STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105703	A. Building B. Wing	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Trail Rehab and Skilled Nursing Center	611 Turner Camp Rd Inverness, FL 34453

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** 51024 Based on interview and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate for 2 of 8 residents reviewed, Resident #16, and #21. Findings include: 1) During an interview on 4/27/2025 at 9:32 AM, Resident #16 stated she had never had pneumonia in the facility. Review of Resident #16's MDS assessment dated [DATE] showed the resident had pneumonia under Infections under Section I. Active Diagnoses. During an interview on 4/29/2025 at 10:00 AM, the Infection Preventionist confirmed that Resident #16 did not have pneumonia while in the facility. During an interview on 4/29/2025 at 11:02 AM, the MDS Registered Nurse stated, There is a discrepancy on [Resident #16's Name]'s most recent MDS dated on 3/25/2025 because [Resident #16's Name] didn't have pneumonia. I need to revise it. When asked for the facility policy, the MDS Registered Nurse stated, We do not have a policy. We follow the RAI [Resident Assessment Instrument). 50695 2) Review of Resident #21's physician order dated 10/8/2024 read, Nitrofurantoin Macrocrystal Capsule 50 mg [milligram], Give 1 capsule by mouth in the morning for prophylactic ABT [Antibiotic] therapy . Status: Active. Review of Resident #21's care plan read, Focus: [Resident #21's name] has an infection/ Colonization of MRSA of the urine [Sic.]. Date Initiated: 10/16/2024; Created on: 10/16/2024 . Revision on: 01/25/2025 . Interventions . Prophylactic medications as ordered. Review of Resident #21's MDS assessment dated [DATE] showed the resident was not taking antibiotics under Section N. Medications, N0415. High-Risk Drug Classes: Use and Indication. During an interview on 4/30/2025 at 9:40 AM, MDS RN stated, I know she takes a prophylactic antibiotic. She has since I've been here. The MDS is wrong. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/30/2025 at 9:50 AM, the DON stated that she expected the information entered on Resident #21's MDS assessment regarding antibiotic use to be accurate.

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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. 45576 Based on observation, record review, and interview, the facility failed to ensure residents received intravenous (IV) therapy in accordance with professional standards of practice for 1 of 3 residents reviewed for IV medication administration, Resident #156. Findings include: During an observation on 4/28/2025 at 12:38 PM, Staff A, Licensed Practical Nurse (LPN), was preparing Resident #156's Peripherally Inserted Central Catheter (PICC) line on her upper right arm for administration of Meropenem Intravenous Solution Reconstituted 1 gram (Meropenem). Staff A sanitized and flushed the PICC line with 10 ml (milliliters) of normal saline and initiated Meropenem 1 gram antibiotic via infusion pump. Staff A did not check the patency of the line by aspiration for blood return to determine patency prior to flushing or administering medication. During an interview on 4/28/2025 at 12:38 PM, Staff A, LPN, stated, We do not have to aspirate prior to flushing unless there is a physician order to do so. We just flush with saline first and then give the medications as ordered. During an interview on 4/28/2025 at 12:43 PM, the Assistant Director of Nursing stated, The PICC line must be checked for patency by aspiration of blood prior to flushing with normal saline and before administering medication via the line. During an interview on 4/28/2025 at 1:52 PM, the Director of Nursing stated, We should be aspirating prior to flushing to make sure the line is patent. We follow the SASH [Saline flush, Administer medication, Saline flush, and Heparin flush] method. Review of the facility policy and procedure titled Administration of an Intermittent Infusion with the last review date of 4/16/2025 read, Procedure . 16. Maintaining asepsis, attach flush syringes to needleless connector. Aspirate the catheter to obtain positive blood return to verify vascular access device patency. Flush with prescribed flushing agent. Remove syringe.