

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: 105834	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER North Bank Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 333 E Ashley St Jacksonville, FL 32202	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and a review of facility documentation, the facility failed to 1) Follow proper environmental cleaning and disinfection protocols for a resident shared bathroom (room [ROOM NUMBER]) for three consecutive days, 2) Properly dispose of used razors left accessible in two resident rooms (rooms [ROOM NUMBERS]), 3) Properly clean and disinfect identified feces in a resident bathroom shower (room [ROOM NUMBER]), 4) Use appropriate infection control practices by staff failing to don appropriate personal protective equipment (PPE) and practice proper hand hygiene when administering medication through a gastrostomy tube (g-tube - feeding tube) for one of seven residents with g-tubes receiving medication. The facility did not meet the standard for providing and maintaining a safe, sanitary environment to prevent the development and transmission of communicable diseases with the potential for increased infection risks for residents and staff. The findings include: 1. On 9/22/2025 at 12:18 PM, a tour was conducted on the second-floor unit, where resident room [ROOM NUMBER], housing two residents with a shared bathroom, was observed with the shower curtain rod and clear plastic shower curtain still attached and brown-colored debris lying underneath the toilet and against the wall with additional brown debris on the lower toilet bowl and on the vertical pipe connected to the flushing assembly behind the toilet. Brown-colored debris was smeared along the shower wall and door frame. (Photographic evidence obtained) On 9/24/2025 at 11:48 PM, a second observation of room [ROOM NUMBER]'s bathroom revealed no changes from the previous observation. The shower curtain rod with the shower curtain and brown debris was untouched and the brown-colored matter/debris was still located in the same areas. (Photographic evidence obtained) On 9/24/2025 at 1:20 PM, the Assigned Housekeeper A confirmed that she received training on proper resident room cleaning, to include appropriate disinfection and sanitizing protocols to decrease the spread of germs. She was accompanied, along with the Housekeeping Director, to room [ROOM NUMBER] where they observed the shower rod, with the attached curtain lying on the floor. The Housekeeping Director immediately reached for the shower rod and tried to hang the rod back in the shower, before being informed of the brown debris located on the shower curtain, and the shower walls. The Housekeeping Director reported all housekeeping staff had received the required training on proper cleaning and disinfecting of biohazard materials and confirmed this room was missed for several days. On 09/25/2025 at 12:34 PM, an interview was conducted with the Infection Preventionist, Assistant Director of Nursing/Registered Nurse (RN), who reported she provided all the new hire training with assistance from the staff educator for infection control activities within the facility including proper use of PPE, contact precaution signs, proper hand hygiene, bloodborne pathogens, and handling biohazards. She further reported ongoing education was offered several times per year, as needed and during skills fairs. Environment expectations were explained as: If any brown substance of any kind is found in the bathroom, we assume that's biological fluids, so we call housekeeping or grab a glove and disinfectant wipe and clean it, but we don't walk away or wait and leave something like that. She was shown the pictures from room [ROOM NUMBER] and was asked if that should have been left in that condition for three days. She replied, No. That fell through so many staff and should've been caught immediately. She stated her (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
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	expectation for all staff was to support the infection control program by preventing the spread of infection. On 09/25/2025 at 1:10 AM, an interview was conducted with the Risk Manager, Staff Educator, RN, who reported she oversaw the Risk Management Program to include accidents, incidents and quality assurance including Performance Improvement Plans (PIPS), in addition to providing in-service training to staff. She further reported completing guardian angel room rounds daily and confirmed that she was assigned to visit room [ROOM NUMBER] daily. She reported visiting room [ROOM NUMBER] every day this week and denied seeing the bathroom with the shower rod down and in the condition it was found in, but that was not acceptable infection control practices and given the location, she confirmed the brown debris was feces. A review of the facility's policy and procedure titled Skilled Nursing: Environmental Services-Safe Environment (undated), read: Page 2, 1. e. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. 3. a. Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing cleaning to housekeeping Department. (Copy obtained) A review of the facility's policy and procedure titled Infection Control Plan (revised December 2023), stated: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Policy Interpretation and Implementation stated: 3. The IPCP is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. (Copy obtained) 2. On 9/22/2025 at 11:46 AM during a tour of the 200-hall unit, used and uncovered disposable razors were observed on the vanity sink in rooms [ROOM NUMBERS]. (Photographic evidence obtained) On 9/23/2025 at 9:30 AM, a second observation was made where used, uncovered disposable razors were observed lying on the vanity sink in rooms [ROOM NUMBERS]. (Photographic evidence obtained) On 9/25/2025 at 12:00 PM, a staff interview was conducted with Certified Nursing Assistant (CNA) F, who reported that she made rounds on her assigned residents every two hours, and if she saw things in the rooms that shouldn't be there because they (residents) could get hurt or items could spread germs, she would remove them. When asked if razors were permitted, she replied, No, razors should be with the nurses, and we have to ask for them. If we see them, we should remove the razor, give it to the nurse and report it. On 9/25/2025 at 12:34 PM, an interview was conducted with the Assistant Director of Nursing and the Infection Preventionist/Registered Nurse (RN), who reported that expectations for CNAs, Nursing and housekeeping staff to maintain a safe environment included Absolutely no sharps at the bedside, or left behind in the rooms to include razors, lancets or nail clippers. Razors, the CNAs get one, not the whole bag, and the used razors get disposed of in the sharps container but never left in the room, ever. A review of the facility's policy and procedure titled Standards and Guidelines: SG Disposable Resident Care Product Utilization (revised 1/15/2022), read on page 1, 5. Sharps such as needles or lancets are not considered reusable items. These items should be discarded in the Sharps Container after a single use. 6. When the disposable item is no longer needed it should be discarded in the appropriate receptacle. Razors must be discarded in the Sharps Container. (Copy obtained) A review of the facility's policy and procedure titled Sharps Disposal, under Environmental Infection Control with revision date of January 2012, 1. Whoever uses contaminated sharps will discard them immediately or as soon as feasible into designated container. (Copy obtained) 3. On 9/22/2025 at 1:48 PM, a foul, ammonia-like odor was detected in room [ROOM NUMBER] where brown-colored debris was observed on the shower floor of the resident's bathroom. On 9/22/2025 at 1:51 PM, Employee I (Activities Assistant) came into room [ROOM NUMBER] and was asked if she smelled an odor in the room. She stated, yes, and began searching for the source going into the resident's bathroom. She stated, This is where it's coming from, confirming feces on the shower floor in the resident's bathroom. On 09/22/2025 at 1:56 PM, the Director of Nursing (DON) was asked to go to resident room [ROOM NUMBER]. Once there, she was asked if she smelled a foul odor. She stated, Yes. The DON went into the resident's bathroom and confirmed feces (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on the floor of the shower. A review of the facility's policy and procedure titled Skilled Nursing: Environmental Services-Safe Environment (Undated), read: Page 2, 1. e. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. 3. a. Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing cleaning to housekeeping Department. (Copy obtained)4. On 09/23/2025 at 10:31 AM, an interview was conducted with the Director of Nursing (DON), who reported her expectations for passing medications to residents under Enhanced Barrier Precautions was, They are expected to wear the PPE, gown and gloves, when giving meds via g-tube and to wash their hands before and after.On 09/24/2025 at 12:16 PM, RN G was observed administering medication to a resident on Enhanced Barrier Precautions (EBP) via g-tube with gloves on. No gown was worn. After administration of medication, she removed her gloves and repositioned the g-tube before washing her hands.On 09/24/2025 at 12:40 PM during medication pass, RN J was observed touching medication capsules without wearing gloves.On 09/25/2025 at 12:34 PM, an interview was conducted with the Infection Preventionist, Assistant Director of Nursing, RN, who reported that her expectation for Enhanced Barrier Precautions (EBP) was for staff to have gloves on their hands and a gown on. We want them in a gown and gloves in high-contact activities for enhanced barrier precautions, especially g-tubes, gloves when administering medications, no bare hands to g-tube or Foley (urinary catheter) areas and hopefully washing hands. She confirmed that 30 residents in the facility were on Enhanced Barrier Precautions and agreed that the staff infection control practices needed to improve.A review of the facility's policy and procedure titled Infection Control Plan (revised December 2023), read on page 13. 