

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Palm Garden of Sun City		STREET ADDRESS, CITY, STATE, ZIP CODE 3850 Upper Creek Dr Sun City Center, FL 33573	

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 - Few</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 record review and interviews, the facility failed to ensure a resident was free from a fall during incontinent care for 1 of 3 resident sampled (#3) who required 2-person assistance for bed mobility. Findings Include: Review of an admission record dated [DATE] showed Resident # 3 was admitted to the facility originally on [DATE] and readmitted on [DATE] with diagnoses to include but not limited to other abnormalities of gait and mobility, other lack of coordination, acquired absence of right and left leg above knee. Review of a change in condition dated [DATE] showed Resident # 3 had a change in condition due to a fall. Resident has a small skin tear to forehead. Transferred to bed facility protocol initiated. On [DATE] at 10:44 AM. an interview was conducted with Staff A, License Practical Nurse, LPN. Staff A stated she has worked at the facility for 20 years. She had just come on to her shift when Staff B asked her to come to the room because Resident # 3 was on the floor. Staff A stated she assessed Resident # 3, asked him if he was in any pain and assisted him back in bed. Staff A stated he did not have any major injuries. Only a small abrasion on the left side of his forehead, that did not require any dressing. The doctor and his family were notified. When she asked Staff B what happened. Staff B told her Resident # 3 rolled out the bed when she went to turn him during peri- care. Staff A stated, Staff B said he was too heavy, and she could not catch him to try to break his fall. Staff A stated there was an investigation completed, and education provided. She wrote her information in the risk report, and a change in condition was completed in the medical record. On [DATE] at 11:00 AM an interview was conducted with Staff B, Certified Nursing Assistant, CNA. Staff B stated she had worked at the facility for 8 months. Staff B stated she went to provide Resident # 3 with patient care to make sure he was dry. He was a bit agitated and combative when she was assisting him. When she turned to clean him up, he pulled on the privacy curtain and rolled out of the bed. Staff B stated she immediately went to get a nurse to assist her. When the nurse came to the room, she assessed Resident # 3 and asked him if he was in any pain. Staff B stated she had always taken care of Resident # 3 and was not aware he required two-person assistance when providing incontinent care. Staff B stated she had even asked nurses if the resident required two-person assistance during care, and she was told he was only a one person assist. Staff B stated she could not remember which nurse told her. Staff B stated when she looked at Resident # 3's chart it showed he was an extensive assist, which means he required assistance with moving around with one-or-two-person assistance. Staff B stated after the event she had to write a statement. Then she was suspended and not able to return to work because she did not follow Resident # 3 Kardex which required him to have two-person assistance for bed mobility Review of Resident # 3 care plan showed a focus for Activity of Daily Living (ADL) Mobility needs showed he is at risks of developing complications associated with decreased ADL self- performance and functional mobility related to present limitations and weaknesses status post (s/p) bilateral above the knee amputation. Date initiated [DATE], revised on [DATE]. The care plan Goals showed he will maintain ADL self-performance levels as evidenced by no decline in current level of functioning through the next review date. Date initiated [DATE], revised on [DATE], target date [DATE]. -Resident # 1 will strive (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to not develop any complications related to decrease ADL self- performance through next review date. Date initiated [DATE], revised on [DATE], target date [DATE]. The care plan Intervention showed his Bed mobility is total assist x2 , transfers total assist x2 mechanical lift sling size medium, toileting incontinent care total assist x2, dressing total assist x2, grooming total x2, bathing total assist x2, eating set up as needed enteral jevity 1.5 240 milliliters bolus 4x' day, locomotion on/off unit total assist x 1. Date initiated [DATE], revised on [DATE]. On [DATE] at 1:23 PM, an interview was conducted with the Director of Nurses, DON. The DON stated her expectation is the Certified Nursing Assistant look at the Kardex prior to caring for residents. Based on the Kardex recommendation they should provide care. The DON stated Staff B did not follow Resident # 1 Kardex. Review of the facility Job Description for, Certified Nursing Assistant (CNA) dated [DATE] showed Basic Functions. To provide routine daily clinical care and services that support the care delivered to guests requiring long-term or rehabilitative care, in accordance with the established clinical care procedures and as directed by your supervisor. Essential Functions. Provide care as directed by the professional nurse to guest requiring long-term rehabilitative care. Assistance with guest care is provided as directed. C. guest are properly position.</p>		