STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105858	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Citrus Health and Rehabilitation Center	701 Medical Court East Inverness, FL 34452

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46523 Based on record review and interview, the facility failed to ensure resident assessments accurately reflected the residents' status for 3 of 7 residents reviewed for nutrition (Resident #13, #65, and #69), and 1 of 6 residents reviewed for hospice services (Resident #349). Findings include: 1) Review of Resident #65's physician order dated 4/16/2025 read, CCHO [Consistent Carbohydrate Diet] diet, Pureed texture, Nectar Thick consistency. Review of Resident #65's significant change in status Minimum Data Set (MDS) assessment dated [DATE] showed no mechanically alerted diet under Section K- Swallowing/Nutritional Status. During an interview on 5/15/2025 at 12:40 PM, the MDS Coordinator Registered Nurse (RN) stated, [Resident #65's name] MDS has to be corrected. [Resident #65's name] was a pureed diet, which would be a mechanically altered diet. Normally, we do not do Section K on the MDS that would be the Registered Dietician, but I need to correct it. 2) Review of Resident #69's physician order dated 12/24/2024 read, Regular diet, Mechanical Soft texture, Thin consistency. Review of Resident #69's quarterly MDS assessment dated [DATE] showed no mechanically alerted diet under Section K- Swallowing/Nutritional Status. During an interview on 5/15/2025 at 12:32 PM, the MDS Coordinator RN stated, [Resident #69's name] MDS will have to be corrected due to having a diet order of mechanically soft, starting on 12/24/2024. 3) Review of Resident #13's Weight Summary showed the resident weighed 157 pounds on 2/19/2025 and weighed 165.4 pounds on 1/20/2025, which is a 5.1% weight loss. Review of Resident #13's quarterly MDS dated [DATE] showed it documented No or unknown under Loss of 5% or [NAME] in the last month or loss of 10% or more in the last 6 months section under Section K- Swallowing/Nutritional Status. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/15/2025 at 12:46 PM, the MDS Coordinator RN stated, [Resident #13's name] did have weight loss for the look back period. The MDS will have to be corrected. Review of the facility policy and procedure titled MDS Assessments with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to complete MDS assessments in accordance with the RAI [Resident Assessment Instrument] manual guidelines. Procedures: 1. The Resident Assessment Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews. 51447 4) Review of Resident #349's physician order dated 4/25/2025 read, Admit to [hospice name]. Review of Resident #349's admission MDS assessment dated [DATE] showed the resident was not under hospice care under Section O- Special Treatments, Procedures, and Programs. During an interview on 5/12/2025 at 12:25 PM, Staff J, Licensed Practical Nurse (LPN), stated, The section was incorrectly documented and should be checked yes. During an interview on 5/15/2025 at 2:20 PM, the Director of Nursing (DON) stated, My expectations are that the information included in a resident's MDS would be filled out accurately.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51447 Based on observation, interview, and record review, the facility failed to revise the residents' care plans to meet the current needs of the residents for 1 of 11 residents reviewed for enhanced barrier precautions (Resident #56) and 1 of 2 residents reviewed for dialysis services (Resident #15). Findings include: 1) Review of Resident #56's care plan on 5/12/2025 at 12:00 PM read, Focus: [Resident #56' name] is at risk for infection and enhanced barrier precautions (EBP) are indicated due to: positive COVID-19 virus. Date Initiated: 12/09/2025. During an observation on 5/12/2025 at 9:36 AM, Resident #56 was sitting in her wheelchair in her room watching television. There was no enhanced barrier precaution signage on her door. During an interview on 5/12/2025 at 12:25 PM, the Minimum Data Set (MDS) Coordinator stated that the care plan focus of EBP for COVID-19 was initiated on 12/9/2024. It should have been resolved after the resident was no longer contagious for the virus. Review of the facility policy and procedure titled Comprehensive Assessments and Care Plans with the last review date of 1/20/2025 read, Standard: It will be the standard of this facility to make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS [Centers for Medicare and Medicaid Services] . Guidelines . 10. The plan of care reviewed and revised by interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. 