9, a. The facility has established policies and procedures regarding infection prevention and control among employees, contractors, vendors, visitors, and volunteers including . page 14. c. Those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment. (Copy obtained)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and a review of facility policies and procedures, the facility failed to appropriately address one (Resident #72) of one resident reviewed for pressure injury, by failing to provide services to prevent pressure ulcers in accordance with professional standards of practice to meet the resident's physical needs, including assistance with repositioning due to a casted lower left extremity and off-loading measures to prevent pressure injury. The facility failed to update the Matrix for a facility-acquired pressure injury and failed to update the resident's Care Plan and Minimum Data Set assessment (MDS) to include fracture and acquired pressure wound. The findings include: A review of Resident #72's medical record revealed an admission date of 8/29/2025. The resident was documented with a fall in the facility on 8/22/2025 and subsequently began to complain of left ankle pain. An X-ray was performed on the left lower extremity (LLE) that revealed a fracture, and the resident was admitted to the hospital on [DATE]. She returned to the facility on 8/29/2025 with a cast on her LLE. An admission assessment and a skin sweep completed on 8/29/2025 revealed no skin conditions. Subsequent daily skilled charting from 8/29/2025 to 9/1/2025 revealed no new changes to skin integrity. Resident #72's medical diagnoses included multiple sclerosis, displaced spiral fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing, Type 2 diabetes mellitus with unspecified complications, contracture of right and left knee, other reduced mobility, abnormal posture, need for assistance with personal care, muscle weakness (generalized), other rheumatoid arthritis with rheumatoid factor of unspecified site, vitamin D deficiency, unspecified. A review of the MDS assessment dated [DATE] and the quarterly MDS assessment dated [DATE] revealed a BIMS score of 9 out of 15 possible points, indicating mild to moderate cognitive impairment. Section M of the MDS for both dates documented responses of No to resident has pressure ulcer/injury and No to does resident have one or more unhealed pressure ulcers. A review of Resident #72's active physician's orders revealed the following: 9/24/2025 - Enhanced Barrier Precautions (EBP) related to wound. 9/15/2025 - Cleanse left buttock with normal saline, pat dry, apply skin prep to surrounding tissue, apply Honey hydrogel sheet and cover with bordered gauze dressing every shift for Stage 3 pressure Injury and as needed If soiled or removed 9/4/2025 - 9/15/2025 - Cleanse left buttock with soap and water, pat dry, apply Zinc oxide and leave open to air every shift for deep tissue injury and as needed If soiled or removed, 8/29/2025: No wound or skin orders for left buttock 8/29/2025 - Patient to have extended leg rest while up in wheelchair to promote posture and comfort as indicated. 7/30/2024 - 8/29/2025 - Patient to use donut pillow when in bed to aid in pressure relief on buttocks. A review of the Interdisciplinary Plan of Care (Start Date 8/11/2025, Completed 8/22/2025, Target Completion 9/17/2025), revealed: The resident has potential for pressure ulcer development r/t (related to) incontinence and decrease in mobility. Date Initiated: 04/05/2023 Created on: 04/05/2023 Revision on: 04/08/2024. The resident will have intact skin, free of redness, blisters or discoloration by/through review date. Date Initiated: 04/05/2023 Created on: 04/05/2023 Revision on: 08/22/2025 Target Date: 09/25/2025 Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 04/15/2024 Created on: 04/15/2024 Administer treatments as ordered and monitor for effectiveness. Date Initiated: 04/15/2024 Created on: 04/15/2024 Avoid positioning the resident on boney prominences. Date Initiated: 04/15/2024 Created on: 04/15/2024 Revision on: 04/15/2024 Follow facility policies/protocols for the prevention/treatment of skin breakdown. Date Initiated: 04/05/2023 Created on: 04/05/2023 Low air loss mattress Date Initiated: 04/15/2024 Created on: 04/15/2024 Monitor nutritional status. Serve diet as ordered, monitor intake and record. Date Initiated: 04/05/2023 Created on: 04/05/2023* The resident has potential for pressure ulcer development r/t incontinence and decrease in mobility. Date Initiated: 04/05/2023 Created on: 04/05/2023 Revision on: 04/08/2024 Resident is to have a donut cushion while in bed to relieve pressure q shift (every (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shift) Date Initiated: 07/30/2024 Created on: 07/30/2024 Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate Date Initiated: 04/05/2023 Created on: 04/05/2023.A review of relevant Progress Notes/Investigative Reports revealed:9/4/2025 Social Services Note: Late Entry: Note Text: The IDT (interdisciplinary team) convened to review and discuss the patient's recent fall on 8/22/2025. The patient has a primary diagnosis of Multiple Sclerosis, with secondary diagnoses of muscle weakness and contracture of left knee. The patient is alert and oriented x3 (person, place, time). The care plan has been updated as follows: Call don't fall sign. A skin assessment, vital signs, and range of motion (ROM) evaluation were completed. Staff reinforced the importance of adhering to the prescribed interventions, and the patient verbalized understanding.8/29/2025 IDT Note: [Resident #72] has rheumatoid arthritis and contractures, as well as her bed high off the ground, which is care planned for as non-compliance and has been educated. Her x-ray showed a fracture but did not specify acute but has multiple fractures that are consistent with rheumatoid arthritis. That is not adverse, especially with her decision to have her bed up high and transfer attributed to having to be lowered to the floor. Interventions were in place for her safety and to reduce falls risk.8/29/2025- 9/1/2025 Electronic Medical Record (EMR) Daily Skilled Charting documented the following:8/29/2025 - 9/1/2025 - No new changes to skin integrity noted.8/29/2025 - Nursing Admission/readmission Screening: No skin conditions noted8/29/2025 - Weekly Skin Sweep: Skin not impaired, no conditions noted.8/29/2025 - Nursing Note: Resident transported on stretcher via Ambulance Services and readmitted to room [ROOM NUMBER]A. Resident accompanied by two attendants. Hospital 8/27/2025 - 8/29/2025.8/26/2025 Nursing Note: Late Entry: Patient with c/o (complaint of) pain in left ankle, swelling noted and some bruising. placed call to ARNP (Advanced Registered Nurse Practitioner) - received verbal order for left ankle X-ray 3 view - order placed.8/25/2025 IDT Note Text: IDT Members met this AM to discuss the patient/fall. Resident was observed on the floor on 8/22/25. Fall risk assessment completed. Interventions initiated and/or reinforced to reduce risk of future falls. These include CALL DONT FALL SIGN. Updated care plan to reflect fall risk and new interventions. Resident verbalized understanding and agreed to call for assistance. Will continue to monitor closely and reassess as needed.8/22/2025: EMR - Fall documented, no complaints of pain or discomfort.On 9/22/2025 at 11:30 AM, Resident #72 was observed sitting up in bed playing cards. The resident was alert and oriented. She stated she had a fall in the facility a couple of weeks ago and was sent to the hospital. She gestured toward her cast and said she was not able to get up right now. She said she had a problem with pain at her tailbone and that she had a wound on her buttock. On 9/23/2025 at 11:25 AM, Resident #72 was observed sitting up in bed with a deck of cards in her hand. Her hair was noted to be clean and in a braid. She voiced no concerns or complaints during this visit other than her tailbone continued to hurt. She inquired about long she would have to have the cast on.On 9/24/2025 at 1:30 PM, Resident #72 was observed sitting halfway up in bed. She was awake and alert. She stated she had not been out of bed since she returned from the hospital. She was asked if she was receiving care for a wound and she answered, Yes, they changed it this morning. It stings some when they put the new bandage on.On 9/25/2025 at 11:08 AM, Certified Nursing Assistant (CNA) D stated a resident requiring assistance with positioning was turned and repositioned every two hours and as needed. The CNA stated at that time, the resident would be changed if incontinent. Showers were scheduled for three times per week and as needed or per resident preference. CNA D stated CNAs filled out skin sheets or logged any skin conditions in the EMR when they were noticed. She further stated she verbally reported to the nurse when any skin issues were noticed.On 9/25/2025 at 11:24 AM, the Third Floor Unit Manager was asked what admission assessments must be completed for a new resident. She stated, Skin, pain, nursing admission assessments. The assessments that automatically populate and will have a date to show you which ones to do - fall risk. She also stated a head-to-toe skin assessment was done on admission and if any skin issues were found, they would be documented immediately. She stated an order for a wound consultation (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should also be done and to call the doctor to let them know. On 9/25/2025 at 11:45 AM, the Wound Care Nurse was asked how she was notified of a skin condition. She replied, The nurse will usually tell me. If it's a new admission, the nurses do an admission assessment and then me and the wound care nurse practitioner (WCNP) do a second skin assessment. Every new admission gets a second assessment on each one. Any areas of concern are usually looked at the same day. She stated she rounded with the WCNP typically twice a week on Mondays and Thursdays and they saw the ones on the wound report, the ones that we follow and new admissions. If they have something, we add them onto