STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105724	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ocala Oaks Rehabilitation Center	3930 E Silver Springs Blvd Ocala, FL 34470

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 49289 Based on record review and interview, the facility failed to ensure residents received the Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) within the required time frame for 2 of 3 residents reviewed for beneficiary notification, Residents #18 and #25. Findings include: Review of Resident #18's CMS (Centers for Medicare and Medicaid Services) Form 20052- SNF Beneficiary Notification Review showed it read, Medicare Part A Skilled Services Episode Start Date: 11/27/2023. Last covered day of Part A Service: 1/4/2024. How was the Medicare Part A Service Termination/Discharge determined? The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. 1. Was a SNF ABN, Form CMS-10055 provided to the resident? Other: Explain: Sign copy could not be located for January [2024] discharged date. Review of Resident #18's SNF ABN signed by the resident on 5/15/2024 showed that it read, Beginning on [blank], you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs. Care: Room and Board Ancillary Services. Reason Medicare May Not Pay: Not medically reasonable and necessary. Estimated Cost: $295 per day. Review of Resident #25's CMS Form 20052- SNF Beneficiary Notification Review showed it read, Medicare Part A Skilled Services Episode Start Date: 3/20/24. Last covered day of Part A Service: 4/23/2024. How was the Medicare Part A Service Termination/Discharge determined? The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. 1. Was a SNF ABN, Form CMS-10055 provided to the resident? Other: Explain: Sign copy could not be located for April (2024) discharged . Review of Resident #25's SNF ABN signed by the resident's representative on 5/15/2024 showed it read, Beginning on 1/5/2024, you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs. Care: Room and Board Ancillary Services. Reason Medicare May Not Pay: Not medically reasonable and necessary. Estimated Cost: $358 per day. (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: 105724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER: Ocala Oaks Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 3930 E Silver Springs Blvd, Ocala, FL 34470	

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/16/2024 at 11:20 AM, the Social Services Director stated, I started January 22, 2024. I am responsible for the SNF Beneficiary Notice of non-coverage (SNF ABN) (Form CMS-10055) and the Notice of Medicare Non-Coverage (NOMNC) (Form CMS-10123) review with the resident and/or representatives, their signing the forms, and filing the signed forms appropriately in their medical record. When looking at this yesterday, I could not locate the signed copies of the SNF ABN forms for [Resident #18's name] or [Resident #25's name]. I had the residents sign the forms on 5/15/24, so I have a signed copy on file. The date of 5/15/24 was not an acceptable period of time to have the SNF ABNs signed by them, but because I could not locate a signed copy on their chart, I wanted them to sign one. Review of the facility policy and procedures titled Medicare Denial Letter last reviewed on 8/2023 showed that it read, Policy: Medicare denial letters must be used to notify the resident of Medicare non-coverage at the time of admission or for notification of termination of the benefits following a covered Part A stay. Procedure: SNF ABN. 1. A SNF ABN form will be used to notify the resident of Medicare denial . 5 . The Social Worker or designee will be responsible for completing the appropriate form(s) and delivering the appropriate notice(s) to the resident . b. The resident will be informed via the SNF ABN prior to termination of current services under Medicare or before he/she receives specific items/services which we believe Medicare probably will not pay for. c. If the resident is not capable of handling his or her own affairs, then the responsible party will be notified by telephone and a denial letter mailed to him or her via certified mail, on the same day.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40559 Based on record review and interview, the facility failed to transmit resident assessment data within 14 days after completion of assessment for 2 of 5 residents reviewed for discharge status, Residents #99, #71. Findings include: Review of Resident #99's admission record showed the resident was admitted to the facility on [DATE] with diagnoses including arthritis, postprocedural septic shock, type 2 diabetes mellitus, hypertension, atrial fibrillation, chronic kidney disease, and ileostomy status, and discharged home on 12/15/2023. Review of Resident #99's MDS (Minimum Data Set) Discharge Return Not Anticipated Assessment completed on 12/21/2023 showed it was not submitted to CMS (Centers for Medicare and Medicaid Services). Review of Resident #71's admission record showed the resident was admitted to the facility on [DATE] with diagnoses including anemia, congestive heart failure, atrial fibrillation, and acute cholecystitis, and was discharged home on 1/5/2024. Review of Resident #71's MDS Discharge Return Not Anticipated Assessment completed on 1/8/2024 showed it was not submitted to CMS. During an interview on 5/14/2024 at 3:15 PM, the MDS Coordinator confirmed discharge assessments for Resident #71 and #99 were not submitted to CMS. During an interview on 5/15/2024 at 2:44 PM, the Administrator stated, We do not have a policy on submitting the MDS Assessments. We follow the RAI [Resident Assessment Instrument].