52506 2) Review of Resident #15's admission record showed the resident was most recently admitted on [DATE] with diagnoses including dependence on renal dialysis with onset date of 3/17/2025. Review of Resident #15's physician order dated 3/26/2025 read, Dialysis Center Information- Name: [Name, address and phone number of local end-stage renal disease (ESRD) facility] M-W-F [Monday, Wednesday, Friday] 11:30 [11:30 AM]. Review of Resident #15's physician order dated 3/26/2025 read, Remove pressure dressing after return from dialysis M-W-F 11:30. Review of Resident #15's physician order dated 3/26/2025 read, Do not use the access site left arm to take blood samples, administer IV fluids, or give injections. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #15's care plan dated 3/25/2025 read, Focus: [Resident #15's name] has potential for complications related to hemodialysis for treatment of ESRD. Shunt site is located: L [left] subclavian, Receives dialysis on: M-W-F 11:30 . Interventions . Perform dressing change to dialysis site per MD [Medical Doctor] order . Labs as ordered- Do not obtain BP [blood pressure] reading from shunted arm . do not obtain blood draws from shunt site . monitor for bruit and thrill at shunt site. Review of Resident #15's treatment administration record for May 2025 revealed no record of checks for bruit and thrill at shunt site. During an interview on 5/15/2025 at 3:24 PM, the Director of Nursing stated, The orders need to be updated. He [Resident #15] uses a CVC [Central Venous Catheter]. During an interview on 5/15/2025 at 3:36 PM, Resident #15 stated a CVC placed in his left groin area was used for dialysis.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 40559 Based on record review and interview, the facility failed to ensure residents received services according to professional standar of practice for 1 of 5 residents reviewed for unnecessary medications (Resident #151). Findings include: Review of Resident #151's physician order dated 4/28/2025 read, Voltaren Arthritis Pain External Gel 1% (Diclofenac Sodium (Topical)), Apply to affected areas. The order had no dosage or specific area for application of the medication. During an interview on 5/13/2025 at 3:11 PM, the Director of Nursing (DON) stated that Voltaren order did not have dosage or area to be applied. She stated her expectation was that orders had a dosage and location of application. Review of the facility policy and procedure titled Medication Administration with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to administer medications in a timely manner and as prescribed by the physician, unless otherwise clinically indicated or necessitated by other circumstances such as lack of availability of medication or refusals of medication by the resident. Procedure . 5. Should a dosage seem excessive considering the resident's age and medical condition, or a medication order seems to be unrelated to the resident's current diagnosis or medical condition, the person preparing/administering the medication shall contact the resident's physician or the facility's Medical Director for further instructions.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 46523 Based on observation, interview, and record review, the facility failed to ensure residents received medications as ordered by physician for 2 of 7 residents reviewed for medication administration (Residents #29, and #55), and failed to ensure enteral tube dressing was changed for 1 of 1 resident reviewed for enteral feeding (Resident #349). Findings include: 1) During an observation on 5/14/2025 at 2:35 PM, Staff F, Registered Nurse (RN), entered Resident #29's room, performed hand hygiene, and donned gloves and a gown. Staff F disconnected the IV (intravenous) tubing from Resident #29's needleless connector. Staff F used an alcohol wipe to sanitize the needleless connector and flushed the needleless connector with 5 ml (milliliters) of normal saline. Staff F removed her personal protective equipment, preformed hand hygiene, and exited the room. Staff F did not follow with 5 milliliters of Heparin solution. Review of Resident #29's physician order dated 5/7/2025 read, Normal Saline Flush Solution (Sodium Chloride Flush) use 10 cc [milliliters] intravenously two times a day for Prophylaxis, Flush central venous catheter with 5 ml NS [normal saline] before and after medication administration. Then follow with 5 ml Heparin Solution, 10 u/ml [units per milliliter]. During an interview on 5/15/2025 at 9:11 AM, Staff F, RN, stated, I did not know [Resident #29's name] had an order for Heparin flush. I am used to seeing the orders separated. During an interview on 5/15/2025 at 10:33 AM, the Director of Nursing (DON) stated, Normally we just use normal saline flushes, not heparin. If a nurse is confused by the order, they should ask me, the unit manager, or reach out to the doctor. Nurses need to follow physician orders. Review of the facility policy and procedure titled IV Infusions with the last review date of 1/20/2025 read, Policy: It is the policy of this facility to provide administration of intravenous fluids, medications and electrolytes for the purpose of hydration and management of infections or other medical conditions. Procedure .3. Assemble the equipment and supplies needed such as . Saline or heparin for flush, if appropriate . 