STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on observations, interviews, and record reviews, the facility failed to ensure each resident was provided with an assessment which accurately reflects the resident's status for 3 (Resident #111, #24, #4) of 10 residents reviewed for communication, nutrition and activities of daily living. Findings include: 1.) During an interview conducted in Spanish on 3/17/2025 at 10:42 AM with Resident #111, she stated, Communication with staff can be hard. I speak Spanish and it is very hard to communicate with staff. They have a few staff members that speak Spanish, but they may not be always available. I am Hispanic of Cuban decent. Review of Resident #111's Minimum Data Set (MDS) Comprehensive Quarterly assessment dated [DATE] documented Resident #111 was not Hispanic, and her preferred language was English. Review of Resident #111's Social Service Admission Evaluation dated 11/22/2024 read, Ethnicity: E2d. Yes, Cuban. Summary /Additional Comments: .Patient speak Spanish. During an interview on 3/19/2025 at 10:05 AM, Staff H, License Practical Nurse (LPN), stated, [Resident #111's Name] sometimes will not understand our conversation, she speaks Spanish. I will get the Environmental Service Supervisor or a restorative aide that speak Spanish in order to better communicate with her. During an interview on 3/19/2025 at 10:15 AM the Environmental Service Supervisor stated, [Resident #111 Name] speaks Spanish and she is one of the residents included in my rounds do to that [speaking Spanish]. I will translate for her or ask her if she needs anything so that I can tell the nurse for her. During an interview on 3/20/2025 at 12:55 PM, the Minimum Data Set Lead License Practical Nurse, stated, Hispanic should have been marked and a correction her prefer language needs to be made. 50123 2.) During an observation on 3/17/2025 at 12:30 PM, Resident #24 was sitting up in bed feeding self, following set-up assistance. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 3/19/2025 at 12:10 PM, Resident #24 was sitting up in bed, feeding self, following set-up assistance. During an interview on 3/19/2025 at 10:00 AM, Staff K, Certified Nursing Assistant (CNA), stated, She's [Resident #24] set up assist; she usually eats 50-75% of her meals; set her up and leave if you want her to eat. During an interview on 3/19/2025 at 1:00 PM, Staff L, Licensed Practical Nurse (LPN) stated, She'll [Resident #24] feed herself if we set it up. If we try and feed her, she starts yelling and throwing things. Review of the Minimum Data Set (MDS) Comprehensive Quarterly Assessment completed on 2/4/2025 documented under Section GG0130-Self-Care the resident was listed as being dependent with eating. Review of the MDS Quarterly Assessment completed on 2/4/2025, Section K0300-Weight Loss, no was selected. Review of the clinical record documented Resident #24 had a 10.2% weight loss in the last 6 months. 51447 3.) Review of Resident #4's admission record included the following diagnosis: metabolic encephalopathy, abnormalities of gait and mobility, need for assistance with personal care, muscle weakness and morbid obesity. Review of Resident #4's MDS comprehensive quarterly assessment dated [DATE] documented under section C a BIMS (Brief Interview for Mental Status) of 00, indicating severely impaired cognition. Review of Resident #4's MDS comprehensive quarterly assessment dated [DATE] documented Resident #4 was independent for the following functional abilities: eating, oral hygiene, toileting hygiene, shower/bathing, dressing both upper and lower body, putting on footwear and personal hygiene. Review of Resident #4's comprehensive plan of care dated 2/25/2025 revealed a focus for self-care deficits with dressing, grooming and bathing related to impaired mobility, generalized weakness, limited endurance. Review of Resident #4's task documentation for showering and bathing herself from 2/21/2025 through 3/18/2025 revealed no documentation of Resident #4 independently completing the task. Review of Resident #4's last documented PT (physical therapy)/ OT (occupational therapy)/ Restorative Note dated 4/7/2024 revealed that for the following activities the resident needed some form of assistance: oral hygiene, toileting hygiene, shower/bathing self, upper and lower body dressing, putting on and taking off footwear and personal hygiene. During an interview on 3/20/2025 at 2:18 PM with the MDS Coordinator, stated I get the information to fill out the MDS section GG from staff documentation, communicating with direct care staff or independently observing the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/20/2025 at 2:40 PM with Staff I, LPN (Licensed Practical Nurse) stated (Resident #4's Name) is not independent with any of her ADL's and hasn't been for some time now. During an interview on 3/20/2025 at 2:48 PM, Staff M, CNA (Certified Nursing Assistant) stated that (Resident #4's Name) is not independent with any