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50695 Based on observation, interview, and record review, the facility failed to ensure residents received appropriate restorative services for 1 of 3 residents reviewed for limited range of motion, Resident #86. Findings include: During an observation on 5/13/2024 at 11:30 AM, Resident #86 was lying in bed. Resident #86's left arm was against her chest in a bent position, and the resident was not using her left arm. During an interview on 5/13/2024 at 11:33 AM, Resident#86 stated, I want therapy, I haven't had therapy in months. When asked what her goal for therapy was, she stated, I want to go home. Review of Resident #86's admission record showed the last admitted [DATE] with diagnoses that included cerebral infarction, hemiplegia unspecified affecting unspecified side; weakness; and other reduced mobility. During an interview on 5/14/2024 at 9:27 AM, Staff L, Rehabilitation Certified Nursing Assistant (RCNA), stated, [Resident #86's name] is receiving occupational therapy, but I'm not sure if physical therapy is working with her. During an interview on 5/15/2024 at 10:20 AM, the Rehabilitation Director stated, Residents are screened quarterly for the potential need for therapy services. Therapy services resumed for [Resident #86's name] from January 23rd through February 5th [2024]. [Resident #86's name] was receiving therapy services of OT [Occupational Therapy] for upper body strength training, and after February 5th [when OT was discontinued], services were transitioned to RNP [Restorative Nursing Program]. During an interview on 5/16/2024 at 10:23 AM, the Director of Clinical Services stated, I know we have some gaps in documentation for our restorative program. Staff gets instructions from the [physical or occupational] therapists verbally, but it [the instructions] should have been on the restorative evaluation [Restorative Nursing Services Evaluation]. Services for [Resident #86's name] were for the weights three times a week, and if active range of motion was ordered, those services are provided six days a week. Review of Resident #86's occupational therapy discharge summary dated 2/2/2024 showed the discharge recommendation for restorative nursing program. Review of Resident #86's Restorative Nursing Services Evaluation dated 2/7/2024 showed it read, Focus: [Resident Preferred Name] requires a (Specify Other) Restorative Program. Intervention: Staff will provide 2 pound weights for curls 3x15 with RUE [Right Upper Extremity] and AAROM [Active Assisted Range of Motion] to LUE [Left Upper Extremity] 3x15 with no weight to maintain her UE [Upper Extremity] strength and ROM [Range of Motion]. Pt [patient] being out of bed would be best. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #86's task tracking sheet for interventions of the restorative program for April 2024 showed no entry documented for 4/1/2024, 4/3/2024, 4/6/2024, 4/11/2024, 4/17/2024, 4/23/2024, 4/24/2024, 4/25/2024, 4/26/2024, 4/27/2024, 4/29/2024, 4/30/2024. Review of Resident #86's task tracking sheet for interventions of the restorative program for May 2024 showed no entry documented for 5/1/2024, 5/2/2024, 5/3/2024, 5/4/2024, 5/6/2024, 5/7/2024, 5/8/2024, 5/9/2024, and 5/11/2024. Review of the Resident #86's care plan completed on 3/6/2024 read, Focus: [Resident #86's name] requires a [Sic.] Active Assistive Range of Motion Program to L UE. Goal: Resident will maintain current level of function by next review. Interventions: Active Assistive Range of Motion Nursing Restorative Program to L UE. During an interview on 5/16/2024 at 12:54 PM, the Director of Clinical Services stated, There is no policy for restorative. [Resident #86's name] has gaps in the record, which means she has not received the services. During an interview on 5/16/2024 at 1:10 PM, the Director of Rehabilitation Services stated, After the discontinuation of therapy services, when transferring care to the RNP team, the expectation is frequency of services is to be determined by the therapist and included in the Restorative Nursing Services Evaluation. Services are expected to be provided at a minimum of three times a week.

