STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105728	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orlando Health and Rehabilitation Center	830 West 29th Street Orlando, FL 32805

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observation, and interview, the facility failed to ensure residents' call lights were within reach, for 4 of 10 sampled residents, (#5, #6, #7, and #9).Findings: 1.On 4/10/26 at 12:45 PM, resident #5 resided on the D-wing, in bed B by the window. The resident pointed out their call light was behind the bed, hanging on the headboard, out of reach. Resident #5 was awake, and alert, but nonverbal, and communicated with gestures from hand movements only. On 4/10/26 at 12:59 PM, assigned Certified Nursing Assistant (CNA) A, confirmed the call light was behind resident #5's bed, out of reach. The Unit Manager of the D-wing confirmed the call light behind the bed and acknowledged staff should ensure call bells are in reach of residents. 2. On 4/10/26 at 1:09 PM, resident #6 was asleep in bed B, the window bed. Resident #6's call light was behind the bed hanging on the headboard, not within their reach. Within the same room, resident #7 was in the A bed, closest to the door, sitting on the edge of their bed waiting to eat lunch. Resident #7's call light was behind the bed hanging on the headboard, not within reach. Resident #7 stated they did not know where the call light was and staff have never provided instructions on the use of the call light. CNA D was in the room at that time and confirmed the call bells for resident #6 and resident #7 were not within their reach. She acknowledged the call bells should be left by staff within the resident's reach in case they needed to alert staff. 3.On 4/10/26 at 1:30 PM, resident #9 stated he couldn't reach the call light since earlier that morning because it was too high for him to reach with his right hand. The resident explained he previously had a stroke and was unable to move the left side of his body. He conveyed he needed assistance from staff to move around or to get out of bed. The resident indicated the call light attached to the bed sheet on the right upper side by his head and demonstrated he could not reach it with his right arm while sitting up. CNA E was present in the room, and confirmed resident #9 could not reach the call bell where it was attached to the right upper side of the bed sheet. The CNA acknowledged resident #9 was unable to use his left arm and confirmed the call bell should be in reach of the resident's functioning right arm.

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