of her ADL's (Activities of Daily Living) and at best, she would require at least partial assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on interview and record review, the facility failed to develop and implement a comprehensive care plan for 2 (Resident #111 and #91) of 5 residents reviewed for communication and respiratory care. Findings include: 1.) During an interview in Spanish on 3/17/2025 at 10:42 AM, with Resident #111, she stated, Communication can be hard. I speak Spanish and it is very hard to communicate with staff. They have a few staff members that speak Spanish, but they may not be always available. During an interview on 3/19/2025 at 10:01 AM, Staff G, License Practical Nurse (LPN,) stated, [Resident #111 Name] can speak a little bit of English. If she does not understand what I am saying to her [Resident #111] I will get a Spanish speaking employee to translate. During an interview on 3/19/2025 at 10:05 AM, Staff H, LPN, stated, [Resident #111 name] sometimes will not understand our conversation, she speaks Spanish. I will get the Environmental Service Supervisor or a restorative aide that speak Spanish in order to better communicate with her. During an interview on 3/19/2025 at 10:15 AM, the Environmental Service Supervisor stated, [Resident #111 Name] speaks Spanish and she is one of the residents included in my rounds for that reason. I will translate for her or ask her if she needs anything so that I can tell the nurse for her. Review of Resident #111's Social Service Admission Evaluation dated 11/22/2024 read, Ethnicity: E2d. Yes, Cuban. Summary /Additional Comments: .Patient speak Spanish. Review of Resident #111's comprehensive care plan did not document a focus of communication. During an interview on 3/20/2025 at 9:39 AM, the Social Service Assistant stated, [Resident #111 Name], when I have spoken to her she can speak broken English. I am not too familiar with [Resident #111 name] but we do have staff in the building that speak Spanish and can be used to translate. During an interview on 3/20/2025 at 12:55 PM, the Minimum Data Set Lead LPN, stated, Social Services will do an admission assessment and would be the one to develop that section of the care plan. If a resident has a communication need it should be care planned. Usually, staff will come and tell us or during meetings we will be informed of each residents needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Comprehensive Assessments and Care plans with a last review date 1/29/2025 read, Standard: It will be standard of this facility to make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences using the resident assessment instrument (RAI). Guidelines: 1. The facility will conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. 8. The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth .that includes measurable objectives and timeframes to meet a resident's medical nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. 51447 2.) Review of the admission record for Resident #91 documented an admitted [DATE] with diagnosis that included metabolic encephalopathy (admitting diagnosis), altered mental status, (unspecified), essential hypertension, seizures, and history of falling. Review of the physician's orders for Resident #91 documented Levetiracetam Oral Solution 100 MG/ML [milligrams over milliliters]. Give 5 ml by mouth two times a day for seizures. Review of the comprehensive care plan for Resident #91 did not document any care plan related to seizures. During an interview on 3/19/2025 at 2:45 PM, the Director of Nursing stated, I would expect that if they (residents) had a history of seizure and are treated for it [seizures], it would be part of their comprehensive care plan. Review of the policy and procedure titled, P & P Seizures, last reviewed on 1/29/2025, read, Policy: It will be the policy of this facility to provide safe care and services for resident with the potential for or actual seizures. Procedure. 13. Residents with a seizure disorder or receiving medication to prevent seizures specifically should have a person-centered plan of care related to potential for seizures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46523 Based on observations, interviews, and record reviews, the facility failed to ensure professional standards of practice were implemented for 2 (Resident #124 and #147) of 4 residents reviewed for gastric tubes. Findings include: 1.) During an observation on 3/19/2025 at 9:17 AM Staff G, License Practical Nurse, (LPN) entered Resident #147's room wearing a gown, gloves, and surgical mask. Staff G, without checking placement or residual, began to flush the gastric tube with 30 milliliters of water. Staff G began to administer medications via gastric tube performing flushes of 5milliters of water in between each medication administration. Staff G finished administering medications and flushed the gastric tube with 30 milliliters of water. Review of Resident #147's physician order dated 3/16/2025 read, Flush feeding tube with 30ML (milliliters) of water before and after medication administration every shift. Review of Resident #147's physician order dated 3/16/2025 read, Check tube placement and for residual before addition of feeding, flush, or medications. If residual is 100cc (milliliters) or more, hold feeding and notify MD (Medical Doctor). every shift. Review of Resident #147's physician order dated 3/16/2025 read, Crush medications that can be crushed and dilute each with 5-10 cc water. Flush with 5 ml of water between each mediation unless otherwise specified every shift for Prophylaxis. 