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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** 49289 Based on observation, interview, and record review, the facility failed to ensure residents received respiratory care services as prescribed for 1 of 6 residents reviewed for respiratory care, Resident #51. Findings include: During an observation on 5/13/2024 at 9:28 AM, Resident #51 was lying in bed with a nasal cannula intact in her nares and the oxygen concentrator was running at three and a half liters per minute (3.5 L/min) (Photographic evidence obtained). During an observation on 5/13/2024 at 2:24 PM, Resident #51 was lying in bed with a nasal cannula intact in her nares and the oxygen concentrator was running at 3.5 L/min. During an observation on 5/14/2024 at 8:05 AM, Resident #51 was lying in bed eating breakfast. The nasal cannula was intact in her nares and the oxygen concentrator was running at 3.5 L/min. Review of Resident #51's admission record showed the resident was admitted on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), chronic peripheral venous insufficiency, shortness of breath, and dementia. Review of Resident #51's physician order dated 1/3/2024 showed that the order read, Oxygen via nasal cannula 2 L/min as needed for SOB [shortness of breath]. Review of Resident #51's care plan dated 3/6/2024 showed that the care plan read, Focus: [Resident #51's name] is on Oxygen Therapy r/t [related to] impaired gas exchange/SOB . Interventions: Oxygen settings: The resident has O2 via nasal prongs/mask as prescribed. During an interview on 5/14/2024 at 9:18 AM, Staff C, Licensed Practical Nurse (LPN), Unit Manager, confirmed that the oxygen concentrator was running at 3.5 L/min, and verified that the physician order for Resident #51 was 2 L/min. During an interview on 5/15/2024 at 3:05 PM, the Director of Nursing (DON) stated, I expect staff to follow doctors' orders for oxygen administration. For [Resident #51's name], I expect that the nurse was checking the oxygen concentrator setting at the beginning of each shift and that as nurses, they would check it each time they entered the resident's room. Review of the facility policy and procedure titled Oxygen Administration last reviewed on 8/2023 showed that it read, Purpose: A resident will need oxygen therapy when hypoxemia (low oxygen in blood) occurs. Pulse oximetry monitoring, and clinical examinations determine the adequacy of oxygen therapy. The resident's disease, physical condition, and age will help determine the most appropriate method of administration . Procedure: 1. Check physician's orders . 11. Turn the unit on to the desired flow rate, and assess equipment for proper functioning . 14. Monitor the resident's response to oxygen therapy.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 49289 Based on observation and interview, the facility failed to ensure the posted nurse staffing data included the required information. Findings include: During an observation while conducting the initial tour of the facility on 5/13/2024 at 9:00 AM, the nursing staffing data dated 5/13/2024 did not contain the total number and actual hours worked per shift for licensed and unlicensed staff responsible for resident care. During an interview on 5/15/2024 at 8:00 AM, the Administrator confirmed the missing information and stated, The night shift is responsible for the federal posting for staffing. The Staff Coordinator will review the posting for accuracy when she gets here. During an interview on 5/15/2024 at 3:02 PM, the Director of Nursing (DON) stated, The night shift charge nurse is responsible for filling out and posting the nursing staffing for the day, before the end of her shift (7 AM). The day shift starts at 7 AM. During an interview on 5/15/2024 at 3:10 PM, the Staff Development Coordinator stated, The night shift supervisor (11 PM to 7 AM) is responsible for filling out and posting the nursing staffing completely before shift change for the day shift. The night shift supervisor gets the census from the midnight census total. Review of the facility policy and procedures titled Nursing Scheduling/Staffing/Posting last revised in 8/2023 showed that it read, Policy: Scheduling is the responsibility of the Nursing Department in order to provide appropriate staffing to deliver resident care. Procedure . 