the wound report. When she was asked about Resident #72 specifically, and how she determined whether the wound was facility-acquired or was present on admission, she replied that the resident was first seen on 9/4/2025 for a new admission skin assessment. A DTI (deep tissue injury) was identified on the resident's left buttock. Usually, when we do a new admission assessment, we put present on admission if there is any wound. If the nurse puts it on the admission assessment, and we knew she didn't have anything prior to her hospitalization, we said present on admission. She was then asked to show the documentation that this wound was present on admission and not facility acquired. She stated, The nurse did not put anything in the admission assessment regarding a skin condition. She was asked if she could pull up anything in the EMR regarding seeing any skin condition on this resident prior to 9/4/2025. In the conference room with the survey team present, she was unable to find any documentation to support that Resident #72 had any skin condition on admission. She was asked to provide the policy and procedure for reporting skin conditions as well as the wound policy. (Copy obtained) The Wound Nurse was asked to provide weekly wound reports for the last four weeks. The report was provided at 12:23 PM. On the report for 9/1/2025 through 9/4/2025, Resident # 72 was seen for a left buttock pressure ulcer/injury DTI on 9/4/2025. It was recorded that the resident's admission date was 8/29/2025 and that the wound was acquired on 8/29/2025. On 9/25/2025 at 12:18 PM, a voicemail was left for the Nurse Practitioner. The call was returned, and she confirmed that she was in the facility on September 1 and September 4, 2025. She stated they did skin sweeps on all admissions and if there was an existing wound it would be listed in the chart, and the wound nurse would let her know. When she was asked why she stated the wound was present on admission she replied, Because I was told by the wound care nurse. I'm not there every day and I rely on what they tell me.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, resident and staff interviews, and a review of facility documentation, the facility failed to adequately maintain a safe environment. Disposable razors were improperly disposed of and were left accessible in resident rooms at the vanity sinks for two (Residents #44 and #24) of two residents reviewed for accident hazards from a total survey sample of 31 residents. The findings include: 1) Resident #44, was observed in his room on 9/22/2025 at 11:46 PM. He was seated in his wheelchair at the foot of his bed, dressed in day clothing and watching television. When greeted, he smiled without verbal acknowledgement and continued watching television. A vanity sink was in the hallway leading to a resident shared bathroom, where a single disposable razor was observed lying on the vanity sink. (Photographic evidence obtained) On 9/23/2025 at 9:30 AM, a second observation was made, and a single disposable razor was observed lying on the vanity sink. (Photographic evidence obtained) A record review revealed that Resident #44 was admitted to the facility on [DATE] with diagnoses including unspecified dementia, anemia, adult failure to thrive, dysphagia, and repeated falls. A quarterly Minimum Data Set (MDS) assessment, dated 7/14/2025, revealed that the resident was documented with unclear speech and a Brief Interview for Mental Status (BIMS) score of 04/15 indicated severe cognitive impairment. A wheelchair was used for mobility. A review of active Care Plans in place included that the resident was at risk for falls related to weakness (created 12/6/2024). The goal was not to sustain serious injury through the next review with a target date 10/15/2025, and interventions included: Resident needs a safe environment, call light in reach, and frequent rounding (last revised on 7/29/2025). A review of the resident's active physician's orders revealed: Trazodone HCl (hydrochloride) oral tablet 50 mg (milligrams), give 50 mg by mouth two times a day for depression. Hydrocodone-Acetaminophen oral tablet 5-325 mg, give one tablet by mouth every 8 hours for pain. 2) Resident #24 was observed on 9/22/2025 at 2:03 PM, sitting up in her wheelchair at her bedside table, dressed in day clothing, with a blanket resting over her lower extremities. When greeted, she smiled and reported having recently been admitted to the facility and was planning to return home soon. A vanity sink was located on the wall just before her bed, with a yellow-colored hygiene basin that contained a single disposable razor. (Photographic evidence obtained) On 9/23/2025 at 8:59 AM, a second observation was made of a yellow-colored hygiene basin with a single disposable razor on her vanity sink. A record review revealed that Resident #24 was admitted to the facility on [DATE] with diagnoses including speech and language deficits following a cerebral infarction, encephalopathy, dysphagia, unspecified convulsions, nontraumatic intracranial hemorrhage, and type 2 diabetes mellitus. A