it read, Section K- Swallowing/ Nutritional Status. K0710. Percent Intake by Artificial Route . 3. During Entire 7 Days. A. Proportion of total calories the resident received through parenteral or tube feeding: 1. 25% or less.</p> <p>Review of Resident #31's physician order dated 11/13/2024 showed it read, NPO [Nil Per Os which is a Latin phrase meaning nothing by mouth]-Nothing by Mouth diet, NPO texture, NPO consistency.</p> <p>Review of Resident #31's physician order dated 1/24/2025 showed it read, Enteral Feed Order two times a day for (Enhanced Barrier Precautions) Enteral: Pump Feeding: Administer jevity 1.5 per PEG [Percutaneous Endoscopic Gastrostomy] tube via pump. Rate: 80 mls/hour (80 milliliters per hour) for 20 hours/day down at 9 am up at 1 pm.</p> <p>During an interview on 3/26/2025 at 12:04 PM, the Registered Dietician stated, [Resident #31's name] gets all his caloric intake via the gastric tube feedings.</p> <p>During an interview on 3/26/2025 at 12:15 PM, Staff G, Certified Dietary Manager (CDM), stated, [Resident #31's name] receives all nutrition via the gastric tube.</p> <p>During an interview on 3/26/2025 at 1:59 PM, Staff K, MDS Registered Nurse, stated, After speaking with [the CDM's name] we have to correct the MDS entry because [Resident #31's name] received all caloric intake via the gastric tube.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49777</p> <p>2) Review of Resident #81's admission record showed the resident was most recently admitted on [DATE], with the diagnosis of pneumonia with onset date of 1/23/2025.</p> <p>Review of Resident #81's physician order dated 1/23/2025 showed read, Levaquin Oral Tablet (Levofloxacin), Give 500 mg by mouth at bedtime for Pneumonia for 7 Days.</p> <p>Review of Resident #81's MDS dated [DATE] showed no infections were documented under Section I- Active Diagnoses. Active Diagnoses in the last 7 days.</p> <p>During an interview on 3/26/2025 at 1:35 PM, Staff K, MDS Registered Nurse, stated that Section I of MDS for Resident #81 was not correct and it should have listed Pneumonia.</p> <p>Review of the facility policy and procedure titled Summit Care Resident Assessment Instrument (RAI) MDS Compliance Policy with the last review date of 2/19/2025 showed it read, Purpose: This policy establishes procedures for completing the Minimum Data Set (MDS) 3.0 to ensure compliance with federal and state requirements, promote accurate resident assessments, and facilitate proper reimbursement under Medicare and Medicaid . Procedure . 3. Accuracy and Completeness: All sections of the MDS must be filled out accurately using input from relevant staff, including nursing, social services, therapy, and dietary departments.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>49777</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received their medication as ordered by the physician for 1 of 10 residents reviewed for medication administration, Resident #402.</p> <p>Findings include:</p> <p>During an observation on 3/26/2025 at 9:38 AM, Staff C, Licensed Practical Nurse (LPN), measured 2 grams of Diclofenac Sodium topical gel (Voltaren) onto the medication ruler. Staff C applied 2 grams of the medication to the medication ruler and applied one gram to the left knee of Resident #402 and then one gram was applied to the right knee.</p> <p>Review of Resident #402 physician order dated 3/14/2025 showed it read, Voltaren Arthritis Pain External Gel 1% (Diclofenac Sodium (Topical), Apply to knees topically two times a day for pain.</p> <p>During an interview on 3/26/2025 at 9:36 AM with Staff C, LPN, when asked if Diclofenac gel is 1 gram per knee or 2 grams per knee, Staff C stated, Will need to call the APRN [Advance Practice Registered Nurse] to clarify.</p> <p>During an interview on 3/27/2025 at 10:20 AM, the Director of Nursing (DON) stated, I spoke with [the physician's name] yesterday. I am the person who put the order in the system. Voltaren 2 grams should be given to each knee. I will let the nurse know.</p> <p>Review of the facility policy and procedure titled Administering Medications with the last review date of 2/19/2025 showed it read, Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation . 4. Medications are administered in accordance with prescriber orders, including any required timeframe.