2. Posted Nurse Staffing Information & Retention: a. Data Requirements: The center must post the following information on a daily basis: 1) Center Name, 2) The current date, 3) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered nurses. Licensed practical nurses or licensed vocational nurses (as defined under State law). Certified nurse aides. 4) Resident census. b. Posting Requirements: The center must post the nurses staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: clear and readable format. In a prominent place readily accessible to residents and visitors.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49289 Based on observation, interview, and record review, the facility failed to ensure that physician orders following the pharmacist's recommendation were implemented for 1 of 5 residents reviewed for unnecessary medications, Resident #38. Findings include: Review of Resident #38's admission record showed the resident was most recently admitted on [DATE] with diagnoses including heart failure, dementia, rheumatoid arthritis, anxiety disorder, poly osteoarthritis, chronic pain, major depressive disorder, shortness of breath, atrial flutter, rhabdomyolysis, and localized edema. Review of Resident #38's physician orders for Resident #38 showed an order that read, Cyclobenzaprine HCl [Hydrochloric acid] Tablet 5 MG [milligram]. Start Date: 10/25/2023. Give 1 tablet by mouth every 8 (eight) hours as needed for Muscle spasms. Review of Resident #38's MAR for administration of Cyclobenzaprine HCl 5 mg tablet revealed the resident had not received the medication from 2/1/2024 through 4/30/2024. The resident received Cyclobenzaprine HCl 5 mg tablet on 5/1/2024, 5/2/2024 and 5/11/2024. Review of Resident #38's physician orders showed an order that read, Prednisone Oral Tablet 5 MG (Prednisone). Start Date: 04/27/2023. Give 5 mg by mouth one time a day for swelling. Review of Resident #38's Medication Administration Record (MAR) for administration of Prednisone 5 mg tablet revealed the resident received the medication every day from 2/1/2024 through 5/14/2024. Review of Resident #38's Pharmacist Consultation Report for 2/13/2024 through 2/13/2024 showed that it read, Comment: [Resident #38's name] has cognitive impairment and receives Cyclobenzaprine 5 mg every 8 hours PRN [as needed]. Medications with anticholinergic properties and adverse CNS [Central Nervous System] affects can negatively impact cognitive function. Recommendation: Please discontinue Cyclobenzaprine . Physician' Response: I accept the recommendation(s) above, please implement as written. The report was signed by the Physician on 2/16/2024. Review of Resident #38's Pharmacist Consultation Report for 2/13/2024 through 2/13/2024 showed that it read, Comment: [Resident #38's name] has received a routine oral steroid Prednisone 5 mg once daily for swelling. Long-term oral corticosteroid use has been associated with adverse effects (e.g. hyperglycemia, osteoporosis, GI [gastrointestinal] disorders, hypertension, insomnia). Recommendation: Please reevaluate continued Prednisone use and attempt a trial discontinuation . Physician's Response: I accept the recommendation(s) above, please implement as written. The report was signed by the Physician on 2/16/2024. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #38's Pharmacist Consultation Report for 3/1/2024 through 3/31/2024 showed that it read, Comment: (issued on 03/12/2024) [Resident #38's name's] prescriber accepted a pharmacy recommendation to discontinue Cyclobenzaprine and Prednisone on 2/14/24, but the order has not yet been processed. Recommendation: Please process the accepted pharmacy recommendation and update the medical record accordingly. There was no signature in the Director of Nursing's signature line and no date. Review of Resident #38's Pharmacist Consultation Report for 4/1/2024 through 4/30/2024 showed that it read, Comment: (issued on 04/09/2024) [Resident #38's name's] prescriber