review of an admission MDS assessment, dated 9/2/2025, revealed a BIMS score of 13/15 indicating intact cognition. The resident was documented with upper extremity impairment on one side; she required partial to moderate assistance from staff for showering and bathing, partial to moderate assistance from staff to complete personal hygiene, and she used a wheelchair for mobility. A review of active Care Plans in place included: Resident has an ADL (activities of daily living) self-care performance deficit related to generalized weakness, CVA (cerebrovascular accident - stroke), initiated 9/3/2025, with a goal to improve her current level of function in ADLs through the next review with a target date of 11/11/2025. Interventions included: Praise all efforts at self-care and allow sufficient time for dressing and undressing. A review of the resident's active physician's orders included Aripiprazole Oral Tablet 10 mg via G-tube (gastrostomy tube - feeding tube) one time a day for psychosis, and Amantadine HCl (hydrochloride) Oral Tablet 100 mg one time a day via G-tube for seizures. On 9/25/2025 at 12:00 PM, a staff interview was conducted with Certified Nursing Assistant (CNA) F, who reported that she rounded on her assigned residents every two hours, and if she saw things in the resident rooms that shouldn't be there, she would remove them, because they could get hurt. These items included safety pins, lancets, clutter (continued on next page)		

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and hazards in the walkways. When she was asked if razors were permitted, she replied, No, razors should be with the nurses, and we have to ask for them. If we see them, we should remove the razor, give it to the nurse and report it. On 9/25/2025 at 12:34 PM, an interview was conducted with the Assistant Director of Nursing and the Infection Preventionist/Registered Nurse (RN), who reported that expectations for CNAs, Nursing and housekeeping staff to maintain a safe environment included Absolutely no sharps at the bedside, or left behind in the rooms to include razors, lancets or nail clippers. Razors, the CNAs get one, not the whole bag, and the used razors get disposed of in the sharps container but never left in the room, ever. On 9/25/2025 at 1:10 PM, an interview was conducted with the Risk Manager and Staff Educator/Registered Nurse (RN), who reported she was in charge of overseeing accidents, incidents, quality assurance and she served as the abuse coordinator. She reported that her expectation during staff room rounds, and department head guardian angel rounds was for staff to check for hazards, and items left behind in the environment that had the potential to cause harm. A review of the facility's policy and procedure titled Standards and Guidelines: SG Disposable Resident Care Product Utilization (revision date 1/15/2022), read on page 1, 5: Sharps such as needles or lancets are not considered reusable items. These items should be discarded in the Sharps Container after a single use. 6. When the disposable item is no longer needed, it should be discarded in the appropriate receptacle. Razors must be discarded in the Sharps Container. (Copy obtained)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105834	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER North Bank Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 333 E Ashley St Jacksonville, FL 32202	
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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** Based on observations, interviews, record review, and a review of the facility policies and procedures, the facility failed to ensure that residents who needed oxygen therapy received it as ordered for one (Resident #34) of 15 residents receiving oxygen therapy in a total survey sample of 31 residents. The findings include: On 09/22/2025 at 1:01 PM, Resident #34 was observed lying in bed on a low air-loss pressure-relieving mattress wearing her nasal cannula. The oxygen flow rate on the concentrator next to her bed was set at 2-2.5 liters per minute (L/min). It was not within arm's reach of the resident. Another observation of the oxygen concentrator setting at 3:57 PM revealed it was again set at 2-2.5 L/min. (Photographic evidence obtained) On 09/23/2025 at 11:05 AM, Resident #34 was observed lying in bed on a low air-loss pressure-relieving mattress covered with her blanket and wearing her nasal cannula. The oxygen flow rate on the concentrator next to her bed was set at 2L/min. (Photographic evidence obtained) On 09/24/2025 at 1:42 PM, Resident #34 was observed lying in bed on a low air-loss pressure-relieving mattress with her nasal cannula resting on her top lip. When asked if she was wearing her nasal cannula, she replied, It slips out sometimes. The oxygen flow rate on the concentrator next to her bed was set at 2L/min. (Photographic evidence obtained) A review of Resident #34's active oxygen orders revealed: Oxygen at 3 L/min via nasal cannula as needed for oxygen saturation if below 90% every shift for Shortness of Breath (SOB) (1/13/2025). Other