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46523</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received care and services for central venous access devices in accordance with professional standards of practice for 1 of 3 residents reviewed for intravenous therapy, Resident #95.</p> <p>Findings include:</p> <p>During an observation on 3/24/2025 at 10:17 AM, Resident #95 was sitting at the edge of her bed. Resident #95 had a single lumen PICC (Peripherally Inserted Central Catheter) line on her right arm with a transparent dressing and a gauze underneath the dressing with no date.</p> <p>During an interview on 3/24/2025 at 10:17 AM, Resident #95 stated, The staff changed my dressing last Thursday [3/20/2025]. I am not sure why they did not date the dressing.</p> <p>Review of Resident #95's physician order dated 3/3/2025 showed it read, IV [Intravenous]: Central Line-PICC Line: Change transparent dressing every evening shift every Sat [Saturday] for preventative care.</p> <p>Review of Resident #95's Medication Administration Record (MAR) for March 2025 showed the last transparent dressing change was completed on 3/15/2025.</p> <p>Review of Resident #95's physician order dated 3/13/2025 showed it read, Vancomycin HCl Intravenous Solution (Vancomycin HCl) Use 1250 mg [milligrams] intravenously two times a day for right knee infection.</p> <p>During an interview on 3/27/2025 at 8:09 AM, the Director of Nursing stated, IV dressing should be labeled with the date that the dressing was changed. Dressing changes should be done every 7 days and if they have a gauze under the transparent dressing every 2 days.</p> <p>Review of the facility policy and procedure titled Infusion Devices and Procedures with the last review date of 2/19/2025 showed it read, Policy . Gauze dressings are changed every 2 days. Transparent semipermeable membrane (TSM) dressings are changed every 5-7 days.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>40559</p> <p>Based on interview and record review, the facility failed to ensure residents received restorative services to maintain their mobility for 1 of 3 residents reviewed for restorative services, Resident #16.</p> <p>Findings include:</p> <p>During an interview on 3/25/2025 at 9:20 AM, Resident #16 stated, I am not doing any physical therapy or walking program at this time. I want to start walking again.</p> <p>Review of Resident #16's physician order dated 12/16/2024 showed it read, Restorative Program: Ambulate using 2ww [2 wheeled walker], gait belt, close wc [wheelchair] follow, and close contact assistance up to 100 ft [feet], 3x [3 times] weekly . Order Status: Active.</p> <p>Review of Resident #16's Physical Therapy Discharge Summary dated 12/9/2024 showed it read, Discharge Recommendations and Status . Restorative Programs . Ambulation Program Established/Trained 100' CGA [Contact Guard Assist] using gait belt, close wc follow.</p> <p>During an interview on 3/27/2025 at 12:18 PM, the Director of Nursing confirmed Resident #16 had an order for restorative therapy in December of 2024 and stated, He was not picked up for restorative services in December.</p> <p>During an interview on 3/27/2025 at 1:11 PM, Staff I, Occupational Therapist, stated, They are supposed to follow the goals in the referral to continue their therapy goals.</p> <p>During an interview on 3/27/2025 at 2:00 PM, the Director of Nursing stated, We expect the restorative team to pick up residents who have an order. We do not have a directly related policy.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46523</p> <p>Based on observation, interview, and record review, the facility failed to provide dietary services as ordered by physician for 3 of 8 residents reviewed for nutrition, Residents #31, #352 and #405.</p> <p>Findings include:</p> <p>1) During an observation on 3/25/2025 at 12:55 PM, Resident #352 was eating in his room. The meal tray included cranberry juice, dessert, mixed vegetables containing broccoli, carrots, and cauliflower, and an inside out chicken potpie.</p> <p>Review of Resident #352's meal ticket for 3/25/2025 did not show fortified foods listed.</p> <p>During an observation on 3/26/2025 at 7:54 AM, Resident #352 was eating in the room. The meal tray included cold cereal mixed with white milk, scrambled eggs, toast with jelly and juice.</p> <p>Review of Resident #352's meal ticket for 3/26/2025 did not show fortified foods listed.