

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure post fall interventions were implemented to prevent future falls for four residents (#20, #78, #138, #149) out of seven residents sampled for falls. Findings included:</p> <p>1)</p> <p>Review of a facility provided incident log showed Resident #138 had falls on 11/26/25 and 12/8/25.</p> <p>Review of admission Records showed Resident #138 was admitted on [DATE] with diagnoses including essential sarcopenia, other symptoms and signs involving the musculoskeletal system, paroxysmal atrial fibrillation and syncope and collapse.</p> <p>Review of Resident #138's progress notes showed:</p> <p>11/26/25 3:25 p.m. Alerted by CNA [certified nursing assistant] that Pt [patient] was on the floor. Pt observed laying flat on his back, on side of bed by window. Noted skin tear to left shoulder blade, pt c/o [complaints of] left side/hip pain. Pt states he did hit head but is not hurting, no redness or deformities noted. Pt was assisted into bed. Pt declining PRN [as needed] pain medcaitons [sic]. Pt noted with laborded [sic] breathing O2 85% on RA [room air], Pt placed on 2 L [liter] O2 and [NAME] TX given , O2 93%. MD, Family and DON aware</p> <p>11/26/25 3:10 p.m. Fall Evaluation</p> <p>The following interventions and approaches have been implemented for the residents: Review footwear needs Call light re-orientation</p> <p>Review of Resident #138's Care Plan showed a focus area of being at risk for falls related to cognitive deficit, history of falls, unaware of safety needs, unsteady gait/poor balance, use of antihypertensives, and antidepressant medication. Review of the interventions did not show any interventions were added after the resident fell on [DATE]. The interventions for footwear needs and call light re-orientation were added as interventions in the care plan prior to the fall on 11/26/25.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 12/11/25 at 2:53 p.m. with the Director of Nursing (DON). The DON reviewed Resident #138's medical record and confirmed no new fall interventions were added after the resident fell on [DATE]. The DON said interventions should have been added after that fall in an attempt to prevent future falls.</p> <p>Review of Resident #138's progress notes showed:</p> <p>12/8/25 3:52 p.m.</p> <p>Notified by CNA that Pt. was on the floor. I observed Pt sitting on the floor by bathroom and wheelchair. Body audit complete, no injuries noted or reported. Pt states he was opening bathroom door and slid out of wheelchair. Pt denies hitting head, Pt denies any pain. VS wnl [within normal limits]. Pt assisted into wheelchair. Pt self propelled to dining room for Lunch. MD [medical doctor] and family notified.</p> <p>2)</p> <p>On 12/09/2025 at 3:00 pm an observation was made revealing Resident # 20 sitting in her wheelchair propelling up and down the hallway. She was observed with no signs of distress</p> <p>On 12/11/2025 at 10:00 am an observation was made revealing Resident # 20 sitting up in her wheelchair, with no signs of distress.</p> <p>Review of Resident # 20 admission record revealed she was admitted to the facility on [DATE] with diagnoses to include but not limited to permanent atrial fibrillation, age-related osteoporosis without current pathological fracture, cognitive communication deficit.</p> <p>Review of Resident # 20's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 07 which indicated Resident 20 is severely cognitive impaired.</p> <p>Review of a progress note dated 4/3/2025 revealed Resident # 20 was found on the floor. The progress note revealed an assessment was completed noting Resident # 20 had a Quarter sized bump on the left side of her head.</p> <p>Review of Resident # 20's fall care plan initiated on 12/24/2025 revealed no new interventions added after Resident # 20 fall on 4/3/2025.</p> <p>Review of Resident # 20's Medical Record reviewed on 12/ 11/2025 revealed no evidence of a quality of care note with the doctor's response to show Resident # 20 did not need a new intervention added after her fall on 4/3/2025.</p> <p>On 12/11/2025 at 3:00 pm., an interview was conducted with the Director of Nurses, DON. The DON stated that after every fall there is a new intervention put in place and added to the resident care plan. The only time they will not add a new intervention is if the doctor provides them with information that all interventions for the resident after a fall have been put in place. If the doctor provides them with that response, there would be documentation such as a quality of care note with the doctor's response.