accepted a pharmacy recommendation to discontinue Cyclobenzaprine and Prednisone on 2/14/24, but the order has not yet been processed. Recommendation: Please process the accepted pharmacy recommendation and update the medical record accordingly. There was no signature in the Director of Nursing's signature line and no date. During an interview on 5/16/2024 at 10:15 AM, the Director of Nursing (DON) stated, I turned over the consultation report review to the ADON [Assistant Director of Nursing] in February 2024. I did not review the Consultation Report for March or April 2024 for [Resident #38's name]. The consultation reports came to me by email. I don't remember when the emails started going to her directly or if I had to physically print and give the report to her for February and March 2024. The DON verified that the changes were not made in February, March, or April 2024. Review of the facility policy and procedures titled Medication Regimen Review last reviewed on 8/17/2023, showed that it read, Applicability: This policy 9.1 sets forth procedures relating to the medication regimen review (MRR). Procedure . 8. 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 . 8.2. 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. Facility should alert the Medical Director where MRRs are not addressed by the attending physician in a timely manner. 12. The attending physician should address the consultant pharmacist's recommendation no later than their next scheduled visit to the facility to assess the resident, either 30 or 60 days per applicable regulation.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40559 Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 3 of 12 residents reviewed for insulin administration, Residents #39, #46, and #62, and 1 of 3 residents reviewed for peripherally inserted central catheter (PICC) dressing changes, Resident #107. Findings include: 1. Review of Resident #39's admission record showed the resident was admitted to the facility most recently on 2/11/2023 with diagnoses including chronic respiratory failure, type 2 diabetes mellitus, heart failure and chronic obstructive pulmonary disease. Review of Resident #39's Medication Administration Record for March 2024 showed staff documented code 10 (Insulin not required) on 3/1/2024, 3/4/2024, 3/5/2024, 3/6/2024, 3/7/2024, 3/8/2024, 3/11/2024, 3/12/2024, 3/13/2024, 3/14/2024, 3/15/2024, 3/18/2024, 3/19/2024, 3/20/2024, 3/21/2024, 3/22/2024, 3/25/2024, 3/26/2024, 3/27/2024, 3/28/2024, 3/29/2024 and 3/30/2024, and coded 11 (Hold individual med [medication]) on 3/16/2024 for administration of 15 units of Humulin N KwikPen Subcutaneous Suspension Pen Injector 100 unit/ml (milliliter) subcutaneously one time a day for diabetes mellitus, with the start date of 2/14/2024. Review of Resident #39's Medication Administration Record for April 2024 showed staff documented code 10 on 4/1/2024, 4/2/2024, 4/3/2024, 4/4/2024, 4/5/2024, 4/8/2024, 4/9/2024, 4/11/2024, 4/12/2024, 4/15/2024, 4/16/2024, 4/17/2024, 4/18/2024, 4/19/2024, 4/22/2024, 4/23/2024, 4/24/2024, 4/25/2024, 4/26/2024, 4/29/2024 and 4/30/2024 for administration of 15 units of Humulin N KwikPen Subcutaneous Suspension Pen Injector 100 unit/ml subcutaneously one time a day for diabetes mellitus, with the start date of 2/14/2024. Review of Resident #39's Medication Administration Record for May 2024 showed staff documented code 11 on 5/4/2024, and code 10 on 5/1/2024, 5/2/2024, 5/3/2024, 5/6/2024, 5/7/2024, 5/8/2024, 5/9/2024, 5/10/2024, 5/13/2024, and 5/14/2024 for administration of 15 units of Humulin N KwikPen Subcutaneous Suspension Pen Injector 100 unit/ml subcutaneously one time a day for diabetes mellitus, with the start date of 2/14/2024. Review of Resident #39's progress notes did not document regarding insulin not being administered or notification of the physician. Review of Resident #62's admission record showed the resident was readmitted on [DATE], with the diagnoses including acute combined systolic (congestive) and diastolic (congestive) heart failure, type 2 diabetes mellitus without complications, and chronic arial fibrillation. (continued on next page)