</p> <p>Review of Resident #352's physician order dated 1/14/2025 showed it read, Low Concentrated Sweets diet, Regular Texture, Thin Consistency, for Fortified Foods.</p> <p>During an interview on 3/26/2025 at 12:18 PM, the Registered Dietitian [RD] stated, [Resident #352's name] has orders for fortified foods. For breakfast, oatmeal is the fortified food served, and mashed potatoes would be served for lunch and dinner. Fortified foods add more calories.</p> <p>During an interview on 3/26/2025 at 12:19 PM, Staff G, Certified Dietary Manager, stated, [Resident #352's name] is on fortified foods and should be getting oatmeal for breakfast and mashed potatoes for lunch and dinner. I do not see fortified foods included in his meal ticket. It should be written on the meal ticket.</p> <p>2) During an observation on 3/24/2025 at 1:30 PM, Resident #31 was lying in bed, receiving Jevity 1.5 via feeding tube at the rate of 80 milliliters per hour.</p> <p>During an observation on 3/25/2025 at 12:39 PM, Resident #31 was lying in bed, receiving Jevity 1.5 via feeding tube at the rate of 80 milliliters per hour.</p> <p>During an observation on 3/26/2025 at 7:10 AM, Resident #31 was lying in bed, receiving Jevity 1.5 via feeding tube at the rate of 80 milliliters per hour.</p> <p>Review of Resident #31's physician order dated 1/24/2025 showed it read, Enteral Feed Order two times a day for (Enhanced Barrier Precautions) Enteral: Pump Feeding: Administer jevity 1.5 per peg [Percutaneous Endoscopic Gastrostomy] tube via pump. Rate: 80 mls/hour for 20 hours/day down at 9 am up at 1 pm.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #31's progress note dated 3/12/2025 showed it read, RD Note tolerating TF [Tube Feeding] meeting calorie needs due to wt [weight] decrease will recommend increase TF jevity 1.5 at 85 ml [milliliter] x 20= 1700 cc [cubic centimeter] 2550 cal [calories], monitor wts [weights] weekly thru March review.</p> <p>Review of Resident #31's physician orders showed no order for increasing tube feeding to 85 milliliters.</p> <p>During an interview on 3/26/2025 at 12:04 PM, the Registered Dietician stated, I leave recommendation sheets and we give a copy to the DON [Director of Nursing], CDM [Certified Dietary Manager] and Minimum Data Set nurse and so everyone is aware. I would be careful not to increase too much. Even with the recommendation not followed [Resident #31 name] went up two pounds. I am not sure what happened that it did not get changed.</p> <p>During an interview on 3/26/2025 at 12:15 PM, Staff G, CDM, stated, I received the recommendation and carried it out to all parties including nursing and director of nursing. Nursing or DON are the ones to put in the orders. I was not aware the feeding tube rate was not changed.</p> <p>During an interview on 3/27/2025 at 8:14 AM, the Director of Nursing stated, I do not believe the doctor was notified when the recommendations were made to increase the tube feeding rate.</p> <p>49846</p> <p>3) During an observation on 3/26/2025 at 8:00 AM, Resident #405 received her breakfast which included eggs, toast, and coffee.</p> <p>During an observation on 3/26/2025 at 12:45 PM, Resident #405 received her lunch, which included cheese broccoli casserole, roll and soda for a drink.</p> <p>Review of Resident #405's meal ticket for 3/26/2025 showed no fortified foods listed.</p> <p>Review of Resident #405's physician order dated 2/7/2025 showed it read, NAS (No Added Salt) diet Regular texture, Thin consistency, for add Fortified Foods every meal.</p> <p>During an interview on 3/25/2025 at 2:30 PM, Staff G, CDM stated, The fortified foods were oatmeal with cinnamon, cereal and mashed potatoes with gravy.</p> <p>During an interview on 3/27/2025 at 8:16 AM, Staff G, CDM, stated, [Resident #405's name] should have been given oatmeal during breakfast and mashed potatoes during lunch as part of their fortified food order.</p> <p>Review of the facility policy and procedure titled Nutrition Interventions with the last review date of 2/19/2025 showed it read, Policy: Nutritional interventions will be implemented as recommended by the Dietary Manager, dietitian and/or Nutrition and Dietetics Technician Registered (NDTR) to ensure the best possible nutritional status for residents of the facility. Recommendations will be consistent with nutritional best practices and the industry standards of care.