

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 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. Based on record review and interview, the facility failed to ensure resident records were accurate for 6 of 10 residents reviewed for medication management, Residents #3, #15, #44, #46, #48, and #61, and for 1 of 3 residents reviewed for change in condition, Resident #4. Findings include: 1) Review of Resident #46's physician order dated 8/18/2025 read, Insulin Glargine-yfgn Subcutaneous Solution Pen-injector 100 unit/ml [milliliter] (Insulin Glargine-yfgn), Inject 45 unit subcutaneously two times a day for DM2 [diabetes mellitus type 2] daily @ [at] 0600 [6:00 AM] and 2100 [9:00 PM], Hold if BG [Blood Glucose] less than 100. Review of Resident #46's Medication Administration Record (MAR) for April 2026 for administration of Insulin Glargine showed code 2 [refused] documented on 4/1/2026 at 6:00 AM and 4/5/2026 at 6:00 AM. Review of Resident #46's nursing progress notes showed no documentation of physician notification of medication refusal on 4/1/2026 and 4/5/2026. Review of Resident #46's physician order dated 4/21/2025 read, Novolog Injection Solution 100 unit/ml (Insulin Aspart), Inject as per sliding scale: if 0-150= 0 units; 151-200= 2 units; 201-250= 4 units; 251-300= 6 units; 301-350= 8 units; 351-400= 10 units; 401+ = 12 units; Greater than 400 Notify MD [Medical Doctor], subcutaneously before meals and at bedtime for DM 2. Review of Resident #46's MAR for March 2026 for administration of Novolog Injection Solution documented a BS of 435 on 3/14/2026 at 4:30 PM, a BS of 459 on 3/21/2026 at 9:00 PM, and a BS of 495 on 3/26/2026 at 11:00 AM. Review of Resident #46's nursing progress notes showed no documentation of physician notification for blood glucose above 400 on 3/14/2026, 3/21/2026, and 3/26/2026. During an interview on 4/8/2026 at 1:10 PM, the Advanced Practice Registered Nurse (APRN) stated, I know that she [Resident #46] will refuse her medications and her insulin. They will text me about that. I know she has had sugars over 400. 2) Review of Resident #48's physician order dated 3/8/2026 read, Insulin Glargine Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Glargine), Inject 31 unit subcutaneously at bedtime related to type 2 diabetes mellitus with diabetic neuropathy, unspecified. Review of Resident #48's MAR for March 2026 for administration of Insulin Glargine showed code 2 documented on 3/14/2026 at 9:00 PM, code 13 [no insulin required] documented on 3/26/2026, and (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: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	code 9 [other/see progress notes] documented on 3/31/2026. Review of Resident#48's nursing progress notes showed no physician notification of medication refusal or other progress notes for 3/14/2026, 3/26/2026, and 3/31/2026. Review of Resident #48's eMAR (electronic medication administration record) progress note dated 3/27/2026 at 10:10 PM read, Note Text: Insulin Glargine Subcutaneous Solution Pen-injector 100 unit/ml Inject 31 unit subcutaneously at bedtime related to type 2 diabetes mellitus with diabetic neuropathy, unspecified. Patient refused full amount. Requested 15u [units]. 15u given. Review of Resident #48's nursing progress notes for 3/27/2026 showed no physician notification of resident refusal to take prescribed dose. Review of Resident #48's physician orders showed no order dated 3/27/2026 to administer 15 units of Insulin Glargine. Review of Resident #48's eMAR progress note dated 3/28/2026 read, Note Text: Insulin Glargine Subcutaneous Solution Pen-injector 100 units/ml, Inject 31 unit subcutaneously at bedtime related to type 2 diabetes mellitus with diabetic neuropathy, unspecified. Patient requested to receive half of her long acting insulting dose. I administered 15 units. Review of Resident #48's nursing progress notes for 3/28/2026 showed no physician notification of resident refusal to take prescribed dose. Review of Resident #48's physician orders showed no order dated 3/28/2026 to administer 15 units of Insulin Glargine. Review of Resident #48's nursing progress note dated 3/29/2026 at 8:47 PM read, Note Text: Insulin Glargine Subcutaneous Solution Pen-injector 100 unit/ml, Inject 31 unit subcutaneously at bedtime related to type 2 diabetes mellitus with diabetic neuropathy, unspecified. Patient requested only 15 units be given. Review of Resident #48's nursing progress notes for 3/29/2026 