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Ocala Oaks Rehabilitation Center	3930 E Silver Springs Blvd Ocala, FL 34470

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #62's Medication Administration Record for April 2024 showed staff documented code 10 on 5/2/2024 at 6:00 AM for administration of 12 units of Insulin N Subcutaneous Suspension 100 unit/ml subcutaneously every 12 hours for diabetes mellitus, with the start date of 4/12/2024, code 10 on 4/28/2024 at 6:00 AM, and 4/30/2024 at 6:00 AM and 11:00 AM for administration of 2 units of Novolin R FlexPen Injection Solution Pen-Injector 100 unit/ml subcutaneously before meals and at bedtime for diabetes mellitus, with the start date of 4/27/2024, and code 10 on 4/30/2024 for administration of Insulin NPH (Neutral Protamine [NAME]) Subcutaneous Pen-Injector 100 unit/ ml subcutaneously two times a day for diabetes mellitus before breakfast and dinner, with the start date of 4/18/2024. Review of Resident #62's Medication Administration Record for May 2024 showed staff documented code 10 on 5/1/2024 at 11:00 AM and 4:00 PM, 5/2/2024 at 11:00 AM, 5/4/2024 at 6:00 AM, 5/9/2024 at 11:00 AM, 5/10/2024 at 11:00 AM, 5/13/2024 at 11:00 AM and 5/14/2024 at 6:00 AM and code 11 on 5/11/2024 at 4:00 PM, and 5/12/2024 at 11:00 AM and 4:00 PM for administration of 2 units of Novolin R FlexPen Injection Solution Pen-Injector 100 unit/ml subcutaneously before meals and at bedtime for diabetes mellitus, with the start date of 4/27/2024, code 10 on 5/2/2024, 5/6/2024, 5/7/2024 and 5/14/2024, and code 11 on 5/4/2024 for administration of Insulin NPH Subcutaneous Pen-Injector 100 unit/ml subcutaneously two times a day for diabetes mellitus before breakfast and dinner, with the start date of 4/18/2024. Review of Resident #62's progress notes did not document regarding insulin not being administered or notification of physician. 46523 2. Review of Resident #46's Medication Administration Record for May 2024 showed staff documented blood sugar of 100 and code 11 on 5/13/2024 for administration of 45 units of Basaglar KwikPen Subcutaneous Suspension Pen Injector 100 unit/ml subcutaneously at bedtime for hyperglycemia, with the start date of 5/18/2024. Review of Resident #46's Medication Administration Record for April 2024 showed staff documented blood sugar of 97 and code 11 on 4/6/2024, and blood sugar of 77 and code 10 on 4/15/2024 for administration of 45 units of Basaglar KwikPen Subcutaneous Suspension Pen Injector 100 unit/ml subcutaneously at bedtime for hyperglycemia, with the start date of 5/18/2024. During an interview on 5/14/2024 at 1:08 PM, Staff B, Registered Nurse (RN), stated, I go by the insulin order. If the resident has low blood sugar, I will still give the long-acting insulin because it takes a while 4-6 hours. I would not hold it unless ordered by the doctor. For a blood sugar under 70, I would be calling the doctor to notify him. I would make a progress note of the communication with the provider. We go by a sliding scale. We measure the blood sugar levels and see the range. If the level is within critical range, I would reach out to the doctor. Some residents have scheduled short acting, and we would go by what the doctor ordered. The sliding scale is part of the order. If a resident refused medication, I would contact the chain of command, the DON [Director of Nursing] and the provider. I would document it in the system. That is part of the policy for medication administration training in March 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Ocala Oaks Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3930 E Silver Springs Blvd Ocala, FL 34470	