6. Administer IV medications or fluids per physician orders. 2) Review of Resident #55's physician order dated 3/16/2025 read, Acetaminophen Tablet 325 MG [milligrams], Give 2 tablets by mouth every 4 hours as needed for Mild Pain, level 1-3 Not to exceed 3 gm [gram]/ 3000 mg in 24 hours. Review of Resident #55's Medication Administration Record (MAR) for May 2025 for administration of Acetaminophen Tablet 325 mg showed the resident received the medication on 5/3/2025 at 8:51 PM for a pain level of 5, on 5/5/2025 at 7:07 AM for a pain level of 4, and on 5/6/2025 at 7:01 AM for a pian level of 6. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #55' MAR for April 2025 for administration of Acetaminophen Tablet 325 mg showed the resident received the medication on 4/9/2025 at 10:08 AM for a pain level of 6 and at 9:33 PM for a pian level of 5, on 4/12/2025 at 7:44 PM for a pain level of 5, on 4/13/2025 at 11:45 AM for a pain level of 5, and on 4/17/2025 at 8:38 AM for a pain level of 8. During an interview on 5/14/2025 at 9:28 AM, Staff D, Licensed Practical Nurse (LPN), stated, I normally give her [Resident #55] what she ask for. I really never paid attention to the parameters for the Tylenol. During an interview on 5/15/2025 at 11:09 AM, the DON stated, I would expect nurses to talk to the resident and see what their pain level is on the pain scale and give medication accordingly. If they decline the medication, they should document and contact the provider and find out what works best for the resident. Review of the facility policy and procedure titled Pain Screening and Management with the last review date of 1/20/2025 read, Procedure . 4. Administer pain medications according to physician's orders and resident request for PRN [as needed] medications. Review of the facility policy and procedure titled Medication Administration with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to administer medications in a timely manner and as prescribed by the physician, unless otherwise clinically indicated or necessitated by other circumstances such as lack of availability of medication or refusals of medication by the resident. Procedure . 3. Medications should be administered in a timely manner and in accordance with the physician's orders. 3) During an observation on 5/14/2025 at 8:24 AM, Staff E, LPN, administered medication to Resident #349 via gastric tube (G-tube). The split gauze around the gastric tube was dated 5/11/2025 and had staff initials written with black marker. During an interview on 5/14/2025 at 8:55 AM, Staff E, LPN, stated, [Resident #349's name] gauze is dated 5/11/2025. The gauze should be changed daily. Normally the wound care nurse does the dressing change. Review of Resident #349's physician order dated 4/25/2025 read, Wound Care to G-tube site: Cleanse with wound wash, pat dry and place split gauze around tube, tape to secure in place every day shift for maintenance. During an interview on 5/14/2025 at 11:21 AM, the DON stated, [Resident #349's name] gauze should be changed daily according to the orders. During an interview on 5/15/2025 at 9:03 AM, Staff G, LPN, stated, The wound care nurse is the one who does the dressing change. We are responsible for checking it off on the TAR [Treatment Administration Record], but if the wound care nurse does not communicate with me that he has not done the dressing change, I take it as it was completed. During an interview on 5/15/2025 at 9:59 AM, the Wound Care Nurse stated, I can do the dressing change, but I thought the nurses do the gastric tube dressing changes. If the nurse sees the dressing change is not done, she could come to me and ask me or change the dressing. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/15/2025 at 10:27 AM, the DON stated, Anything wound or skin related, the Wound Care nurse is responsible for. He [the Wound Care Nurse] has his own laptop. He is the one who should be checking off the entries of wound care. Whoever did the dressing change should be checking off the care. The nurses should check their TAR and if the dressing is still showing, they should check to see if the dressing is done and if not, they should do it. Review of the facility policy and procedure titled Enteral Tube Feeding with the last review date of 1/20/2025 read, Procedure . 13. Provide cleaning and dressing changes as ordered to enteral tube feeding sites (i.e. gastrostomy or jejunostomy).