showed no physician notification of resident refusal to take prescribed dose. Review of Resident #48's physician orders showed no order dated 3/29/2026 to administer 15 units of Insulin Glargine. Review of Resident #48's MAR for April 2026 for administration of Insulin Glargine showed code 2 documented on 4/5/2026 at 9:00 PM. Review of Resident#48's nursing progress notes for 4/5/2026 showed no documentation of physician notification of medication refusal. During an interview on 4/8/2026 at 11:50 AM, the Director of Nursing (DON) stated, All communication with the physicians should be documented either in the eMAR notes or in the progress notes. Ideally that is a good standard of practice. I was not aware that she [Resident #48] was getting half her dose of the insulin on those days. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/8/2026 at 12:02 PM, the Medical Director stated, I am consistently notified about her [Resident #48] blood sugars but was not aware that she was requesting half her dose of insulin. I was not taking call, my nurse practitioner was, so I would call her. During a telephone interview on 4/8/2026 at 1:10 PM, the APRN stated, I was called and notified that she was requesting only half her insulin, and I preferred that she got some if that meant she would refuse the whole dose. I am aware that she refuses her insulin frequently. The staff will text us. 3) Review of Resident #61's physician order dated 9/17/2025 read, Insulin Regular Human Injection Solution Pen-injector 100 units/ml (Insulin Regular (Human)), Inject 5 unit subcutaneously before meals for DM2. Review of Resident #61's MAR for March 2026 for administration of insulin showed code 2 documented on 3/6/2026 at 4:00 PM, on 3/14/2026 at 11:00 AM, on 3/17/2026 at 11:00 AM, on 3/18/2026 at 11:00 AM, and on 3/19/2026 at 4:00 PM. Review of Resident #61's nursing progress notes showed no documentation of physician notification of medication refusals on 3/6/2026, 3/14/2026, 3/17/2026, 3/18/2026 and 3/19/2026. Review of Resident #61's MAR for April 2026 for administration of insulin showed code 2 documented on 4/1/2026 at 11:00 AM and at 4:00 PM, on 4/3/2026 at 11:00 AM, and on 4/5/2026 at 4:00 PM. Review of Resident #61's nursing progress notes showed no documentation of physician notification of medication refusals on 4/1/2026, 4/3/2026 and 4/5/2026. During an interview on 4/8/2026 at 9:40 AM, Staff B, Registered Nurse (RN), stated, We should document when we call a doctor of nurse practitioner when blood sugars are high or when residents refuse medications. 4) Review of Resident #15's physician order dated 1/26/2026 read, Insulin Aspart Injection Solution 100 unit/ml (Insulin Aspart), Inject subcutaneously before meals and at bedtime for DM2. Review of Resident #15's MAR for March 2026 for administration of Insulin Aspart showed code 2 documented at 6:30 AM on 3/1/2026, 3/6/2026, 3/10/2026, 3/11/2026, 3/13/2026, 3/17/2026, 3/24/2026, 3/27/2026, 3/29/2026, and 3/31/2026; at 11:00 AM on 3/3/2026, 3/4/2026, 3/10/2026, 3/13/2026, 3/14/2026, 3/17/2026, 3/19/2026, 3/21/2026, 3/23/2026, 3/24/2026, and 3/26/2026; at 4:30 PM on 3/2/2026, 3/4/2026, 3/7/2026, 3/8/2026, 3/11/2026, 3/13/2026, 3/14/2026, 3/18/2026, 3/19/2026, 3/24/2026, and 3/25/2026; and at 9:00 PM on 3/5/2026, 3/6/2026, 3/12/2026, 3/13/2026, 3/16/2026, 3/24/2026, and 3/26/2026. Further review showed code 7 (Sleeping) documented at 6:30 AM on 3/12/2026, 3/18/2026, and 3/20/2026; at 11:00 AM on 3/1/2026, 3/2/2026, 3/5/2026, 3/9/2026, 3/11/2026, 3/12/2026, 3/18/2026, 3/22/2026, 3/25/2026, 3/27/2026, and 3/31/2026; at 4:30 AM on 3/1/2026, 3/5/2026, 3/10/2026, 3/12/2026, 3/15/2026, 3/17/2026, 3/20/2026, 3/23/2026, 3/26/2026, and 3/31/2026, at 9:00 PM on 3/1/2026, 3/3/2026, 3/8/2026, 3/10/2026, 3/18/2026, 3/20/2026, 3/22/2026, 3/25/2026, and 3/31/2026. Review of Resident #15's MAR for April 2026 for administration of Insulin Aspart showed code 2 documented at 6:30 AM on 4/1/2026, and 4/7/2026; at 11:00 AM on 4/4/2026; at 4:30 PM on 4/4/2026; and at 9:00 PM on 4/3/2026. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/8/2026 at 10:21 AM, Staff D, RN, stated she notified the physician of Resident #15 refusing his medication or was sleeping at the scheduled medication times. Staff D stated she would normally document contacts with the physician in the resident's progress note. During an interview on 4/8/2026 at 9:40 AM, Staff B, RN, stated contacts with the physician should be documented in the resident's progress note. Review of Resident #15's progress notes dated 3/1/2026 through 4/7/2026 showed no documentation indicating nursing staff had notified the physician or nurse practitioner when Resident #15 had either refused his accu-chek and insulin or was sleeping at his scheduled medication times. During an interview on 4/8/2026 at 11:50 AM, the DON stated nurses routinely contact the physician regarding omitted medications and the nursing staff should document contact with the physician regarding omitted medications in the resident's electronic medication record or progress note. During an interview on 4/8/2026 at 12:12 PM, the Medical Director stated the facility staff notified him or the nurse practitioner at all hours of the night and day. 5) During an interview on 4/6/2026 at 9:44 AM, Resident #4's Representative stated, The weekend nurse wasn't able to give me any information about lab results. The facility is just not good at communicating in general. Review of Resident #4's care plan dated 1/27/2026 read, Focus: [Resident #4's name] has impaired cognitive function/thought processes r/t [related to] short-term memory loss and CVA [stroke]. Interventions: Communicate with [Resident #4's name] and her family regarding capabilities and needs. Date Initiated: 03/22/2022. Review of Resident #4' health status note dated 2/26/2026 read, Consultation: referral placed to pulmonology and chest x-ray due to coughing with eating, chest pain, vomiting/regurgitation. Review of Resident #4's nursing notes showed no documentation that Resident #4's family was notified of a change in condition that occurred on 2/26/2026. During an interview on 4/7/2026 at 1:16 PM, Staff A, Licensed Practical Nurse (LPN), stated, [Resident #4's name] daughter was in the building the day the pulmonary consult and chest x-ray were ordered. I spoke with her, and she was aware. Review of Resident #4's health status note dated 3/3/2026 read, pt [patient] experiencing flu like symptoms. MD informed and order tamiflu bid [twice daily] x5 [for 5] days. Review of Resident #4's nursing notes showed no documentation that Resident #4's family was notified of a change in condition that occurred on 3/3/2026. During an interview on 4/8/2026 at 10:08 AM, Staff D, RN, stated, I reached out to the family, but I don't believe I got an answer on that day and I don't know if they called back. If family doesn't answer the phone, we try to let the next nurse know to call. Normally I document when I try to call family, but that day was busy and I forgot. During an interview on 4/8/2026 at 9:05 AM, the DON reviewed the documentation and stated, I do not (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	see any documentation that the resident's family was notified of the resident's changes in condition. I would like for the nurses to put a note in when they notify a resident's family about a change. 6) Review of Resident #44's physician order dated 3/28/2025 read, Novolog Solution 100 unit/ml (Insulin Aspart), Inject as per sliding scale: if 0-200= 0u; 201-250= 2u; 251-300= 4u; 301-350= 6u; 351-400= 8u; 401+ = 10u Over 400, administer 10 units and notify MD, subcutaneously two times a day for DM II. Review of Resident #44's MAR for March 2026 for administration of Novolog Solution two times a day documented a BS of 402 on 3/3/2026 at 8:00 PM, a blood sugar of 421 on 3/9/2026 at 8:00 PM, a BS of 410 on 3/13/2026 at 8:00 PM, a BS of 403 on 3/17/2026 at 8:00 PM, a BS of 535 on 3/19/2026 at 8:00 PM, and a BS of 562 on 3/21/2026 at 8:00 PM. Review of Resident #44's nursing progress notes for March 2026 showed no documentation of physician notification for blood glucose over 400. Review of Resident #44's physician order dated 11/15/2025 read, Aspirin Tablet Chewable 81 MG, Give 1 tablet by mouth one time a day for preventative. Review of Resident #44's MAR for March 2026 for administration of Aspirin showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/26/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Aspirin showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Atorvastatin Calcium Oral Tablet 80 MG (Atorvastatin Calcium), Give 1 tablet by mouth at bedtime for HLD [Hyperlipidemia]. Review of Resident #44's MAR for March 2026 for administration of Atorvastatin showed code 2 documented at 6:00 PM on 3/2/2026, 3/3/2026, 3/9/2026 through 3/12/2026, 3/16/2026 through 3/22/2026, 3/24/2026, 3/25/2026, 3/27/2026, 3/28/2026, 3/30/2026, and 