2.) During an observation on 3/19/2025 at 1:55 PM, Staff G, License Practical Nurse (LPN) donned a gown and gloves and entered Resident #124's room. Staff G, without checking for placement or residual proceeded to flush Resident #124 gastric tube with 60 cc of water pre bolus and administer Glucerna 1.2 bolus and flushed the gastric tube post administration of the bolus. During an interview on 3/19/2024 at 2:20 PM, Staff G, LPN stated, I did forget to check for the residual of the gastric tube before starting the administration. We should check to ensure placement and if they have residuals we can communicate with the provider and let them know. Review of Resident #124's physician order dated 2/26/2025 read, Enteral Feed Order every 4 hours for Prophylaxis every 4 hours for nutrition and hydration Glucerna 1.2 bolus 6x (6 times) per day/1 can or 237 ml Q_4hours (per day 1 can or 237 milliliters every 4 hours). Flush with 60cc of water pre/post bolus. Review of Resident #124's physician order dated 2/25/2025 read, Check feeding tube placement every shift. During an interview on 3/20/2025 at 7:19 AM, the Director of Nursing stated, The nursing staff should be checking residuals before flushing a gastric tube or administering anything via the gastric tube of a resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the policy and procedure titled Medication Administration via Enteral Feeding Tube with a last review date of 1/29/2025 read, Policy: Medications shall be prepared and administered according to the following established guidelines. Licensed Staff should not administer a drug that is inadequately dissolved (i. e., particulate matter still evident); that may clog the enteral feeding tube. Tube placement will be verified prior to the administration of a medication. Procedure: 5. Verify feeding tube placement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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. 46523 Based on observations, interviews and record reviews the facility failed to provide care and services in accordance with professional standards of practice for 2 (Resident #267, #118)) of 10 residents reviewed for central venous access devices and medication administration. Findings include: 1.) During an observation on 3/17/2025 at 9:17 AM, Resident #267 was lying in bed. A single lumen midline was observed on the upper right arm with a transparent dressing dated 3/7/2025 in black marker. Review of Resident #267's Medical Certification for Medicaid Long Term Care Service and Patient Transfer form dated 3/7/2025 documented a midline dated 3/7/2025. Review of Resident #267's physician orders did not document any intravenous catheter dressing changes orders. Review of Resident #267's physician orders did not document orders for flushing intravenous central line. Review of Resident #267's physician orders dated 3/10/2025 read, Fetroja Intravenous Solution Reconstituted 1 GM [Gram] (Cefiderocol Sulfate Tosylate) Use 1500 mg [milligrams] intravenously every 8 hours for Wound infection/UTI [Urinary Tract Infection] for 10 Days. During an interview on 3/20/2025 at 7:04 AM the Director of Nursing (DON) stated, IV dressing changes should be done every 7 days and there should be orders in the system for flushes and dressing changes, so we are able to track that staff are doing them. Review of the policy and procedure titled PICC IV (Peripherally Inserted Central Catheters) Line with a last review date 1/29/2025 read, Policy: It will be policy of this facility to adhere to IV/PICC line administration guidelines as set for by infection control, state and federal regulations. Licensed nurses shall provide care according state and federal law. Dressing Changes: 1. Sterile dressing change using transparent dressing is performed: At least weekly. 2.) Review of Resident #118's physician order dated 8/21/2024 read, Losartan Potassium Oral Tablet 25 MG (milligrams) give 25 mg by mouth one time a day for hypertension hold for SBP (systolic blood pressure) less than 120. Review of Resident #118's Medication Administration Record (MAR) for the month of March 2025, Losartan was given out of parameters at 0800 (8:00AM) on 3/3/2025 with a SBP of 112, on 3/5/2025 with a SBP of 115, and on 3/6/2025 with a SBP of 118. Review Resident #118's physician order dated 9/13/2024 read, Clonidine HCl (Hydrochloride) Tablet 0.1mg give 1 tablet by mouth every 8 hours for hypertension for systolic pressure over 160. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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	Review of Resident #118's Medication Administration Record (MAR) for the month of March 2025 Clonidine HCl Tablet 0.1 MG was administered out of parameters at 0600 (6:00 AM) on 3/1/2025 with a SBP of 129, 3/2/2025 with a SBP of 130, 3/33035 with a SBP of 117, 3/4/2025 with a SBP of 134, 3/9/2025 with a SBP of 133, 3/10/2025 with a SBP of 137, 3/12/2025 with a SBP of 141. At 1400 (2:00 PM) on 3/1/2025 with a SBP of 128, 3/4/2025 with a SBP of 135, 3/7/2025 with a SBP of 122, 3/11/2025 with a SBP of 107, 3/12/2024 with a SBP of 141. At 2200 (10:00 PM) on 3/1/2025 with a SBP of 127, 3/2/2025 with a SBP of 136, 3/3/2025 with a SBP of 121, 3/4/2025 with a SBP of 124, 3/6/2025 with a SBP of 115, 3/7/2025 and 3/8/2025 with a SBP of 145, 3/10/2025 with a SBP of 134 and 3/11/2025 with a SBP of 144. During an interview on 3/18/2025 at 2:30 PM the Director of Nursing stated, [Resident #118's Name] blood pressure medication was given out of parameters. Nursing staff should follow physician orders or contact the provider with any questions they may have. During an interview on 3/20/2025 at 2:05 PM, Medical Doctor #1 stated, I expected nursing staff to follow physician orders and the parameters for the medication that are in place. Review of the policy and procedure titled Medication Administration with a last review date of 1/29/2025 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 availably of medication or refusals of medications by the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50123 Based on observations, interviews, and record reviews, the facility failed to ensure the residents environment was free from accident hazards when 2 (Resident #77 and Resident #139) of 4 residents were not assessed for safe smoking. Findings include: During an observation on 3/17/2025 at 9:20 AM, Resident #77 was observed with a pack of cigarettes and a lighter on the bedside table. During an observation on 3/17/2025 at 10:45 AM, Resident #77 was observed on the smoking patio smoking a cigarette. During an interview on 3/18/2025 at 1:15 PM, Resident #77 stated I keep my cigarettes and my lighter [with me]. In fact, I need to go and get cigarettes. During an interview on 3/20/2025 at 10:15 AM, Staff K, Certified Nursing Assistant (CNA), stated He [Resident #77] keeps his cigarettes and lighter with him. Review of the admission nursing assessment for Resident #77 documented in Section R, Smoking Safety, questions 7-12 were blank. These questions described resident observations for demonstrating safe smoking practices and the need for supervision. Review of the policy titled, Smoking Policy - Residents, last reviewed on 1/29/2025, reads, Policy Statement. This facility shall establish and maintain safe resident smoking practices. Policy Interpretation and Implementation. 1. a. Smoking assessment is completed before or upon admission. 2. During an observation on 3/19/2025 at 1:30 PM, Resident #139 was observed sitting in his wheelchair, on the smoking patio, with a lit cigarette in his right hand. During an interview on 3/19/2025 at 3:00 PM, Staff J stated He [Resident #139] keeps his own cigarettes and lighter [with him]. Review of the Nursing Admission assessment dated [DATE] documented in Section P: Tobacco Use, that the resident was a Past Smoker. Review of Resident #139's clinical record documented no smoking screen or safe smoking assessment to demonstrate the resident's smoking practices and or the need for supervision.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 51447 Based on observation, interviews and record reviews, the facility failed to ensure that residents fed by enteral means received the care and services as prescribed by the physician for 1 Resident (Resident #134) of 3 residents reviewed for tube feeding services. Findings include: During an observation on 3/19/2025 from 12:39 PM until 3:00 PM of Resident #134, there was no bolus feed given as per physician's orders at 2:00 PM. During an interview on 3/19/2025 at 3:00 PM with Staff I, LPN, stated I did not have an enteral feeding to administer to (Resident #134 Name). Review of the physician's order dated 1/25/2025 for Resident #134 read, Enteral Feed. Every shift for GTF [gastric tube feed] Jevity 1.5 vis feeding tube at 100 cc/hr for 12 hours, off at 5 am and on at 5 pm. Bolus 325 ml (milliliters) via enteral feeding tube at 6 am and 2 pm. During an interview on 3/19/2025 at 3:00 PM following the review of the physician's orders for Resident #134, Staff I, LPN, stated I didn't see that portion of the order. During an interview on 3/19/2025 at 3:05 PM, Staff N, LPN stated, (Resident #134's Name) should have received that feeding and a risk associated with not receiving the ordered feedings could result in weight loss.