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46523</p> <p>Based on interview and record review, the facility failed to ensure residents were assessed before and after dialysis treatments for 1 of 1 resident receiving dialysis services, Resident #30.</p> <p>Findings include:</p> <p>Review of Resident #30's Dialysis Center-Facility Communication Form dated 2/28/2025 showed no arrival time and vitals signs documented under the section reading, Facility Nurse to complete upon return from Dialysis</p> <p>Review of Resident #30's Dialysis Center-Facility Communication Form dated 3/3/2025 showed no arrival time and vitals signs documented under the section reading, Facility Nurse to complete upon return from Dialysis</p> <p>Review of Resident #30's Dialysis Center-Facility Communication Form dated 3/5/2025 showed no arrival time and vitals signs documented under the section reading, Facility Nurse to complete upon return from Dialysis</p> <p>Review of Resident #30's records showed no Dialysis Center-Facility Communication Form for dialysis visit on 3/10/2025.</p> <p>Review of Resident #30's physician order dated 8/27/2025 showed it read, Dialysis: May go to Dialysis on Monday/[NAME] [Wednesday]/Friday at [Name of dialysis center] on [the dialysis center address and phone number] chair time 11 am pick up after 9a m ([phone number of transportation company]).</p> <p>During an interview on 3/27/2025 at 8:45 AM, Staff L, Licensed Practical Nurse (LPN), stated, There is a dialysis book we have to complete before and after [Resident #30's name] has dialysis. The dialysis book has a communication sheet we have to fill out before resident is sent to dialysis and when they return.</p> <p>During an interview on 3/27/2025 at 9:13 AM, Staff M, LPN, stated, [Resident #30's name] does not have a communication sheet done for 3/10/2025. On 3/3/2025, 3/5/2025 and 2/28/2025, the post dialysis communication sheet has no vitals recorded upon his [Resident #30] return. The dialysis communication form should be completely filled out and vitals should be taken. The form is filled out before sending the resident to dialysis and upon his return. There is no order. It is just an expectation that the staff know they have to complete the communication form for any dialysis resident in the building.</p> <p>During an interview on 3/27/2025 at 11:20 AM, the Director of Nursing (DON) stated, Nurses should do a dialysis communication assessment pre and post dialysis days for [Resident #30's name].</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy and procedure titled Care of the resident receiving Dialysis with the last review date of 2/19/2025 showed it read, Procedure . Pre-dialysis care: a. Nurse will complete top section of Dialysis Communication Form and sign/date . Post-dialysis care . b. Document evaluation by completing bottom section of the Dialysis Communication Form. Sign/date the form. File the completed form in resident's medical record.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49656</p> <p>Based on observation and interview, the facility failed to ensure nurse staffing information was posted on a daily basis.</p> <p>Findings include:</p> <p>During an observation upon entry to the facility on [DATE] at 9:00 AM, the nurse staffing information posted at the front desk was dated 3/19/2025.</p> <p>During an interview on 3/24/2025 at 9:37 AM, the Administrator stated, Federal posting should be changed daily. The staffing coordinator will change it during the week and the weekend supervisor will be responsible for changing the posting.</p> <p>During an interview on 3/27/2025 at 8:45 AM, the Staffing Coordinator stated, I am responsible for placing the staffing information at the front desk during the week. The weekend supervisors change it on the weekends. The number was correct, but the date wasn't.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46523</p> <p>Based on observation, interview, and record review, the facility failed to ensure the drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles in 2 of 4 halls.</p> <p>Findings include:</p> <p>1) During an observation on 3/24/2025 at 10:51 AM, Resident #19 was lying in bed. There was a Ventolin HFA inhaler on top of the resident's nightstand.</p> <p>During an interview on 3/24/2025 at 10:51 AM, Resident #19 stated, I use the inhaler myself. The nurses do not help me with it.