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 40559 Based on observation and interview, the facility failed to ensure the nurse staffing information was posted on a daily basis (Photographic evidence obtained). Findings include: During an observation on Sunday, 4/27/2025 at 9:02 AM, the facility's nurse staffing information was posted on the receptionist desk with a date of Friday, 4/25/2025 on it. During an interview on 4/27/2025 at 10:10 AM, the Administrator stated that the nurse staffing report needed to be updated daily.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 50695 Based on record review and interview, the facility failed to ensure the physician/prescriber documented the rationale for declining the pharmacist's recommendations for 2 of 5 residents reviewed for unnecessary medications, Residents #21, and #27. Findings include: Review of Resident #21's physician order dated 10/8/2024 read, Nitrofurantoin Macrocrystal Capsule 50 mg [milligram], Give 1 capsule by mouth in the morning for prophylactic ABT [Antibiotic] therapy . Status: Active. Review of Resident #21's medication regimen review showed the consultant pharmacist's recommendation dated 4/1/2025 that read, Comment: [Resident #21's name] has received nitrofurantoin for UTI [Urinary Tract Infection] prophylaxis since 10/2024. Recommendation: Please reevaluate and perhaps discontinue nitrofurantoin while monitoring for signs and symptoms of recurrent UTI. Rationale for Recommendation: The potential for developing pulmonary fibrosis, hepatotoxicity, C difficile infection, and peripheral neuropathy increases with duration of use . Physician's Response . I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below. The form was signed by the physician on 4/4/2025 with no rationale documented. Review of Resident #27's physician order dated 11/13/2024 read, Megestrol Acetate Oral Suspension 40 MG/ML [milligram per milliliter] (Megestrol Acetate), Give 20 ml by mouth one time a day for appetite. Review of Resident #27's medication regimen review showed the consultant pharmacist's recommendation dated 11/15/2024 that read, Comment: (Issued on 11/15/2024) [Resident #27's name] receives megestrol for unintentional weight loss and does not have a diagnosis of AIDS. Recommendation: Please discontinue megestrol. Rationale for Recommendation: Megestrol is approved for anorexia, cachexia, or unexplained, significant weight loos in AIDS. In other populations, the risk may outweigh the benefit as it produces small increases in weight, and is associated with adverse consequences (e.g. thromboembolism). The physician's response read, MD [Medical Doctor] declined at this time. 11/15/24. The form did not include the physician's signature or rationale documented. Review of Resident #27's physician order dated 11/13/2024 read, Pantoprazole Sodium Oral Tablet Delayed Release 20 MG (Pantoprazole Sodium), Give 1 tablet by mouth one time a day for gerd [Gastro-esophageal Reflux Disease]. Review of Resident #27's physician order dated 3/7/2025 read, Sucralfate Oral Tablet 1 MG (Sucralfate), Give 1 tablet by mouth two times a day for ulcer prevention. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #27's medication regimen review showed the consultant pharmacist's recommendation dated 3/3/2025 that read, Comment: [Resident #27's name] receives sucralfate in addition to another gastroprotective therapy, Pantoprazole Sodium for GERD. Sucralfate may reduce the effectiveness of other medications and require adjustments to the administration schedule. Recommendation: Please discontinue sucralfate . Physician's Response . I decline the recommendation(s) above and do not wish to implement any changes now due to the reasons below. The form was signed by Staff G, Nurse Practitioner (NP) on 3/7/2025 with no rationale documented. Review of Resident #27's physician order dated 2/24/2025 read, Propranolol HCl Oral tablet 10 MG (Propranolol HCl), Give 1 tablet by mouth every 12 hours for migraines notify MD if sbp [systolic blood pressure] below 110. Review of Resident #27's physician order dated 1/13/2025 read, Carvedilol Oral Tablet 25 MG (Carvedilol), Give 2 tablets by mouth two times a day for HTN [hypertension- high blood pressure] hold if SBP less than 100 or HR [heart rate] less than 60. Review of Resident #27's medication regimen review showed the consultant pharmacist's recommendation dated 4/1/2025 that read, Comment: [Resident #27's name] has orders for duplicate therapy: Propranolol Hydrochloride and Carvedilol- both contain beta-nonselective properties . Recommendation: Please reevaluated [Sic.] and discontinue where appropriate . Physician's Response . I decline the above recommendation(s) above and do not wish to