

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER North Campus Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 N Palmetto St Leesburg, FL 34748	

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 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>50123</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were stored in a secure manner.</p> <p>Findings include:</p> <p>During an observation on 12/9/2024 at 9:30 AM, there was one bottle of Spring Valley Cinnamon Dietary Support Supplement on Resident #5's bedside table.</p> <p>During an interview on 12/9/2024 at 9:30 AM, Resident #5 stated, I take that for my diabetes. I have permission to have that.</p> <p>During an observation on 12/9/2024 at 9:35 AM, there was one clear plastic cup containing 3 round white tablets on Resident #6's bedside table.</p> <p>During an interview on 12/9/2024 at 9:35 AM, Resident #6 stated, It's my sodium pills and I'm not taking those. They get stuck when I try to swallow them, so I'm not taking them. The cup is from the night before. I just didn't take them.</p> <p>During an interview on 12/9/2024 at 1:15 PM, the Assistant Director of Nursing (ADON) stated, There are never to be medications left at bedside. I expect them [staff] to stand with the resident until they have taken all of their medications. If they [residents] wish to have meds at bedside, then an assessment needs to be conducted to see if it's appropriate, then it would be care planned and we would obtain a lockbox for the resident to have.</p> <p>Review of Resident #5's medical records revealed no order for Cinnamon supplements and no care plan focus to have medication at bedside.</p> <p>Review of the facility policy and procedure titled Medication Administration issued on 4/1/2022 showed it read, Policy: It will be the policy of this facility to administer medications in a timely manner and as prescribed by the physician, unless otherwise clinically indicated or necessitated by other circumstances such as lack of availability of medication or refusals of medication by the resident. Procedure . 3. Medications should be administered in a timely manner and in accordance with the physician's orders.</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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