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Atorvastatin showed code 2 documented at 6:00 PM on 4/1/2026 through 4/4/2026, 4/6/2026, and on 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Carvedilol Tablet 25 MG, Give 0.5 tablet by mouth two times a day for HTN, Hold if SBP [Systolic Blood Pressure] <100 or HR [Heart Rate]<60. Review of Resident #44's MAR for March 2026 for administration of Carvedilol showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026 through 3/31/2026; and at 6:00 PM on 3/2/2026, 3/3/2026, 3/9/2026 through 3/12/2026, 3/16/2026 through 3/22/2026, 3/24/2026, 3/25/2026, 3/27/2026, 3/28/2026, 3/30/2026, and 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Carvedilol showed code 2 documented at 6:00 AM on 4/1/2026 thorough 4/7/2026; and at 6:00 PM on 4/1/2026 through 4/4/2026, and on 4/7/2026. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #44's physician order dated 11/15/2025 read, Clopidogrel Bisulfate Oral Tablet 75 MG (Clopidogrel Bisulfate), Give 1 tablet by mouth in the morning for CVA. Review of Resident #44's MAR for March 2026 for administration of Clopidogrel Bisulfate showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Clopidogrel Bisulfate showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Colace Capsule 100 MG (Docusate Sodium), Give 1 capsule by mouth two times a day for constipation. Review of Resident #44's MAR for March 2026 for administration of Colace showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, 3/16/2026, and 3/18/2026 through 3/31/2026; and at 6:00 PM on 3/2/2026, 3/3/2026, 3/9/2026 through 3/12/2026, 3/16/2026 through 3/22/2026, 3/24/2026, 3/25/2026, 3/27/2026, 3/28/2026, 3/30/2026, and 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Colace showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026; and at 6:00 PM on 4/1/2026 through 4/4/2026, 4/6/2026, and 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Farxiga Oral Tablet 10 MG (Dapagliflozin Propanediol), Give 1 tablet by mouth one time a day for type 2 dm. Review of Resident #44's MAR for March 2026 for administration of Farxiga showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026, and 3/18/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Farxiga showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44' physician order dated 11/15/2025 read, Furosemide Tablet 20 MG, Give 1 tablet by mouth in the morning for HTN [Hypertension]. Review of Resident #44's MAR for March 2026 for administration of Furosemide showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Furosemide showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Januvia Tablet 50 MG [milligram] (Sitagliptin Phosphate), Give 1 tablet by mouth one time a day for dm. Review of Resident #44's MAR for March 2026 for administration of Januvia showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026 through 3/31/2026. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #44's MAR for April 2026 for administration of Januvia showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Lisinopril Oral Tablet 20 MG (Lisinopril), Give 1 tablet by mouth in the morning for HTN. Review of Resident #44's MAR for March 2026 for administration of Lisinopril showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Lisinopril showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Protein Oral Liquid (Protein), Give 30 ml by mouth in the morning for nutritional supplement. Review of Resident #44's MAR for March 2026 for administration of Protein Oral Liquid showed code 2 documented at 6:00 AM on 3/1/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Protein Oral Liquid showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's physician order dated 11/15/2025 read, Prozac Oral Capsule 10 MG (Fluoxetine HCl [hydrochloride]), Give 1 capsule by mouth in the morning for depression. Review of Resident #44's MAR for March 2026 for administration of Prozac showed code 2 documented at 6:00 AM on 3/1/2026, 3/3/2026 through 3/14/2026, and 3/16/2026 through 3/31/2026. Review of Resident #44's MAR for April 2026 for administration of Prozac showed code 2 documented at 6:00 AM on 4/1/2026 through 4/7/2026. Review of Resident #44's nursing progress notes dated 3/19/2026 read, Resident refused 1800 [6:00 PM] medications. Review of Resident #44's nursing progress notes dated 3/30/2026 read, Patient refused all meds. Vitals were outside parameters for insulin. Review of Resident #44's nursing progress notes