

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2025
NAME OF PROVIDER OR SUPPLIER  Sabal Palms Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  499 Alternate Keene Rd NE Largo, FL 33771	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46498</b></p> <p>Based on record review, interviews, and review of facility policy, the facility failed to immediately notify a resident representative about a change in condition for one resident (Resident # 2) out of three residents sampled for changes in condition.</p> <p>Findings included:</p> <p>Review of an admission record revealed Resident # 2 was admitted to the facility on [DATE] with diagnoses of cerebral infarction and history of falling.</p> <p>Review of an order summary dated 3/1/2025 showed, apply steri strips to wounds on right forehead. Monitor every shift until healed.</p> <p>Review of a clinical note dated 3/1/2025 at 12:53 a.m. showed, Resident found lying on the floor in [room number]. Laceration noted to right forehead and right shoulder, steri strips applied, [physician] notified. daughter to be notified in the morning.</p> <p>Review of an eINTERACT Change in Condition Evaluation dated 3/1/2025 at 5:32 a.m. revealed under Section A. Signs and Symptoms Identified, Resident # 2 had a fall in the morning and obtained a skin wound or ulcer. Review of section B6. Skin Status Evaluation showed Resident # 2 skin changes were a laceration and skin tear on the right shoulder and above the right eye.</p> <p>Review of a System Note dated 3/1/2025 at 6:23 a.m. showed Resident #2 was sent to the hospital on 3/1/2025 at 6:15 a.m. for a head injury.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/22/2025 at 1:25 p.m. with the Nursing Home Administrator (NHA), Risk Manager (RM), and Director of Nurses (DON), the RM stated Resident # 2 had a fall on 3/1/2025 at 12:54 a.m. The resident was found lying on the floor next to the air conditioner in the room next door to her room. She sustained a laceration on her right forehead and on her shoulder. The nurse assessed the resident, conducted neurological checks, and steri-strips were applied. The nurse documented the resident did not have any signs of pain, mood, or behavior after the fall. Her vital signs were in normal limits before the resident went out to the hospital. The nurse documented she notified the on-call physician and noted she would notify the daughter in the morning. The RM stated when she asked the nurse why she waited four hours later to notify the daughter, the nurse stated she did not feel there was anything critical going on with the resident that she needed to wake the daughter up at the time. The RM stated when the daughter was notified about the fall, she came to the facility to see her mother and requested her mother be sent out to the hospital because she was concerned about the bruise she saw on her mother.</p> <p>Review of the facility policy titled Incidents and Accidents, last reviewed on 10/14/2024, showed the following:</p> <p>Compliance Guidelines: 11. The resident's family or representative will be notified of the incident/accident and any orders obtained or if the resident is to be transported to the hospital.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46498</p> <p>Based on record review, interviews, and review of facility policy, the facility failed to immediately notify a resident's primary care provider to receive instructions for a change in condition for one resident (Resident # 2) out of three residents sampled for changes in condition.</p> <p>Findings included:</p> <p>Review of an admission record revealed Resident # 2 was admitted to the facility on [DATE] with diagnoses of cerebral infarction and history of falling.</p> <p>Review of an order summary dated 3/1/2025 showed, apply steri strips to wounds on right forehead. Monitor every shift until healed.</p> <p>Review of a clinical note dated 3/1/2025 at 12:53 a.m. showed, Resident found lying on the floor in [room number]. Laceration noted to right forehead and right shoulder, steri strips applied, [physician] notified. daughter to be notified in the morning.</p> <p>Review of an eINTERACT Change in Condition Evaluation dated 3/1/2025 at 5:32 a.m. revealed under Section A. Signs and Symptoms Identified, Resident # 2 had a fall in the morning and obtained a skin wound or ulcer. Review of section B6. Skin Status Evaluation showed Resident # 2 skin changes were a laceration and skin tear on the right shoulder and above the right eye.</p> <p>Review of a System Note dated 3/1/2025 at 6:23 a.m. showed Resident #2 was sent to the hospital on 3/1/2025 at 6:15 a.m. for a head injury.</p> <p>(continued on next page)</p>		

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