

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: 105849	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Wrights Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11300 110th Ave N Seminole, FL 33778	
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. Based on observation, interview and record review the facility failed to check the temperature of food items and use proper hand hygiene during meal preparation and meal-plating service.Finding Included: During an observation on 1/19/26 at 10:26 a.m., Staff B, [NAME] was preparing raw meat wearing blue gloves, he grabbed a black notebook, opened it, placed the notebook back on the rack and continued preparing the raw meat. During an observation on 1/19/26 at 10:36 a.m., A three compartment sink with soiled dishes in all three compartments was next to a tan rack with a silver pan, a silver metal lid and multiple other clean dishes were observed on the clean side of the dish area. During an observation on 1/20/26 at 12:05 p.m. Staff B was wearing a black hooded shirt that had two strings hanging down to his mid chest area. The strings were touching the resident's food as Staff B was putting the food trays together. Staff E, Cook, microwaved a soup and did not take the temperature prior to putting it on a resident's tray. During an observation on 1/21/26 at 10:13 a.m. no temperature logs were observed on one freezer or the two refrigerators in the kitchen. Inside of a refrigerator there was a block of cheese in plastic wrap undated. During an observation on 1/21/26 at 11:57 a.m., Staff B, [NAME] was observed with blue gloves, exited the kitchen area, rolled in a silver food tray cart, and began plating food. During an observation on 1/21/26 at 12:10 p.m., Staff B, [NAME] placed a purple bowl with a clear lid with black wording Soup, onto a resident food tray. During an observation on 1/21/26 at 12:15 p.m., Staff B, [NAME] placed a purple bowl with a clear lid with black writing mixed vegetables, from the microwave on the side of the grill. The bowl sat on the side of the grill until 12:46 p.m. and was placed onto a resident lunch tray. Two staff members entered the kitchen and did not wash their hands or don hair nets. During an observation on 1/21/26 at 12:28 p.m. Staff F, Certified Nursing Assistant (CNA), was observed putting her right finger in her mouth, removing her finger and then grabbing a food tray and went into a resident's room without using any hand hygiene. During an interview on 1/20/26 at 11:30 a.m. Staff C, Dietary Manager, stated the three-compartment sink is used to scrub pots. The dirty dishes go into the first part of the sink and we scrub them. We will use the second sink to rinse and then the dishes go through the dish machine. There is rack that (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Foods will be prepared and served with clean tongs, scoops, forks, spoons, spatulas, knives, plastic gloves or other suitable implements to minimize handling and avoid contact of food are all points during preparation and service. A review of the facility's policy titled, Maintaining a Sanitary Try Line dated 12/15/2025, revealed the following policy: This facility prioritizes tray assembly to ensure foods are handled safely and held at proper temperatures in order to prevent the spread of bacteria that may cause food borne illness. Listed in the compliance guidelines it states the following: During tray assembly, staff shall wash hands before and after wearing or changing gloves. Change gloves after sneezing, coughing or touching face, hands, or hair with gloved hand. Wear hair restraints, bonnets, caps, nets, to cover hair when preparing or handling food. Prior to service take food temperatures and periodically throughout the meal service to ensure proper hot (at or above one hundred thirty-five degrees) or cold holding temperatures (at or below forty-one degrees) are maintained. A review of the facility's policy titled, Pot and Pan Washing, Rinsing, Sanitizing in a two-compartment sink, along with proper way to Air Dry. stated at the end of the document: Reminder the 2nd sink is not to be used to place dirty pots and pans.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure an accurate PASRR screening was completed for four residents (#4, 5, 34, and 40) of five residents reviewed for PASRR. 1. Review of the admission record showed Resident #40 was admitted to the facility on [DATE] with diagnoses that include bipolar disorder, and dementia. Review of Resident #40's level I Preadmission Screening and Resident Review (PASRR) dated 12/2/25 revealed a level II PASRR evaluation not required was marked. During an interview on 1/30/25 at 10:50 a.m. with the Director of Nursing (DON), and the Minimum Data Set (MDS) nurse the MDS nurse said she does not consider bipolar disorder to be a serious mental illness. She said based on her understanding options in PASRR Level I Section B &ndash; Intellectual Disability (ID) or suspected ID must be selected to trigger a Level II referral. In further reviewing Resident #40's PASRR Level 1 the MDS nurse said that on the PASRR Section II question six which the answer is selected as no, the question asks if the individual has a secondary diagnosis of dementia . the MDS nurse replied, That probably should be a yes. 2. Review of