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on observations, interviews, and record reviews, the facility failed to ensure services for respiratory care, consistent with professional standards of practice ,were provided for 2 (Resident #124 and # 91) of 6 residents reviewed for oxygen therapy. Findings include: During an observation on 03/17/25 at 11:25 AM, Resident #124 was resting calmly with eyes closed; oxygen was being administered via nasal cannula at 3.5 liters per minute. During an observation on 3/18/2025 at 8:27 AM, Resident #124 was resting calmly with eyes closed; oxygen was being administered via nasal cannula at 3.5 liters per minute. During an observation on 3/19/2025 at 2:15 PM with Staff G, License Practical Nurse (LPN), Resident #124 was lying in bed; oxygen was being administered via nasal cannula at 3.5 liters per minute. During an interview on 3/19/2025 at 2:15 PM, Staff G, LPN, stated, [Resident #124's name] has orders for 2 liters per minute. The flow rate is incorrect and needs to be adjusted. Review of Resident #124's physician order dated 2/25/2025 read, May apply O2 @ 2 LPM (oxygen at 2 liters per minute) via nasal cannula as needed for maintaining O2 sats > or = 92%. (greater than or equal to 92 percent). During an interview on 3/20/2025 at 8:54 AM the Director of Nursing (DON) stated, Staff should follow physician orders and make sure the oxygen flow rate is at the correct rate. The staff should be checking every shift what the flow rate is on the oxygen concentrator. Review of the policy and procedure titled Respiratory Care with a last review date 1/29/2025 read, Policy: It is the policy of this facility to provide respiratory care and safe oxygen administration of meet the needs of the residents. Procedure: 1. Verify that there is a physician's order for respiratory procedures or oxygen use. Review the physician's orders for oxygen administration, nebulizer treatments, inhalers, trach care, chest tube/PleurX care, BiPAP, CPAP, or medication administration. 51447 2. Review of the admission record for Resident #91 documented an admitted [DATE] with diagnosis that included metabolic encephalopathy (admitting diagnosis), altered mental status, (unspecified), essential hypertension, seizures, and history of falling. During an observation on 3/17/2025 at 10:18 AM, Resident #91 was observed laying in her bed; she was not wearing any oxygen during the observation. There was an oxygen concentrator stored by a bedside table not in use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 3/17/2025 at 12:53 PM, Resident #91's was observed sitting in her room resting. She did not have any oxygen on during the time of the observation. During an observation on 3/18/2025 at 8:37 AM, Resident #91 was observed sitting up in her bed eating breakfast. She was not wearing any oxygen during this observation. During an observation on 3/18/2025 at 11:45 AM, Resident #91 was observed sitting in a common area in her wheelchair. She was not wearing any oxygen during the observation. Review of the document titled, Change of Condition dated 2/11/2025 read, Nursing observation, evaluation and recommendations are: I observed resident with an acute cough, oxygen 83% (2 liters of oxygen was placed on the resident, oxygen is now 96%). [Name of Medical Doctor] ordered stat [Stat comes from the Latin word statim, which translates to immediately] chest x-ray, stat labs, covid test came back negative, and midline placement for anticipation for antibiotics. Review of the physician's order dated 2/11/2025 for Resident #91 read, Continuous O2 at 2L/MIN [2 liter per minute] via NC q shift. During an interview on 3/19/2025 at 9:01 AM, Staff I, Licensed Practical Nurse (LPN) confirmed the orders for oxygen were continuous and the resident [Resident #91] was not on oxygen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on observation, interview and record the facility failed to ensure the drugs and biologicals used in the facility were stored and labeled in accordance with currently accepted professional principles for 5 out of 8 medication carts and 1 out of 4 units reviewed for unattended medication. Findings include: During an observation on [DATE] at 9:17 AM Resident #267 was lying on her bed with intravenous medication running. There was a medication cup on top of Resident # 267 which contained white circular tablets and a red color tablet. During an interview on [DATE] at 9:17 AM Resident #267 stated, The nurses leave my medication at bedside because I prefer to take them when I get out of bed. During an interview on [DATE] at 9:27 AM Staff A, Certified Nursing Assistant (CNA), stated, [Resident #267's name] has a medication cup that contains medications at her bedside. During an interview on [DATE] at 9:28 AM Staff B, License Practical Nurse (LPN), stated, I thought she (Resident #267) had taken her medications. The medications were in the room. I got sidetracked because the resident across the hall was yelling. During an observation on [DATE] at 9:44 AM