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3)</p> <p>An interview was conducted with Resident #143 on 12/08/2025 at 9:56 a.m. who stated Resident #78, had a bad fall recently. Resident #78 fell while using their walker because the wheels slipped out from under them. Resident #143 stated the doctor evaluated Resident #78 and decided to keep them in the facility.</p> <p>Review of admission Records showed Resident #78 was admitted to the facility on [DATE] with a diagnosis including but not limited to chronic kidney disease, stage three, unspecified. The resident has a diagnosis of unspecified dementia, unspecified severity without behavioral disturbance. The onset of dementia was documented as 8/15/2023.</p> <p>Review of Resident #78's Minimum Data Set (MDS), dated /15/2, Section C, Cognitive Patterns, showed a Brief Interview for Mental Status (BIMS) score of three. This BIMS score indicating the resident's cognition was moderately impaired.</p> <p>On 12/09/2025 at 4:50 p.m., Resident #78 was observed walking down the hall with a walker. The resident was walking quickly and appeared to have a steady gait. The resident was observed walking through the halls during the day.</p> <p>On 12/09/2025 at 5:10 p.m. Resident #78 was observed in their room standing next to the bed. A large bruise was observed on the right side of their forehead.</p> <p>Review of nursing progress notes dated 11/15/2025 at 4:08 p.m. revealed the resident had a large knot on her right forehead due to her fall. Review of the resident's care plan, with an initiated date of 08/26/2025, showed the care plan was not updated to address the fall by adding interventions to reduce future risk.</p> <p>An interview was conducted with the DON on 12/11/2025 at 6:33 p.m. The DON stated Resident #78 walks through the halls frequently throughout the day. She said the care plan should be updated after any resident falls. The DON confirmed the care plan was not updated for Resident #78. She revealed the plan was supposed to be updated with more rest periods for the resident.</p> <p>4)</p> <p>Review of admission records showed Resident #149 was originally admitted on [DATE] and admission on [DATE], with diagnoses including metabolic encephalopathy, chronic obstructive pulmonary disease (COPD), neuropathies, bipolar disorder, chronic pain, history of falling and major depressive disorder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #149's care plan Focus: the resident is at risk for falls related to (R/T) weakness, medication use, initiated on 6/9/25. Goal: the resident potential for sustaining a fall related injury will be minimized by utilizing fall precautions/ interventions through the next review date. Interventions: assist to toilet before and after meals- 12/10/25, offer toilet upon rising- 6/27/25, perimeter mattress- 11/6/25, encourage and assist resident to use bed in the lowest position as tolerated-6/9/25, encourage and remind resident to use call bell and wait for staff assistance with transfers, ambulation, toileting, etc., as indicated-6/9/25, encourage to transfer and change positions slowly-11/26/25, encourage and assist the resident to wear appropriate footwear such as rubber-soled shoes, non-skid bedroom slippers, non-skid socks., etc. when ambulating, transferring or mobilizing in wheelchair-. 6/9/25, physical and occupational therapy consult as needed- 6/9/25, educate/ discourage resident from unsafe activities, such as opening closed doors/ reaching in wheelchair; wait for staff to assist-9/15/25.</p> <p>Review of Resident #149's quarterly Minimum Data Set (MDS), dated [DATE] Section C, cognitive pattern showed a Brief Interview for Mental Status (BIMS) summary score 10, indicating moderate cognitive impairment. Section GG, functional abilities showed partial/ moderate assistance is needed for personal hygiene and sit to stand and substantial/ maximal assistance for chair to bed transfer.</p> <p>Resident #149's progress notes showed the following:</p> <p>A fall evaluation note, dated 11/24/25 at 11:40 PM, showed The following interventions and approaches have been implemented for the residents: Bed in lowest position Call light re-orientation . The fall risk evaluation was reviewed with the following people: Resident . Education was provided to the following people: Resident . The teaching methods used for the education provided was: Verbal Discussion. The outcome of the education provided was Verbalizes Understanding.