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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. 46523 Based on observation, interview, and record review, the facility failed to keep resident environment free of accident hazards. Findings include: During an observation on 5/12/2025 at 10:17 AM, Resident #89 was sitting in bed. There was one oxygen cylinder in the right corner of the room, which was not secured on a stand (Photographic evidence obtained). Review of Resident #89's physician order dated 4/23/2025 read, Administer oxygen 2-4 L/Min [liters per minute] via NC [nasal cannula]. Humidification PRN [as needed] as needed Every shift monitor skin behind ears, necks, and face every shift for irritation or breakdown and apply tube padding PRN. During an interview on 5/14/2025 at 3:35 PM, the Director of Nursing (DON) stated, Oxygen cylinders must be secured on the cart and should not be stored loose in a resident room. There is a risk the cylinder can fall. We secure the oxygen cylinder for safety. Review of the facility policy and procedure titled Standards and Guidelines: Compressed gases and Oxygen usage with the last review date of 1/20/2025 read, Guidelines: Personnel concerned with the use and transport of compressed gas shall be trained in the proper handling of cylinders, cylinder trucks and supports, and cylinder-valve protection caps. All cylinder storage areas outside and inside, shall be protected from extremes of heat and cold from access by unauthorized individuals. Procedure: General Standards: Cylinders must be secured at all times so they cannot fall. Oxygen Use . Procedure: Be sure cylinders are secure on rack and never hang anything on cylinder Store oxygen cylinders upright and secured.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 50695 Based on record review and interview, the facility failed to ensure the physician/prescriber documented the rationale for declining the pharmacist's recommendations for 2 of 5 residents reviewed for unnecessary medications (Residents #12 and #19). Findings include: Review of Resident #12's physician order dated 4/24/2025 read, Protonix Oral Tablet Delayed Release 40 MG (Pantoprazole Sodium), Give 1 tablet by mouth one time a day for GERD [Gastroesophageal Reflux Disease] . Order Status: Active. Review of Resident #12's Medication Regimen Review (MRR) showed the consultant pharmacist's recommendation dated 8/6/2024 that read, This patient is currently receiving a PPI [Proton Pump Inhibitors] for > [more than] 12 weeks, Due to the updated F757, Unnecessary Medication Tag, the use of the PPI should be periodically reviewed and the necessity for continuation documented as well as monitoring done for any adverse consequences. The current order is: Protonix 40 mg [milligram] po [by mouth] Q AM [every morning] (05/24). Reduce dose to: Protonix 20 mg po Q QM. The physician's response read, No change. The form did not include the rationale\ for declining the recommendation. Review of Resident #12's MRR showed the consultant pharmacist's recommendation dated 3/4/2025 read, This patient is currently receiving a PPI for > 12 weeks, Due to the updated F757, Unnecessary Medication Tag, the use of the PPI should be periodically reviewed and the necessity for continuation documented as well as monitoring done for any adverse consequences. The current order is: Protonix 40 mg po Q AM . This resident's PPI therapy has been re-evaluated and is appropriate for the continued use; dose reduction is contraindicated and the benefit of use outweighs the risks; Continue PPI therapy for [No length of time was written in the blank] months; Continued use of any PPI therapy requires diagnosis and supportive documentation in the progress note or below: The form did not include the rationale for declining the recommendation. The form was signed by the Advanced Registered Nurse Practitioner (ARNP) #2 and dated 4/2/25. Review of Resident #19's physician order dated 9/2/2022 read, Trazodone HCl Tablet 100 MG, Give 1 tablet by mouth at bedtime for depression and insomnia at bedtime . Order Status: Active. Review of Resident #19's physician order dated 11/18/2022 read, Sertraline HCl Tablet 50 MG, Give 1 tablet by mouth one time a day for Depression . Order Status: Active. Review of Resident #19's physician order dated 4/21/2024 read, Meclizine HCl Oral Tablet Chewable 25 MG (Meclizine HCl), Give 1 tablet by mouth every 12 hours as needed for c/o [chief complaint] dizziness . Order Status: Active. Review of Resident #19's physician order dated 4/8/2025 read, Perphenazine Oral Tablet 8 MG (Perphenazine), Give 1 tablet by mouth every 12 hours for delusions, hallucinations, mood swings, agitation related to Paranoid Schizophrenia . Order Status: Active. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #19's MRR showed the consultant pharmacist's recommendation dated 7/15/2024 read, Meclizine PRN [as needed]. Per CMS [Centers for Medicare and Medicaid Services] guidelines, recommend reassessment of after 14 day PRN use. Response: No change at this time after assessment: risk vs benefit [No information was documented on the provided line]. Review of Resident #19's MRR showed the consultant pharmacist's recommendation dated 3/4/2025 read, Medication(s): Perphenazine 8 mg po q 12 H (2/23) + Trazodone 100 mg po HS [bedtime] (9/22) + Sertraline 50 mg QD [every day] (11/22). Federal guidelines state psychotropic drugs should have an attempt at a gradual dose reduction (GDR) twice per year for the first year, then annually thereafter, when used to manage behavior, stabilize mood or treat psych disorder. Could we attempt a dose reduction at this time to verify this resident is on the lowest possible dose? If not, please indicate response below: Response . The drug, dose, duration and indications are clinically appropriate; further reductions are contraindicated due to: [no further information was documented]. The form was signed by ARNP #2 and dated 4/2/25. Review of Resident #19's MRR showed the consultant pharmacist's recommendation dated 3/4/2025 read, Meclizine PRN. Per CMS guidelines, recommend reassessment of after 14 day PRN use. Response: No change at this time after assessment: risk vs benefit [No information was documented on the provided line]. The form was signed by ARNP #2 and dated 4/2/25. Review of Resident #19's Progress Notes for July 2024, March 2025, and April 2025 revealed no physician progress notes addressing the use of Meclizine or the dizziness for which it had been prescribed. During an interview on 5/14/2025 at 8:35 AM, the Director of Nursing (DON) stated that she managed the MRRs. She stated that if the provider marked one of the provided responses, they go with it and do not request clarification or additional information. During an interview on 5/15/2025 at 2:33 PM, the ARNP #2 stated, I recently learned that if we [prescribing providers] deny or change the recommendations from the pharmacist [during the medication regimen review process], we have to give an explanation. If we agree, we don't have to do anything else. I was not initially educated about what the expectation was. Review of the facility policy and procedure titled Pharmacist Recommendations issued on 4/1/2022 and last reviewed on 1/20/2025 read, Policy: It will be the policy of this facility to provide pharmacist services to meet the needs of the residents through monthly regimen review (MRR) and properly addressing recommendations per federal and state guidelines. Procedure . 2. The pharmacists must report any irregularities to the attending physician or Licensed Independent Practitioner (LIP) and the facility's medical director and director of nursing, and these reports must be acted upon as soon as reasonably able, but prior to the following month's MRR . (iii) The attending physician/LIP must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46523 Based on observation, interview, and record review, the facility failed to ensure the drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles in 3 of 5 units. Findings include: 1) During an observation on 5/12/2025 at 10:27 AM, Resident #55 was lying in bed. On top of the resident's nightstand, there were two clear vials of Budesonide Inhalation Suspension next to the nebulizer machine (Photographic evidence obtained). During an interview on 5/12/2025 at 10:27 AM, Resident #55 stated, Sometimes I do not want to do the treatment and the nurse will leave it there. No one is going to drink it. The nurse that is here is not the one who left it there. Review of Resident #55's physician order dated 3/9/2025 read, Budesonide Inhalation Suspension 0.25 MG/2 ML [0.25 milligrams per 2 milliliters] (Budesonide Inhalation), 2 ml inhale orally two times a day for respiratory failure. Review of Resident #55's physician orders did not show an order for medication self-administration. During an interview on 5/12/2025 at 1:54 PM, Staff D, Licensed Practical Nurse (LPN), stated, The nurse before me must have left it in the room. [Resident #55's name] will refuse her treatment at times. The nurse should not have left the medication in the room. I have not seen an order for self-administration of medication for [Resident #55's name]. During an interview on 5/14/2025 at 3:27 PM, the Director of Nursing (DON) stated, Residents must have an evaluation for medication self-administration before they are able to self-administer their own medication. [Resident #55's name] does not have that evaluation at this time. Even after the evaluation, the residents will be given a lock box and medication should be stored in a secure manner. Medication should not be left unattended. 