

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER West Orange Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 1556 Maguire Rd Ocoee, FL 34761	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45646</p> <p>Based on observation, interview, and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate related to special treatments, procedures and programs for 3 of 3 residents reviewed for accuracy of assessments, of a total sample of 40 residents, (#4, #8 and #46).</p> <p>Findings:</p> <p>1. Resident #4 was admitted to the facility on [DATE] with diagnoses including epilepsy, chronic respiratory failure with hypoxia, and tracheostomy status.</p> <p>Review of the MDS quarterly assessment with assessment reference date (ARD) 2/21/25 revealed resident #4 had a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated she was cognitively intact. The assessment indicated resident #4 received tracheostomy (a hole in the throat for breathing) care and dialysis.</p> <p>On 5/06/25 at 11:53 AM, resident #4 was reclined in bed with the head of the bed elevated. Resident #4 stated she did not go to dialysis. Resident #4 clarified she did not receive dialysis and had never received dialysis.</p> <p>2. Resident #8 was admitted to the facility on [DATE] with diagnoses including nontraumatic brain bleed, acute respiratory failure with low oxygen and encounter for attention to tracheostomy.</p> <p>Review of the MDS quarterly assessment with ARD 1/25/25 revealed resident #8 had long-term and short-term memory problems and severely impaired cognitive skills for daily decision making. The assessment indicated resident #8 received tracheostomy care and had an invasive mechanical ventilator for breathing.</p> <p>On 5/06/25 at 10:25 AM, resident #8 was reclined in bed with the head of the bed slightly elevated. Tracheostomy tubing was in place. No ventilator tubing or equipment for a mechanical ventilator was seen in the room.</p> <p>On 5/07/25 at 10:28 AM, in resident #8's room, the MDS Coordinator and the A Wing Unit Manager verified resident #8 had a tracheostomy but did not use a ventilator for breathing.</p> <p>3. Resident #46 was admitted to the facility on [DATE] with diagnoses that included bladder inflammation with blood in the urine.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MDS admission assessment with ARD 3/28/25 revealed resident #46 had a BIMS score of 14/15 which indicated he was cognitively intact. The assessment indicated resident #46 received dialysis.</p> <p>On 5/05/25 at 11:29 AM, resident #46 was lying in his bed in his room. Resident #46 in response to what days he went to dialysis, stated he did not go to dialysis at all. He clarified he had never been on dialysis.</p> <p>On 5/07/25 at 10:32 AM, the MDS Coordinator stated she was the head of the MDS department. She reviewed the medical records for residents #4, #8 and #46. The MDS Coordinator compared each resident's diagnoses and care plans to the identified MDS assessment for each resident. She verified each MDS assessment was coded incorrectly. She was unable to explain why they were coded incorrectly. The MDS Coordinator explained the other MDS staff person completed those assessments. The MDS Coordinator stated the other MDS staff was not at the facility to explain why they MDS was coded incorrectly, and did not know when she would return. The MDS Coordinator acknowledged each resident's assessment should accurately reflect their status at the time of the assessment.</p> <p>The facility policy and procedure for Conducting an Accurate Resident Assessment implemented 10/01/22 indicated the purpose of the policy was to ensure all residents received an accurate assessment. The form defined accuracy of assessment meant that appropriate health care professionals correctly documented the resident's medical, functional and psychosocial problems. The form read, Each individual who completes a portion of the assessment will sign and certify the accuracy of that portion of the assessment.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51234</p> <p>Based on observation, interview, and record review, the facility failed to provide a sanitary environment by failing to replace a cracked bedside floor mat for 1 of 1 residents reviewed for environmental concerns, of a total of 40 sampled residents, (#70).</p> <p>Findings:</p> <p>Resident #70 was admitted to the facility on [DATE], with a history of falling, abnormal posture, unspecified lack of coordination.</p> <p>Review of resident #70's care plan with revision date of 7/11/23, indicated he was at risk for falls related to deconditioning, weakness, and having a history of a fracture. Interventions included fall mats at bedside, dated 12/30/24.</p> <p>On 5/05/25 at 3:23 PM, resident #70 was lying in bed, a beside fall mat was on the floor. The surface was cracked and split along its entire length which revealed the layer underneath the surface.</p> <p>On 5/06/25 at 8:40 AM, the beside fall mat was observed on the floor at the side of resident #70's bed. The surface remained cracked and split along its entire length which revealed the layer underneath the surface.</p> <p>On 5/06/25 at 3:25 PM, the Director of Maintenance confirmed the cracked surface of the fall mat on the floor next to resident #70's bed. The Director of Maintenance explained nursing staff was responsible to change out any fall mats in use by residents that were in disrepair.</p> <p>On 5/06/25 at 3:30 PM, the B side Unit Manager agreed resident #70's bedside fall mat had a cracked surface along its length which exposed the interior of the mat. The B side Unit Manager confirmed the mat was old, and referred to it as the older version. She verified a new beside fall mat had not been obtained from central supply nor had a service request been entered into the electronic maintenance service request system for a new mat. She acknowledged because the surface of the mat was cracked and split it could not be cleaned properly.</p>