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/14/2024 at 1:37 PM, Staff C, Licensed Practical Nurse (LPN)/Unit Manager, stated, If the nurse does not feel comfortable with administrating medication, the staff should contact the provider and let them determine what the action should be. This should be documented in the system. During an interview on 5/14/2024 at 1:37 PM, Staff D, LPN, stated, When I administer insulin, I always check their blood sugars no matter the parameter. Yes, I hold long-acting insulin any time the resident's blood sugar is 100. The residents' blood sugar might run low, and I do not want them to drop and bottom out. I would notify the unit manager and notify the provider. I will document all communication in a progress note. If a resident refuses medication, I would attempt to give it to him again later. If they continue to refuse, I will contact the provider and document it in the system. During an interview on 5/14/2024 at 1:48 PM, the Assistant Director of Nursing (ADON) stated, All communication between nurses and provider should be documented. If it is not documented, it means they didn't do it. During an interview on 5/14/2024 at 1:57 PM, the DON stated, In the event that the nurse feels that a resident's blood sugar is too low, the nurse should notify the physician for directions and orders. The conversation should be recorded in the medical record. If a resident refuses, the staff should notify the physician and responsible party. If there are multiple refusals, I would like staff to document an SBAR [Situation, Background, Assessment, Recommendation] and see if medication needs to be reviewed. During an interview on 5/14/2024 at 4:18 PM, Physician #1 stated, The staff notify me every time they hold the insulin. There is no potential harm to the resident when insulin is held. The staff follow the order in place and are supposed to notify me when the resident's blood sugar is below 60 or higher than 400. During an interview on 5/14/2024 at 4:35 PM, the Medical Director stated, The facility told me today regarding insulin administration. I prefer that nurses make a clinical decision regarding resident safety instead of having the patient have an episode of hypoglycemia. I rather the nurse holds the medication and contacts me. The issue is more about nurses doing a poor job at documenting what they did. During an interview on 5/14/2024 at 5:13 PM, Physician #2 stated, The staff is always calling me when they want to hold the medication or calling my assistants. I do not document all the small things regarding residents, but I am receiving phone calls from nursing staff. Nurses are calling but not documenting, but I cannot put emphasis on that. 3. During an observation on 5/14/2024 at 8:00 AM with the DON, Resident #107 was sitting in his wheelchair in his room. The resident had a single lumen midline located in the resident's left arm with a transparent dressing dated 5/8/2024. Review of Resident #107's physician order dated 5/2/2024 read, Change catheter site dressing 24 hours post midline insertion one time only for 1 day and every evening shift. Review of Resident #107's Medication Administration Record for May 2024 showed staff documented catheter dressing change on a daily basis starting on 5/4/2024 through 5/14/2024. (continued on next page)