Resident #4's showed admission to the facility on 9/25/25 with diagnoses to include parkinsonism, neurocognitive disorder with lewy bodies, generalized anxiety disorder, depression, psychosis, major depressive disorder, and obsessive-compulsive disorder. Review of Resident #4's Level I PASRR, dated 10/1/25 revealed the qualifying diagnoses were not checked. The review showed the Level I PASRR was incomplete, and a level II was not submitted for consideration following qualifying diagnoses. During an interview on 1/30/25 at 10:42 a.m. with the Director of Nursing (DON), and the Minimum Data Set(MDS) nurse. The MDS nurse said she does not consider Resident #4's diagnoses to be serious mental illnesses. The MDS nurse stated she does not believe Resident #4 meets the criteria to submit to a PASRR level II. 3. Review of Resident #34's showed admission to the facility on 3/12/25 and readmission on [DATE] with diagnoses to include parkinsonism-10/27/25, major depressive disorder-1/2/26, insomnia-12/18/25 and bipolar disorder-10/5/25. Review of Resident #34's Level I PASARR, dated 10/2/25 revealed the qualifying diagnoses were not checked. The review showed the Level I PASARR was incomplete, and a level II was not submitted for consideration following qualifying diagnoses. 4. (continued on next page)		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #5's admission record showed admission to the facility on [DATE] with diagnoses to include parkinsonism-11/4/25, opioid dependence-11/24/25, anxiety-11/24/25, post-traumatic stress disorder (PTSD)-11/24/25, psychosis-11/24/25 and major depressive disorder-11/24/25. Review of Resident #5's Level I PASRR dated 11/28/25 revealed qualifying diagnoses for substance abuse was not checked and PTSD was not listed. The review showed the Level I PASRR was incomplete, and a level II was not submitted for consideration following qualifying diagnoses. During an interview on 1/30/25 at 10:42 a.m. with the Director of Nursing (DON), and the Minimum Data Set(MDS) nurse. The MDS nurse said she does not consider bipolar disorder to be a serious mental illness. Resident #5 does not meet the criteria to submit to a PASRR level II. In reference to Resident #34's PASRR Level I the MDS nurse said based on her understanding options in PASRR Level I Section B &ndash; Intellectual Disability (ID) or suspected ID must be selected to trigger a Level II referral. Review of facility's policy, titled Resident Assessment-Coordination with PASARR program, revised 1/2025 revealed the following: Policy: This facility coordinates assessments with the preadmission screening and resident review (PASRR) Program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. Policy Explanation and Compliance Guidelines: - All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening. - PASRR Level I &mdash; initial pre-screening that is completed prior to admission -Negative Level I Screen &mdash; permits admission to proceed and ends the PASRR process unless a possible serious mental disorder or intellectual disability arises later. -Positive Level I Screen &mdash; necessitates a PASRR Level II evaluation prior to admission. - PASRR Level II &mdash; a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determines whether the individual has MD, ID, or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs. -The facility will only admit individuals with a mental disorder or intellectual disability who the State mental health intellectual disability authority has determined as appropriate for admission. -A record of the pre-screening shall be maintained in the resident's medical record . -The Social Services Director or designee shall be responsible for keeping track of each resident's PASRR screening status, and referring to the appropriate authority. -Recommendations, such as any specialized services, from a PASRR level II determination and/or PASRR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care. (continued on next page)		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Any level II resident who experiences a significant change in status will be referred promptly to the state mental health or intellectual disability authority for additional resident review. -A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms. -A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment. - A resident who experiences an improved medical condition &mdash; such that the residents' plan of care or placement recommendations may require modifications. -A resident whose significant change is physical, but has behavioral, psychiatric, or mood related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living. -A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. - Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review. Examples include: -A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder (where dementia is not the primary diagnosis). -A resident whose intellectual disability or related condition was not previously identified and evaluated through PASRR. -A resident transferred, admitted , or readmitted to the facility following an inpatient psychiatric stay or equally intensive treatment.