</p> <p>During an interview on 3/24/2025 at 8:07 AM, the Director of Nursing stated, There is no resident in the facility at this time that self-administers medication. The nurse will do a self-administration evaluation and it would be recorded in [electronic health record program's name]. Medication should not be left unattended. Even if resident has a self-administration evaluation and is considered safe to administer, the nurse will bring the medication and recollect it and take it back to the cart.</p> <p>During an interview on 3/27/2025 at 10:30 AM, the Director of Nursing stated, [Resident #19's name] does not even have an order for this inhaler [holding the Ventolin HFA inhaler in her hand].</p> <p>40559</p> <p>2) During an observation on 3/25/2025 at 10:56 AM, there was a small clear plastic cup with multiple pills on the overbed table of Resident #91.</p> <p>During an interview on 3/25/2025 at 10:57 AM, Resident #91 stated, These are my medications. I will take them later.</p> <p>Review of Resident #91's medical records did not reveal an evaluation of Resident #91 for self-administration of medications.</p> <p>Review of the facility policy and procedure titled Medication Storage with the last review date of 2/19/2025 showed it read, Policy: Medications will be stored in a manner that maintains the integrity of the product and ensures the safety of the residents and is in accordance with FL Department of Health guidelines. Procedure: A. With the exception of Emergency Drug Kits, all medications will be stored in a locked cabinet, cart of medication room that is accessible only to authorized personnel as defined by facility policy.</p>		

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NAME OF PROVIDER OR SUPPLIER  Northbrook Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  575 Lamar Ave Brooksville, FL 34601	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46523</p> <p>Based on observation, interview, and record review, the facility failed to ensure medical records were complete and accurate for 2 of 6 residents reviewed for medication management, Residents #352 and #354, and 1 of 3 residents reviewed for gastric tubes, Resident #23.</p> <p>Findings include:</p> <p>1) Review of Resident #354's physician order dated 3/6/2025 showed it read, Insulin Glargine Subcutaneous Solution 100 UNIT/ML [unit per milliliter] (Insulin Glargine) Inject 40 units subcutaneously in the morning for Hyperglycemia.</p> <p>Review of Resident #354's Medication Administration Record (MAR) for March 2025 showed no entries documented at 6:00 AM on 3/11/2025 and 3/19/2025 for administration of Insulin Glargine.</p> <p>During an interview on 3/24/2025 at 10:11 AM, Resident #354 stated that the staff gave her all her medications.</p> <p>During an interview on 3/26/2025 at 7:10 AM, Staff G, Licensed Practical Nurse (LPN), stated, I got distracted and did not document it. I really do not know what happened.</p> <p>During an interview on 3/27/2025 at 11:24 AM, the Director of Nursing (DON) stated, I expect nurses to document accurately. I do see the blanks on 3/11/2025 and 3/19/2025 for [Resident #354's name].</p> <p>2) Review of Resident #23's physician order dated 2/23/2025 showed it read, After meals related to dysphagia, oropharyngeal phase (R13.12); gastrostomy status (Z93.1), Enteral: Hold Bolus Feeding if eats less than 50% of meal. Administer Nepro/CarbSteady Oral Liquid per G-Tube [gastric tube] via bolus. Rate: 237 mL [milliliters] per feeding, 3 times per day. (Enhanced Barrier Precautions).</p> <p>During an interview on 3/26/2025 at 12:25 PM, the Registered Dietician stated, The staff are monitoring [Resident #23's name] intake and has orders for bolus if he eats less than 50% of his meal.</p> <p>During an interview on 3/27/2025 at 8:13 AM, the DON stated, It was a documentation error that needs to be corrected. It should read hold when Resident eats more than 50% not less. I think it got written backwards.</p> <p>During an interview on 3/27/2025 at 3:09 PM, Staff G, Certified Dietary Manager, stated, [Resident #23's name] order should have read if consumed less than 50 percent of the meal to give the bolus.