</p> <p>An eINTERACT SBAR Summary for Provider note dated 11/24/24 at 11:42 p.m. showed Resident #149 fell.</p> <p>A progress note dated 11/29/25 at 12:15 a.m., this writer heard patient (pt) yelling, entered room and pt laying on her back on floor in between bed and window. asked pt what happened pt Stated I rolled out of bed. pt was assessed for injury and range of motion (ROM) pt denies hitting head assist of 2 back to bed pt able to stand neuro checks initiated .call bell was not activated.</p> <p>A progress note dated 12/7/25 at 6:29 p.m. showed Pt observed on floor, beside bed facing window wall. Pt unable to state how she got on floor. Pt obtained skin alteration on left upper arm. Assisted pt off the floor x 3, neurological check (neurocheck) within normal limits (wnl), vital signs (v/s) wnl. Pt was provided first aid to left arm and was referred to wound care. Notified the power of attorney (POA) and the advanced registered nurse partitioner (ARNP) placed pt on neuro checks.</p> <p>During an interview on 12/11/2025 at 3:10 p.m. the Director of Nursing (DON) said on 11/24/25 Resident # 149 was observed lying on the floor on the left side. She stated that no interventions related to the fall on 11/24/25 were added to the resident's care plan. She explained that after each fall, the IDT meets during the morning meeting to review the incident and assign responsibility for updating the care plan, typically to the MDS Coordinator</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/10/25 at 10:40 a.m., the DON stated following a resident fall, staff are required to complete a skin assessment and a pain assessment. If the fall is unwitnessed, neurological checks are also performed. The manager added that employee statements are obtained as part of the post-fall investigation, and resident-specific interventions are reviewed, discussed, and implemented to help prevent future falls. The DON said on 12/8/25, the clinical team met to discuss Resident #149's fall that occurred on 12/7/25. During the meeting, the team decided to add an intervention instructing staff to toilet the resident before getting into bed and after getting out of bed. The Director of Nursing (DON) stated the MDS Coordinator should have updated the care plan with the new interventions.</p> <p>Review of facility policy titled, Standards and Guidelines: Falls-Managing, Preventing and Documentation, revise 9/2005, showed the following: Guideline: Each resident will have an individualized plan of care that will be reviewed and modified as needed to included fall interventions most appropriate to their individual needs and diagnosis.</p> <p>Definition: Fall refers to unintentionally coming to rest on the ground, floor, or other lower level, OR as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred. If there is a loss of balance during supervised therapeutic interventions and the resident comes to rest on the ground, floor or next lower surface despite the clinician's effort to intercept the loss of balance, it is considered a fall.</p> <p>Procedure: Fall Risk Factors 1. Some factors that may result in resident falls include, but are not limited to (a) Environmental hazards, such as wet floors, poor lighting, etc. (b)Unsafe or absent footwear and loose or improperly worn clothing; (c) Underlying chronic medical conditions, such as arthritis, heart failure, anemia and neurological disorders; (d)Acute change in condition such as fever, infection, delirium; (e)Medication side effects; (f) Orthostatic hypotension; (g) Lower extremity weakness; (h) Balance disorders; (I)Poor grip strength; (j) Functional impairments (difficulty rising from a chair, getting on or off toilet, etc.); (k) Gait disorders; (l) Cognitive impairment; (m) Visual deficits; (n)Pain; and (p) Refusals of with fall interventions, physician orders, plan of care, and/or staff assistance.</p> <p>Resident-Centered Approaches to Managing Falls and Fall Risk 1. The staff will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls. 2. If a systematic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions (i.e. to try one or a few at a time, rather than many at once). 3. Examples of initial approaches might include bed in lowest position, call light in reach, improving footwear, changing the lighting, etc. 4. If falling recurs despite initial interventions, staff will implement additional or different interventions or indicate why the current approach remains relevant. 5. If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or until the reason for the continuation of the falling is identified as unavoidable. 