active orders included ProAir HFA (hydrofluoroalkane) Inhalation Aerosol Solution 108 (90 Base) Micrograms (MCG) per Actuation (Albuterol Sulfate) 2 puffs, inhale orally every 4 hours as needed for SOB and wheezing (12/4/2024), and Head of bed elevated per resident's request to prevent shortness of breath while lying flat every shift (12/4/2024). Further review of the medical record revealed that Resident #34 was admitted to the facility on [DATE] with an initial admission date on 8/18/2023. Primary diagnoses included: anxiety disorder, unspecified and shortness of breath. A review of the Quarterly minimum data set (MDS) assessment, dated 7/24/2025, revealed documentation of no shortness of breath and no oxygen therapy. Resident #34 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 possible points, indicating moderately impaired cognition. The resident was dependent for eating, and toilet transfers were not attempted. A review of the active Care Plan focus and goals included: [Resident #34] received oxygen therapy as needed for shortness of breath. Interventions included oxygen at 2 L/min via nasal cannula inhalation as needed to keep saturations above 90. (Copy obtained) The resident's Medication Administration Record (MAR) for September 2025 revealed no documentation for oxygen at 3 L/min via nasal cannula as needed for oxygen saturation if below 90% every shift for SOB. Documentation was missing for the order: Head of bed elevated per resident's request to prevent shortness of breath while lying flat every shift on 9/4, 9/5, 9/9, 9/11, and 9/15. (Copy obtained) On 09/24/2025 at 1:50 PM, Registered Nurse (RN) G was accompanied to Resident #34's bedside where she confirmed that the resident's oxygen flow rate setting was set at 2L/min. RN G returned to her computer and confirmed that Resident #34's oxygen order was for a flow rate of 3 L/min. RN G stated nurses provided ongoing monitoring of residents' oxygen therapy and ensured residents on oxygen therapy received the correct oxygen order. Correct oxygen settings were identified by checking the physician's orders. Nursing and the Unit Manager were responsible for changing the residents' oxygen tubing weekly. Correct settings were communicated from one staff person to another in shift reports. When RN G was asked if the resident changed her own oxygen flow rate, RN G replied, No. Sometimes she takes it off and says she doesn't want to wear it. She is on it most of the time and we monitor her saturations. On 9/24/2025 at 2:30 PM, the Director of Nursing confirmed that correct oxygen settings were identified by checking the physician's orders. A review of the facility's policy and procedure titled Nursing - Oxygen Administration (undated), revealed: Purpose: The purpose of this procedure is to provide guidelines for oxygen administration. Procedure: . 11. Adjust the delivery device so that it is comfortable to the resident and the proper flow of oxygen is being administered. (Copy obtained)		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and facility policy and procedure review, the facility failed to provide a safe, sanitary, and comfortable environment for residents, by failing to ensure that one (Resident #61) of four residents with personal refrigerators had an internal refrigerator thermometer and refrigerator temperatures were monitored to ensure safety. This had the potential to place Resident #61 at risk for infection, which could result in illness and potential functional decline. The findings include: On 09/22/2025 at 1:25 PM, Resident #61's personal refrigerator was observed with no internal thermometer. During a second observation on 09/23/2025 at 10:57 AM, Resident #61's personal refrigerator was observed to have no internal thermometer. On 09/24/2025 at 1:47 PM, no internal thermometer was observed in Resident #61's personal refrigerator. (Photographic Evidence Obtained) On 09/24/2025 at 1:55 PM, Registered Nurse (RN) G reported that the Unit Manager was responsible for monitoring resident refrigerators. The night nurse logged resident refrigerator temperatures. On 09/24/2025 at 3:15 PM, the Director of Nursing (DON) confirmed that the Assistant Director of Nursing (ADON) was responsible for monitoring, cleaning, and logging temperatures of resident personal refrigerators. She stated the Unit Manager on the 3rd floor was new and was still training. If issues with residents' personal refrigerators were identified during angel rounds, it was reported in the morning meetings. A review of the facility's policy and procedure titled Cleaning and Sanitation of Refrigerators and Freezers on Units (dated 3/20190, revealed: Policy: The facility recognizes the importance of ensuring that all foods are held at a safe temperature in order to ensure the safety of its residents. All refrigerators on the units will be monitored for correct temperatures and cleaned weekly. Procedure: the following procedure will be followed for refrigerators and freezers in the unit pantries. a. Each refrigerator and freezer will be equipped with a thermometer. (Copy obtained)		