STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105793	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Oaks Nursing and Rehab Center	2225 Knox McRae Dr Titusville, FL 32780

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13252 Based on observation, interview, and record review, the facility failed to follow a systematic approach to ensure residents were not over hydrated due to health conditions and followed physician ordered fluid restrictions to promote the highest practicable outcome for 1 of 3 residents reviewed for nutrition/hydration issues, of a total sample of 38 residents, (#5). Findings: On 6/24/24 resident #5 was observed in his room on the [NAME] Wing of the facility at approximately 1:34 PM. The resident was awake with some confusion and his wife was in the room with him. She explained her husband was incontinent and it took a long time for staff to change him. The resident's wife indicated her husband had not been in the facility very long and hoped he would return home. She expressed concern he was about to change rooms and be placed in a room on the East Wing where the staff were not familiar with her husband's care. Medical record review revealed resident #5's most recent admission to the facility on [DATE]. The resident's diagnosis included heart Disease, renal Disease, high blood pressure, prostate issues and hyponatremia (low sodium). The Minimum Data Set assessment dated [DATE] noted the resident scored a 10/15 on the Brief Interview for Mental Status which indicated moderately impaired cognition. Review of the physician's orders revealed resident #5 was on a 1000 milliliters (ml) per day fluid restriction for hyponatremia. Hyponatremia occurs when the concentration of sodium in your blood is abnormally low. Sodium is an electrolyte, and it helps regulate the amount of water that's in and around your cells. In hyponatremia, one or more factors- ranging from an underlying medical condition to drinking too much water -cause sodium in your body to become diluted. When this happens, your body's water level rises, and your cells begin to swell. This swelling can cause many health problems, from mild to life-threatening, (retrieved on 7/15/24 from www.mayoclinic.org). The resident's physician notated how resident #5's fluid restriction would be administered. Dietary was to provide a total of 700 ml of fluid per day in increments of: breakfast 360 ml; lunch 180 ml; and dinner 160 ml. Nursing staff was to provide 300 ml additional fluid per day 120 ml on the 7 AM-3 PM shift; 120 ml on the 3 PM-11 PM shift and 60 ml on the 11 PM-7 AM shift. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105793	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Oaks Nursing and Rehab Center	2225 Knox McRae Dr Titusville, FL 32780

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/25/24 at 2:29 PM, resident #5 was observed in his new room on the East Wing. He was lying in bed with a large cup of water on the bedside table. The cup held approximately 16 ounce of fluid equal to 473 ml, which exceeded the 120 ml nursing was to provide on the 7 AM-3 PM shift and the allotted amount for the entire day. Om 6/26/26 at 1:51 PM, the resident was sitting in a wheelchair in his room with a 16-ounce cup of water on the bedside table. Resident #5 said he was not told he was on a fluid restriction and referred to his water cup. He added the Certified Nursing Assistant (CNA), would refill the water cup, as much as you ask. Approximately 3 minutes later, CNA A, confirmed she was assigned to resident #5, for the 7 AM-3 PM shift and she provided the resident with ice water. CNA A was not aware the resident was on a fluid restriction. She said at one time residents that were on a fluid restriction would have a sticker on their bedroom door/frame but was not sure if that was still being used. She added if the resident was on a fluid restriction it would be, noted in the resident's MAR (Medication Administration Record) in the computer. A few minutes later, at 1:54 PM, CNA A reviewed the resident's Kardex in the electronic medical record and confirmed the resident was on a fluid restriction but said the Kardex did not indicate how much fluid the resident was to receive. On 6/26/24 at 1:58 PM, the East Wing Unit Manager reviewed resident #5's physician orders and confirmed the resident was on a fluid restriction. He said the resident was only to receive 1000 ml of fluid per day and the fluid should have been controlled by dietary and nursing staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105793	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Oaks Nursing and Rehab Center	2225 Knox McRae Dr Titusville, FL 32780

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 13252 Based on observation and interview, the facility failed to maintain food cooking equipment in a clean and sanitary manner to prevent physical contaminants that may inadvertently enter food eaten by the residents of the facility. Finding: On Sunday, 6/23/24, at 10:58 AM, the facility's kitchen was inspected with the facility cook. The deep fryer was not clean with food debris noted on the metal surfaces of the deep fryer. Inside the fryer itself, food debris particles were observed floating on top of the cooking oil, almost covering the entire surface. The cooking oil was very dark colored and appeared not to have been changed for some time. The cook verified the condition of the deep fryer and stated she had not used the deep fryer this morning and explained it was usually used for cooking chicken and french fries. When asked about the cleaning schedule for the cooking equipment, the cook said she did not know the last time the deep fryer had been cleaned or the cooking oil changed.