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	105724	A. Building B. Wing	05/16/2024

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/14/2024 at 8:11 AM, the DON stated, The staff were not changing the dressing daily, that order needs to be revised. The order should be for only one day and should repeat every seven days.

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide and implement an infection prevention and control program.

46523

Based on observation, interview, and record review, the facility failed to ensure staff used appropriate PPE (Personal Protective Equipment) during direct care for 3 of 17 residents reviewed for transmission-based precautions, Residents #60, #92, and #105, and failed to ensure staff followed infection control practice standard for 1 of 7 residents reviewed for dining review, Resident #314, to help prevent the possible spread and transmission of communicable diseases.

Findings include:

1. During an observation on 5/15/2024 at 9:38 AM, there was an enhanced barrier precaution signage on Resident #105's room door. Staff H, Licensed Practical Nurse (LPN), entered the resident room. Staff H was at bedside discontinuing the resident's intravenous (IV) catheter tubing. Staff H did not wear a gown.

During an interview on 5/15/2024 at 10:15 AM, Staff H, LPN, stated, [Resident #105's name] enhanced barrier precautions are in place for his wound. I did not wear a gown because I was not working on the wound. I was flushing and unplugging his IV.

Review of Resident #105's physician order dated 3/20/2024 read, Enhanced Barrier Precautions: DX [diagnosis]: wound every shift for wound.

2. During an observation on 5/15/2024 at 9:47 AM, there was an enhanced barrier precaution signage on Resident #60's room door. Staff J, Certified Nursing Assistant (CNA), entered the resident room without wearing a gown. Staff J was standing next to Resident #60 with towels and a bed pan. Staff J was wearing gloves only and no gown while providing direct care.

During an interview on 5/15/2024 at 1:30 PM, Staff J, CNA, stated, I did not know [Resident #60's name] had a wound. Normally, we do walking rounds in the morning, but they did not tell me that the resident was on enhanced barrier precautions. I did not ask the nurse why the sign was posted. I should have asked the nurse.

Review of Resident #60's physician order dated 4/5/202024 read, Enhanced Barrier Precautions: Dx: Wound every shift for wound.

3. During an observation on 5/16/2024 at 9:30 AM, Resident #92's room door was closed. There was no signage posted or no personal protective equipment located outside of the room.

During an interview on 5/16/2024 at 9:49 AM, Staff K, CNA, stated, [Resident #92's name] has no special precautions that I use when I work with him. I only use gloves when assisting with bathing and making his bed. He goes to dialysis and has a port.

During an observation on 5/16/2024 at 11:35 AM, Resident #92 was lying in bed, with a dialysis catheter with one lumen noted on upper right side with a dressing covering the port dated 5/15/2024.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #92's physician order dated 4/19/2024 read, Dialysis Port/Catheter: Right chest Monitor dialysis site for S/S [signs and symptoms] infection present. Review of Resident #92's physician orders revealed no order for enhance barrier precautions. Review of Infection Control Line listing did not show Resident #92's name. During an interview on 5/16/2024 at 10:55 AM, the Infection Preventionist stated, Residents need to be part of the enhanced barrier precaution when they have indwelling devices to fight against MDROs [Multidrug Resistant Organisms]. Staff should be wearing gown and gloves. The items are listed on the signage posted on the room door. There will always be a sign posted on the door and orders. I did not know [Resident #92's name] had an external catheter,. He would need to be placed on enhanced barrier precautions. Review of the facility policy and procedures titled Isolation-Categories of Transmission-Based Precautions with the last review date of 12/23/2023 read, Policy: Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents . Enhanced Barrier Precautions: 1. Enhanced Barrier Precautions may be implemented for those with a documented or suspected infection or colonization with a multi-drug resistant organism (MDROs) as defined by the CDC [Centers for Disease Control and Prevention] or have risk of acquiring infections based on portal of entry or indwelling medical devices such as: indwelling urinary catheter, g-tube, central lines, tracheostomy or wounds requiring a dressing; regardless of infection or colonization status, or reported by the Infection Preventionist or laboratory based on the centers' antibiogram when available. 48865 4. During an observation on 5/13/2024 at 12:23 PM, Resident #314 had his urinal, with drops of urine, on his meal table (Photographic evidence obtained). During an observation on 5/13/2024 at 12:44 PM, Staff F, CNA, placed Resident #314's food tray on the table next to his urinal. During an interview on 5/13/2024 at 12:44 PM, Resident #314 stated, The urinal fell on the floor and I picked it up and put it on the table. I would rather it be on my bedside table. During an interview on 5/16/2024 at 7:38 AM, Staff G, LPN, stated, The urinal should not be on a table next to a food tray. If I saw that, I would move the urinal, clean the table, and get a new tray for the resident.