

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Live Oak Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1620 Helvenston St SE Live Oak, FL 32064	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure staff followed physician-ordered parameters for blood pressure medications for 1 of 5 residents reviewed for medication administration (Resident #1). Findings include: Review of Resident #1's admission record showed the resident was initially admitted on [DATE] and most recently admitted on [DATE] with diagnoses that included Extended Spectrum Beta Lactamase (ESBL) Resistance, urinary tract infection, subacute osteomyelitis, acquired absence of right leg below knee, acquired absence of left leg below knee, type 2 diabetes mellitus with diabetic polyneuropathy, end stage renal disease, dependence on renal dialysis, and essential (primary) hypertension. Review of Resident #1's physician order dated 8/12/2025 read, Midodrine HCl [hydrochloride] Oral Tablet 10 MG [milligrams] (Midodrine HCl), Give 1 tablet by mouth every 6 hours for hypotension hold for SBP [Systolic Blood Pressure] more than 110. Review of Resident #1's Medication Administration Record (MAR) for August 2025 for administration of 1 Midodrine HCl Oral Tablet 10 MG showed the resident received the medication on 8/15/2025 at 12:00 AM for Blood Pressure (BP) of 114/76, on 8/17/2025 at 12:00 AM for BP of 115/67, on 8/18/2025 at 12:00 PM for BP of 114/67, on 8/19/2025 at 6:00 AM for BP of 114/74, and on 8/24/2025 at 12:00 AM for BP of 122/80. Review of Resident #1's progress notes from 8/15/2025 through 8/25/2025 showed no physician notification regarding the administration of Midodrine HCl on 8/15/2025, 8/17/2025, 8/18/2025, 8/19/2025, and 8/24/2025. Review of Resident #1's physician order dated 9/3/2025 read, Midodrine HCl Oral Tablet 10 MG (Midodrine HCl), Give 1.5 tablet by mouth every 6 hours for hypotension, hold for SBP > (greater than) 130. Review of Resident #1's MAR for September 2025 for administration of 1.5 Midodrine HCl Oral Tablet 10 MG showed the resident received the medication on 9/26/2025 at 12:00 PM for BP of 152/53, and at 6:00 PM for BP of 152/53. Review of Resident #1's progress notes from 9/26/2025 through 9/27/2025 showed no physician notification regarding the administration of Midodrine HCl on 9/26/2025. During an interview on 11/19/2025 at 4:30 PM, Staff B, Licensed Practical Nurse (LPN), stated that regarding Resident #1's Midodrine order, she routinely took his blood pressure before giving blood pressure medications and documented it on the MAR. She was not sure how she missed the parameter for holding Resident #1's Midodrine on 8/17/2025 at midnight and confirmed that it was a medication error. During an interview on 11/20/2025 at 12:23 PM, Staff C, LPN, stated that Resident #1's Midodrine order in September included a parameter to hold the medication if his systolic blood pressure was greater than 130. The 2 doses she administered on 9/26/2025 (at 12:00 PM and 6:00 PM) were medication errors, because his systolic blood pressure was higher than 130. During an interview on 11/19/2025 at 12:15 PM, the Director of Nursing (DON) stated, Medications and treatments are to be administered as ordered. All physician orders are to be reviewed and entered as written. The nurse should reach out to the physician to clarify any questions. Review of the facility policy and procedure titled Administering Medications with an effective date of 4/1/2022 and a revision date of 2/21/2023 read, Purpose: To ensure that medications are administered in a safe and timely manner, and as prescribed. General Guidelines. 3. Medications are administered in accordance with prescriber orders, and current standards of practice.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 105613
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