</p> <p>3) Review of Resident #351's physician order dated 3/3/2025 showed it read, Behavior Monitoring: Monitor for the following: 1. itching, 2. picking at skin, 3. restlessness/agitation, 4. hitting, 5. increase in complaints, 6. biting, 7. kicking, 8. spitting, 9. cursing, 10. racial slurs, 11. elopement, 12. stealing, 13. delusions, 14. hallucinations, 15. psychosis, 16. aggression, 17. refusing care, Document Y if any of the above observed, record code and also document in progress notes. Document N if none of the above occurred.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #351's physician order dated 3/3/2025 showed it read, Abilify Oral Tablet 10 mg [milligram] (Aripiprazole), Give 1 tablet by mouth one time a day for depression.</p> <p>Review of Resident #351's physician order dated 3/3/2025 showed it read, Mirtazapine Oral Table 7.5 mg (Mirtazapine), Give 1 tablet by mouth at bedtime related to depression.</p> <p>Review of Resident #351's physician order dated 3/3/2025 showed it read, Paroxetine HCl Oral Tablet 40 mg (Paroxetine HCl), Give 1 tablet by mouth at bedtime related to depression.</p> <p>Review of Resident #351's Treatment Administration Record for March 2025 for behavior monitoring showed staff documented code 0 on 3/16/2025, 3/18/2025, 3/24/2025, 3/25/2025, and 3/26/2025 during 7-3 shift, and NA (Not Applicable) on 3/7/2025, 3/15/2027, 3/16/2025, and 3/25/2025 during 3-1 shift.</p> <p>During an interview on 3/27/2025 at 8:42 AM, Staff L, Licensed Practical Nurse (LPN), stated, When documenting behavior monitoring, you should never put NA. It is a yes or no question. If the resident does have any behaviors, there are numbers to code what behavior they had and what intervention you took to help with the redirection of the behavior.</p> <p>During an interview on 3/27/2025 at 9:07 AM, Staff M, Licensed Practical Nurse (LPN), stated, NA should never be used when documenting behavior monitoring. The staff should answer yes or no.</p> <p>During an interview on 3/27/2025 at 8:17 AM, the DON stated, The staff should be documenting accurately the resident's behavior. They should not document NA. They should answer N for No if the resident does not have any behaviors. It is a user error.</p> <p>Review of the facility policy and procedure titled Documentation, Clinical with the last review date of 2/19/2025 showed it read, Purpose: The facility clinical staff will document the provision of care and services according to nursing standards and regulatory requirements. When completed, documentation will accurately reflect the clinical care and other services provided to the resident and ensure that the appropriate information is available to all interdisciplinary team members. Documentation in the medical record of each resident should provide: A. A complete account of the resident's care treatment and response to the care . 4. An ongoing record of the physical and mental status of the resident.</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>46523</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff performed hand hygiene and used proper personal protective equipment during medication administration for 2 of 11 residents reviewed for medication administration, Residents #32 and #56, and while providing care for 2 of 4 residents reviewed for isolation precautions, Residents #302 and #405, to prevent possible spread of infection and communicable diseases.</p> <p>Findings include:</p> <p>1) During an observation on 3/25/2025 at 8:30 AM, Staff B, Licensed Practical Nurse (LPN), was standing in front of the medication cart. Staff B scratched the side of her head with her right hand. Without performing hand hygiene, Staff B continued to pour medication into a medication cup. Staff B poured the medication into a clear medication sleeve and crushed the medication. Staff B grabbed two capsules from the top of the medication cart, and without donning gloves, opened each capsule and poured the medication into a small bowl. Staff B pushed her medication cart to Resident #32's door, performed hand hygiene before entering the room, and administered the medication to Resident #32.</p> <p>During an interview on 3/26/2025 at 2:50 PM, Staff B, LPN, stated, I know I should use gloves when touching any medication. Medication should not be touched with your hands, but no one has ever told me anything.</p> <p>During an interview on 3/27/2025 at 7:15 AM, the Infection Preventionist stated, Any time the staff touch their face, they should wash her hands and they should not be touching medication with their bare hands.