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews the facility failed to develop and implement a comprehensive, person-centered care plans for two residents (#5 and #39) out of two reviewed. Findings Included: Review Resident #5's admission record showed admission to the facility on [DATE] with diagnoses to include parkinsonism-11/4/25, opioid dependence-11/24/25, anxiety-11/24/25, post-traumatic stress disorder (PTSD)-11/24/25, psychosis-11/24/25 and major depressive disorder-11/24/25. Resident #5's care plan did not address PTSD diagnosis, triggers and interventions to decrease expressions or indications of distress. Review of Resident #5's order summary report, dated 1/22/26 revealed orders including the following medications: Clonazepam 0.5mg daily for anxiety, Sertraline 150 mg for depression and Wellbutrin XL 150 mg for major depressive disorder. Review Resident #5's psychiatry and psychology note dated 1/8/25 revealed PTSD (Post Traumatic Stress Disorder): The history suggests that this patient has suffered from significant trauma resulting in nightmares, flashbacks, and hypervigilance in the past. The symptoms have caused significant distress and functional impairment to the patient. The symptoms have lasted for more than one month and have occurred without any substance use or organic brain pathology. Review Resident #5's psychiatry and psychology note dated 1/15/25 revealed . We are tailoring the following non-pharmacological treatments for current psychiatric diagnoses according to the patient's functional and cognitive status .minimizing triggers and exacerbating factors .Review of Resident #5's psychology progress note dated 12/18/25 revealed .Therapeutic efforts also included aiding the patient in identifying the precipitants of unproductive feelings and behaviors . This resident's emotional symptoms are sufficient to alter baseline functioning and therefore, treatment is medically necessary. Review of Resident #5's Minimum Data Set (MDS), dated [DATE] Section C, Cognitive Patterns reveals Brief Interview for Mental Status (BIMS) 10, indicating moderate cognitive impairment. Section I, Active Diagnoses PTSD is selected. During an interview on 1/22/26 at 12:43 p.m., the MDS nurse said Resident #5 denied having PTSD, and she does not know where the diagnosis came from. During an interview on 1/22/26 at 12:43 p.m., the Social Services Director (SSD) said it is her role to initiate PTSD care plan and did not think a PTSD care plan was required for Resident #5. Review of Resident #39's admission record showed admission to the facility on 1/20/17 and readmission on [DATE] with diagnoses including the following: syncope and collapse, orthostatic hypotension, cerebral infarct, cerebral ischemia, abnormalities of gait and mobility, need for assistance with personal care, and type 2 Diabetes Mellitus. Review of an incident note for Resident #39 dated 12/25/25 revealed the resident fell and sustained injuries including a laceration on his left forehead just above the eyebrow with approx of 1.0 in and a skin tear on right elbow. During an observation and interview with Resident #39 on 1/20/26 at 12:02 p.m. there is swelling, bruising and a wound above the left eyebrow with a small amount of clear drainage and on the right lateral elbow a skin tear approximately 1 inch x 1 inch, with a small amount of bleeding. Both wounds are uncovered. On 1/21/25 at 8:50 a.m. during medications administration observation with Staff A, Licensed Practical Nurse (LPN) Resident #39 wounds to the forehead and right elbow were uncovered. Before leaving Resident #39's room the Director of Nursing (DON) entered and said she will return to place dressings on Resident #39's wounds. Review of Resident #39's orders on 1/20/26 did not reveal wound care orders for the wounds on the left forehead and right elbow. Review of Resident #39's care plans on 1/20/26 did not reveal interventions for the wounds on the left forehead and right elbow. During medication administration on 1/21/26 at approximately 9:10 AM Staff A, LPN said Resident 39's nurse said the wounds were not covered because he always take it [dressing] off. During an interview on 1/21/26 the DON said she was not aware Resident #39's wounds were uncovered because they were healed. Review of facility policy titled, Comprehensive Care Plan, (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	implemented 9/2022 revealed the following:Policy:It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality.Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.Professional standards of quality means that care and all services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting. Policy Explanation and Compliance Guidelines:1. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. All services provided or arranged by the facility, as outlined by the comprehensive care plan, must meet professional standards of quality, and incorporate culturally competent and trauma-informed care as indicated.2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the plan of care. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the plan of care. The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record.3. The comprehensive care plan will describe, at a minimum, the following:a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.b. Any services that would otherwise be furnished, but are not provided due to the resident's exercise of his or her right to refuse treatment.		