implement any changes due to the reasons below. The form was signed by Staff G, Nurse Practitioner (NP) on 3/7/2025 with no rationale documented. During an interview on 4/29/2025 at approximately 2:30 PM, the Director of Nursing (DON) stated that physicians/prescribers should provide a rationale for not accepting the pharmacist's recommendations, but that they did not do so. Review of the facility policy and procedure titled Medication Regimen Review with the last review date of 4/16/2025 read, Procedure: 1. The consultant pharmacist will conduct MRRs [Medication Regimen Reviews] if required under a Pharmacy Consultant Agreement and will make recommendations based on the information made available in the residents' health record. 2. The facility and consultant pharmacist will follow guidance outlined in the CMS [Centers for Medicare and Medicaid Services] State Operations Manual Appendix PP and current practice guidelines, for the appropriate provision of pharmaceutical care . 9. Facility should encourage physician/prescriber or other responsible parties receiving the MRR and the director of nursing to act upon the recommendations contained in the MRR. 9.1 For those issues that require physician/prescriber intervention, facility should encourage physician/prescriber to either accept and act upon the recommendations contained within the MRR or reject all or some of the recommendations contained in the MRR and provide an explanation as to why the recommendation was rejected, as outlined in the State Operations Manual Appendix PP. 9.2 The attending physician should document in the residents' health record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. 9.2.1 If the attending physician/prescriber has decided to make no change in the medication, the attending physician should document the rationale in the residents' health record.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 51504 Based on observation, interview, and record review, the facility failed to ensure food items were stored, labeled, and discarded according to professional standard of practice. Findings include: During an observation while conducting an initial tour of the kitchen on 4/27/2025 at 9:07 AM, there were three ready-to-eat chicken sandwiches wrapped in a bag with a date label reading 4/21, eight pieces of unpackaged meat wrapped together with no identifier label or date, two plates of salad containing lettuce, tomato, eggs and ham with a label dated 4/23 in the refrigerator. There were brown-stained bananas and one opened bag of pasta in the dry storage, and there was poultry stored in the freezer with no identifier label or date. During an observation while conducting the second tour of the kitchen on 4/28/2025 at 10:52 AM, there was a three-tiered kitchen cart obstructing the handwashing sink and eyewash station. The kitchen cart contained soiled oven mitts, an unlabeled and uncovered empty drinking cup, and a green bucket containing liquid and a rag. The green bucket was on the second tier of the cart, next to three bags of hamburger buns. During an interview on 4/28/2025 at 10:54 AM, Staff F, CDM, stated that the items were not permitted on the cart next to the hamburger buns, nor were they permitted to obstruct the handwashing sink. During an interview on 4/28/2025 at 2:00 PM, Staff F, Certified Dietary Manager (CDM), stated that the sandwiches dated 4/21 should have been discarded, the deteriorated salad and browned bananas should have been disposed of, and the open pasta bag and unlabeled/undated poultry were improperly stored. He also stated that the unpackaged meat in the refrigerator should have been labeled and kept in its original packaging. Review of the facility policy and procedure titled Food Storage Principles with the last review date of 4/16/2025 read, Purpose: To preserve food quality before and after food is prepared. Fundamental Information: Proper food storage is essential for preserving food quality. This applies to foods stored prior to preparation, and also to prepared foods (leftovers) that are placed in storage. Storage factors that impact the preservation of quality include holding period, temperature, and humidity. Procedure . 3. Label each package, box, can, etc. with date of receipt, and when the item was stored after preparation. a. Discard foods that have exceeded their expiration date. b. Discard leftover foods that have not been used withing 72 hours of preparation . 5. Keep food storages areas clean and free of spills and leaks.