6. Staff will identify and implement relevant interventions to try to minimize serious consequences of falling. 7. The facility is a restraint free environment. Meaning, bed alarms, chair alarms, side rails solely for fall prevention, and chemical interventions for fall prevention are not utilized.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Monitoring Subsequent Falls and Fall Risk: 1.If interventions have been successful in preventing falling, staff will continue the interventions or reconsider whether these measures are still needed if a problem that required the intervention (e.g., dizziness or weakness) has resolved. 2. If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. As needed, the attending physician will help the staff reconsider possible causes that may not previously have been identified.</p> <p>Documentation: 1. Residents who experience a fall will have appropriate documentation completed in the facility risk management portal or on paper. 2. The residents care plan should be updated timely with the new interventions determined by the interdisciplinary team.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Oakpark Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2851 Tampa Rd Palm Harbor, FL 34684	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and record review, the facility failed to provide a sufficient number of certified nurse assistants (CNAs) for four night shifts (4/6, 4/12, 4/26, and 6/21) of the twenty-seven night shifts reviewed. Findings:An interview was conducted with Resident #93 on 12/08/2025 at 11:18 a.m. The resident stated they must wait awhile for assistance to get a brief changed. The resident stated the staff do not bring water unless the residents ask for water. The resident stated they asked to have water a week ago at approximately 9:00 pm and it took until 2:00 a.m. to receive it. An interview was conducted with Staff B, Registered Nurse (RN) on 12/09/2025 at 4:25 p.m. She stated each unit usually has six Certified Nursing Assistants (CNAs) and two nurses. She said if somebody calls out for their shift, Then we try our best. She stated the Director of Nursing (DON), and nurses on the units communicate staffing needs to the Staffing Coordinator based on census. Staff B stated she is a unit manager, and she fills in if there are not enough nurses.An interview was conducted with Staff Q, CNA on 12/09/2025 at 5:00 p.m. He stated he is usually assigned 10-12 residents for the 3 pm to 11 pm shift. He stated there are usually six CNAs on each unit at night. He said the Staffing Coordinator creates the schedules. He stated he is always busy, but he helps people. He stated he remembers one day with a CNA shortage, and he has worked there for one year.An interview was conducted with Staff W, CNA on 12/10/2025 at 8:23 a.m. She stated she is the Staffing Coordinator, and she also works as a CNA when needed. She confirmed the schedule is based on the census. She said she has a cheat sheet she uses to ensure requirements for staffing. She stated the facility is well covered with CNAs, and they are focused on hiring nurses. She said the facility is currently using agency nursing staff to meet the requirements. She stated they just started using the agency again a few days ago, but they prefer to use their own staff first. Staff W stated they have six CNAs on each unit, and never less than five CNAs on a unit. She said they know the residents' needs ahead of time, because most of the residents have been in the facility for a while. Staff W noted the facility tries to have an RN on every shift.Review of the Daily Schedule Reports for April 2025 through June 2025, with a comparison to the Raw Punch Reports, revealed the following data: -The facility staffing plan consists of 15-18 CNAs and 6 LPNs or RNs for the facility per shift.-The minimum regulatory requirement for staffing is a ratio of 40 residents to every licensed nurse, and 20 residents to every licensed CNA. -The night shift on the 4/6/2025, 4/12/2025, 4/26/2025, and 6/21/2025 did not meet this minimum staffing requirement. On 4/6/2025, the staffing numbers for the 174 resident census were seven CNAs and six licensed nurses. On 4/12/2025, the staffing numbers for the 175 resident census were seven CNAs and six licensed nurses. On 4/26/2025, the staffing numbers for the 173 resident census were seven CNAs and five licensed nurses. On 6/21/2025, the staffing numbers for the 171 resident census were seven CNAs and six licensed nurses.</p>		