dated 4/6/2026 read, Resident refused all 0600 [6:00 AM] meds except for insulin. Vitals were outside of parameters for insulin. Review of Resident #44's nursing progress notes dated 4/7/2026 read, Resident refused all meds. BG [Blood Glucose] was below the parameters for coverage. Review of Resident #44's nursing progress notes from March 1, 2026 through April 7, 2026 showed no physician notification of resident refusal to take prescribed medications. During an interview on 4/8/2026 at 9:40 AM, Staff B, RN Unit Manager stated, We do not wake them up to give them medications; we would go back later. If refusal is marked off on the MAR, it would (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	have a progress note attached saying the doctor was called. For blood sugars over 400, we just acknowledge the order and that is all the documentation that needs to be done. I would assume that the nurse should make a note saying the doctor was notified. During an interview on 4/8/2026 at 11:50 AM, the DON stated, Nurses routinely contact doctors through the secure system. The communication should be documented about who they texted or spoke to. During an interview on 4/8/2026 at 12:25 PM, Resident #44's Physician stated, I get notified of high blood sugars and resident medication refusals by the messaging system myself and my nurse practitioner. Unfortunately, [Resident #44's name] has been noncompliant for years not just months. One reason she ended up with another stroke a year ago was because she was not taking her blood pressure meds. 7) Review of Resident #3's physician order dated 2/17/2026 read, Insulin Glargine Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Glargine), Inject 12 unit subcutaneously in the morning for DM2. The order was discontinued on 3/9/2026. Review of Resident #3's MAR for March 2026 for administration of Insulin Glargine documented code 2 on 3/3/2026 and code 9 (see nurses notes) on 3/4/2026. Review of Resident #3's physician order dated 3/10/2026 read, Insulin Glargine Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Glargine), Inject 15 unit subcutaneously in the morning for DM2. Review of Resident #3's MAR for March 2026 for administration of Insulin Glargine documented Code 9 (see nurses notes) on 3/28/2026, and documented Code 2 on 3/31/2026. Review of Resident #3's MAR for April 2026 administration of Insulin Glargine documented code 9 on 4/2/2026, 4/3/2026 and 4/4/2026, and documented code 2 on 4/5/2026. Review of Resident #3's physician order dated 2/16/2026 read, Insulin Aspart Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Aspart), Inject as per sliding scale: if 151-200= 1 unit; 201-250= 2 unit; 251-300= 3 unit; 301-350= 4 unit; 351-400= 5 unit; 401+ = 6 units, Notify MD, subcutaneously before meals and at bedtime for DM2. Review of Resident #3's MAR for March 2026 for administration of Insulin Aspart per sliding scale showed no blood sugar documented on 3/4/2026 and code 9 documented at 6:30 AM. Review of Resident #3's physician order dated 2/16/2026 read, Insulin Aspart Subcutaneous Solution Pen-Injector 100 unit/ml (Insulin Aspart), Inject 6 units subcutaneously before meals for DM2. Review of Resident #3's MAR for March 2026 for administration of Insulin Aspart 6 units documented code 9 on 3/4/2026, 3/26/2026, and 3/27/2026; and documented Code 2 on 3/8/2026, and 3/31/2026. Review of Resident #3's MAR for April 2026 for administration of Insulin Aspart 6 units documented code 9 at 6:30 AM on 4/2/2026, 4/3/2026, and 4/4/2026, and documented code 2 on 4/5/2026. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Tri-County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7280 SW State Rd 26 Trenton, FL 32693	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #3's nursing progress notes for March 2026 showed no documentation of physician notification of medication refusal. Review of Resident #3's nursing progress notes for April 2026 showed no documentation of physician notification of medication refusal. During an interview on 4/7/2026 at 8:40 AM, Staff A, LPN, stated, I document blood sugar if they let me do blood sugar. If insulin is refused, I put in a progress note and notify MD and reeducate on importance of insulin. During an interview on 4/8/2026 at 12:30 PM, Resident #3's Physician stated, [Resident #3's name] has always been reluctant to take his insulin because he is noncompliant with his diabetes. They notify myself or my nurse practitioner of refusals.		