</p> <p>During an interview on 3/27/2025 at 8:06 AM, with the Director of Nursing (DON) stated, Once the staff touched her head, she should have performed hand hygiene and then continued to pour medication. The nursing staff should not touch a capsule with her hand. The nursing staff should wash her hands and don gloves, then she should open the capsule and once she is done and removes her gloves, she should wash her hands again.</p> <p>Review of the facility policy and procedure titled Administering Medications with the last review date of 2/19/2025 showed it read, Policy Statement: Medication are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation . 25. Staff follows established facility infection control procedures (e.g., hand hygiene, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.</p> <p>(continued on next page)</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>Review of the facility policy and procedure titled Handwashing/Hand Hygiene with the last review date of 2/19/2025 showed it read, Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation . 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . 6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations . b. After contact with resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella, and C. difficile [Clostridium difficile]. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations . c. before preparing or handling medications.</p> <p>49777</p> <p>2) During an observation on 3/25/2025 at 8:35 AM, Staff D, Registered Nurse (RN), opened Gabapentin and Potassium Chloride capsules with bare hands for Resident #56. Staff D did not have gloves on during medication preparation.</p> <p>During an interview on 3/25/2025 at 9:05 AM, Staff D, RN, stated, I was only touching the outside of the capsule, so I did not think I needed to wear gloves to open the capsule.</p> <p>During an interview on 3/25/2025 at 9:15 AM, 400 Hall Nurse Manager stated, Gloves should be worn when opening capsules during medication pass.</p> <p>3) During an observation on 3/25/2025 at 9:33 AM, the Wound Care Nurse, RN, provided wound care to Resident #302. The Wound Care Nurse did not have gown while providing wound care. There was an Enhanced Barrier Precautions (EBP) signage outside Resident #302's room.</p> <p>During an interview on 3/25/2025 at 9:40 AM, the Wound Care Nurse stated, I should have worn a gown.</p> <p>During an interview on 3/27/2025 at 3:15 PM, the DON stated, During wound care, staff should wear gown and gloves for a resident on Enhanced Barrier Precautions.</p> <p>Review of the facility policy and procedure titled Enhanced Barrier Precautions with the last review date of 2/19/2025 showed it read, Policy Statement: Enhanced Barrier Precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. Policy Interpretation and Implementation . 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room) . 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and g. wound care (any skin opening requiring a dressing).</p> <p>49846</p> <p>(continued on next page)</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>4) During an observation on 3/26/2025 at 8:31 AM, Staff A, Certified Nursing Assistant (CNA), entered Resident #405's room to pass out the breakfast tray. Staff A did not wear gown before entering the room. There was a contact precaution signage and PPE supplies outside of Resident #405's room.</p> <p>During an interview on 3/26/2025 at 8:40 AM, Staff A, CNA, stated, I just got in a hurry to pass out breakfast trays and didn't even see the bin or the sign outside the door.</p> <p>Review of Resident #405's physician order dated 2/4/2025 showed it read, Contact Isolation: The resident is in isolation due to: C-Diff. The resident is in a room alone, and all items are brought to the resident (food, activities, meditation [Sic.], therapy) because the resident does not leave the room, every shift.</p> <p>During an interview on 3/26/2025 at 8:45 AM, the DON stated, If a resident is on contact isolation for C. Diff., staff is supposed to dress out in appropriate PPE before entering room.</p> <p>Review of the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting last updated in July 2023 showed it read, III.B.1. Contact Precautions . Healthcare personnel caring for patients on Contact Precautions wear gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.</p>		