with Staff B LPN of medication cart labeled [NAME] long cart there was 1 open Lyumjev Insulin pen with no open or expiration date and 1 bottle of glucose strips with no open date written on the bottle. (photographic evidence obtained) During an interview on [DATE] at 9:46 AM Staff B, LPN, stated, Insulin pen should be labeled with an open date and an expiration date once it is open. The glucose blood strip bottle should also have the open date written on the bottle. During an observation on [DATE] at 9:50 AM with Staff C, LPN, of Spanish Village North medication cart there was 1 open Insulin Aspart pen with no open or expiration date, there was 1 unopen Lantus insulin pen, and 2 loose white circular tablets in the medication drawers. (photographic evidence obtained) During an interview on [DATE] at 9:54 AM Staff C, LPN, stated, Insulin that is not open should be stored in the refrigerator. Any insulin that is open should be labeled with an open date and an expired date. Loose medication should be disposed of. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on [DATE] at 9:55 AM with Staff D LPN of [NAME] Palm Medication Cart there was 1 unopened vial of Lantus insulin with a blue sticker that read refrigerate. There was 1 opened Fiasp Flextouch insulin pen with an open date of [DATE], 1 opened Insulin Aspart Pen with an expiration date of [DATE], 1 opened vial of insulin glargine with an open date of [DATE], 1 opened Lantus solostart insulin pen with no open or expiration date, 2 opened vials of Lispro with no open or expired date and 1 open vial of Lantus with no open or expired date. During an interview on [DATE] at 10:00 AM Staff D, LPN, stated, Expired medication should be discarded and not be kept in the medication cart. Open insulin should be labeled with an open and expired date and if the insulin is not open it should be refrigerated. During an observation on [DATE] at 10:14 AM with Staff E, LPN, French Quarter Cart #1 there was loose medication in the medication cart drawers, there was 1 opened insulin Aspart pen with no open or expired date and 1 unopen insulin Aspart insulin pen with a white label reading refrigerate. During an interview on [DATE] at 10:16 AM Staff E, LPN stated, Loose medication should be disposed of. Insulin should be dated once open and if it is not open it should be stored in a refrigerator. During an observation on [DATE] at 10:24 AM Staff F LPN of French Quarters Cart #2 there was 1 vial of Fiasp with an expiration date of [DATE], there were 2 vials of Lispro with an open date of [DATE], 1 insulin Aspart pen with an expiration date of [DATE], 1 insulin Aspart pen with an expiration date of [DATE], and 1 bottle of Timolol Maleate 0.5% with an open date of [DATE],1 open bottle of Latanoprost 0.005% with an open date of [DATE], 1 open bottle of Brimonidine Tart 0.2% eye drops with no open or expiration date, there were 3 opened insulin Aspart pens with no open or expired date, there was 1 opened vial of lispro insulin with no open or expired date, and 1 vial of Aspart insulin with no open or expire date. During an interview on [DATE] at 10:24 AM with Staff F, LPN, stated, Medication should be labeled when opened and expired medication should be dispose. Eye drops are good for 30 days after opening . During an interview on [DATE] at 7:19 AM with the Director of Nursing (DON) stated, Insulin pens and eye drops should be labeled when opened with an open and expiration date. If the inulin is not open it should be stored in the refrigerator. Medication that is expired should be disposed of and not kept in the cart and if there is loose medication in the cart it should also be disposed of and not kept in the medication cart. Insulin and eye drops once open are good for 28 days after the open date or based on manufactures guidelines. Medication should not be left unattended. We do not have any other policy available other than the one provided. Review of the facility policy and procedure titled Medication/Biological Storage with a last review [DATE] read, Policy: It will be the policy of this facility to store medications, drugs and biologicals in a safe, secure and orderly manner. Procedure:4. The facility shall not use discontinued, outdated up to including (7-Days) or deteriorated medications, drugs or biologicals.8. Drugs shall be stored in an orderly manner in cabinets, drawers, carts or automatic dispensing system 10. Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurse's station or other secured location .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. 51447 Based on interview and record review, the facility failed to obtain a urinalysis when ordered by the physician for 1 (Resident #82) resident of 5 residents reviewed for unnecessary medications. Findings include: Review of Resident #82's admission record documented medical diagnosis including obstructive and reflux uropathy (a condition where urine flow is blocked or flows backward into the bladder). Review of Resident #82's physician order dated 3/12/2025 reads, UA(urinalysis) with C/S (culture and sensitivity). Review of Resident #82's medication administration record(MAR), treatment administration record (TAR), nursing progress notes and laboratory results revealed no documentation of a UA with C/S being completed or resident refusing laboratory test. During an interview on 3/17/2025 at 10:03 AM Resident # 82 stated, I am having pain in my abdomen, and it feels like I am getting a UTI (urinary tract infection). I told the staff several days ago and they said they would collect it(a urine specimen) but they haven't done it. During an interview on 3/18/2025 at 10:38 AM Staff N, Licensed Practical Nurse (LPN), stated, The UA (uranalysis) should have been collected on 3/12/2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44571 Based on observation, interview, and policy review, the facility failed to ensure food is safely stored, covered, and cooked in a manner that preserves the nutritional value, and that sanitation was maintained in the kitchen. Findings include: A walk-through tour of the kitchen was conducted on 3/17/25 at 09:12 AM with the facility Administrator. An observation was made of a large bulk bin of flour with a partial open lid and food particles were observed in the bin with the flour. There were 3 bins that were dirty on the exterior with buildup of dirt and splashes. There was a large can opener with the base affixed to a stainless-steel prep table that had a buildup of brown, red, and black particles and food particles on the blade portion of the can opener. There was a deep fryer that was full of dirty oil, that was brownish in color and the oil had food particles and a buildup of food particles on the deep fryer top, edges, and sides. There were 3 dirty rags on the stainless food table and were not stored in sanitizing or cleaning buckets. There were approximately 34 food serving trays with chipped edges exposing metal. The food-catch-tray that pulls out under the pilot lights on the cooking range had a buildup of black food particles and 5 steam table pans of lunch food items were placed on the steam table at 9:30AM. During an interview on 3/17/25 at 09:12 AM the Morning [NAME] confirmed the 5 pans of food items on the steam table were for the lunch meal were vegetables both regular and pureed. The cook verified the food was on the tray line at 9:30AM. During an interview on 3/17/25 at 9:25AM the Administrator confirmed that the food particles were found on the can opener, in the flour bin, in the catch tray on the cooking range and on the deep fryer. The Administrator confirmed the dirty rags should have been in a sanitizing solution when not in use. The Administrator confirmed numerous food trays had chipped edges exposing metal that could pose a danger. During an observation on 3/18/25 at 6:30AM the male morning cook had a mustache and small goatee with no beard guard. There was a black cart loaded with clean dishes and a shelf with 24 regular, 3 divided, 8 scoop plates, approximately 50 fruit bowls, 6 scoop bowls, and approximately 53 bread plates that were not stored inverted. During an interview on 3/18/25 at 6:55 AM the Dietary Manager (DM) confirmed that the dishes were not stored inverted to keep them clean and the cook should be wearing a beard guard. During an interview on 3/20/25 at 10:40 AM the [NAME] President of Dietary and EVS [environmental services] stated that it is his expectation that the dietary manager and dietary staff follow the policies for preparing and holding of food and cleaning of equipment with good sanitation practices. Food should be placed on the steam table not more than 30 minutes prior to serving and that all soiled rags should be stored in sani[sanitation]-buckets and that food storage bin lids should be closed tightly to ensure foods are protected from exposure and spills. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105649	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Care Center	490 S Old Wire Rd Wildwood, FL 34785

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the policy titled Food Serving Temperatures, last approval date of 1/29/25 read, Holding Temperatures 7. Heating food in the steam table is prohibited. Heating food to the proper temperature is accomplished by direct heat (stove, oven, steamer, etc.) and food is then transferred to the steam table not more than 30 minutes before meal service. Review of the policy titled Policy and Procedure Manual: Dietary Kitchen Sanitation dated 10/01/2023, last approval date of 1/29/25 read, 2. Utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, seams, cracks and chipped areas that may affect their use or proper cleaning. 5. Between uses, clothes and towels used to wipe kitchen surfaces will be soaked in containers filled with approved sanitizing solution. 13. Staff will wear hairnets and/or beard guards when in the kitchen food preparation areas to prevent potential contamination of food products.