50695 2) During an observation on 5/12/2025 at 1:25 PM, there were two medication cups on Resident #19's overbed table with a pale, yellow cream in each cup. During an interview on 5/12/2025 at 1:25 PM, Resident #19 stated, It's an anti-itch cream. I put on a rash in my groin. It's prescription, but I don't know if there is a doctor's order for me to apply it. Review of Resident #19's physician order dated 4/29/2025 read, Nystatin Ointment 100000 UNIT/GM [unit per gram]: Apply to groin topically two times a day for yeast infection for 14 Days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105858	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Citrus Health and Rehabilitation Center	701 Medical Court East Inverness, FL 34452

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 5/13/2025 at 1:31 PM, Resident #19 was sitting on the edge of her bed, speaking on her cellular phone. There was a medication cup sitting on her overbed table with 5 pills in it. During an interview on 5/13/2025 at 1:31 PM, Resident #19 stated that the nurse usually waited for her to take her pills, but that he left the medications because she was talking on the phone. Review of Resident #19's physician order dated 3/24/2025 read, Carbidopa-Levodopa Oral Tablet 25-100 MG (Carbidopa-Levodopa), Give 2 tablets by mouth two times a day for Parkinson's for a total of 7 tablets daily. Review of Resident #19's physician order dated 10/4/2022 read, Gabapentin Capsule 300 MG, Give 3 capsule by mouth three times a day for neuropathy. During an interview on 5/13/2025 at approximately 1:45 PM, Staff A, Registered Nurse (RN), stated he believed Resident #19 was on an anti-fungal cream and that he believed it was administered around 6:00 AM. He further stated that he did leave medications in a cup in Resident #19's room because she was talking on the phone and did not want to take the medications at that time. He stated that he told her what the medications were, which were 3 Gabapentin pills and 2 Carbidopa-Levodopa pills. During an interview on 5/13/2025 at approximately 2:30 PM, the DON stated that for residents to self-administer medications, there would have to be an evaluation to ensure they could safely administer their own medications, and that if the medications were to be left in the resident's room, there would need to be a lock box in which to secure the medications. She further stated that the evaluation and lock box requirements would apply to all medications including topical medications, such as Nystatin topical cream. Review of Resident #19's records revealed no evaluation for self-administration of medications. 40559 3) During an observation while conducting the tour of the nourishment area on the 400 hall in Memory Care Unit on 5/13/2025 at 2:11 PM, there was one pain relieving gel container on a shelf in an unlocked kitchen area cabinet accessible to residents of the memory care unit. During an interview on 5/13/2025 at 2:13 PM, the Certified Dietary Manager stated that the medications should be in a locked cabinet and not accessible to residents in the nourishment area. During an interview on 5/13/2025 at 2:25 PM, the DON stated that all medications should be stored in a locked area not accessible to residents and not in the cabinet in the memory care unit. Review of the facility policy and procedure titled Medication/Biological Storage with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to store medications, drugs and biologicals in a safe, secure and orderly manner. Procedure: 1. Medications, drugs and biological shall be stored in the packaging, containers or other dispensing systems in which they are received, unless otherwise necessary.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 46523 Based on observation, interview, and record review, the facility failed to maintain complete and accurate medical records for 1 of 1 resident reviewed for enteral feeding (Resident #349) and 1 of 6 residents reviewed of 5 residents reviewed for immunizations (Resident #29). Findings include: 1) During an observation on 5/14/2025 at 8:24 AM, Staff E, Licensed Practical Nurse (LPN), administered medication to Resident #349 via gastric tube (G-tube). The split gauze around the gastric tube was dated 5/11/2025 and had staff initials written with black marker. During an interview on 5/14/2025 at 8:55 AM, Staff E, LPN, stated, [Resident #349's name] gauze is dated 5/11/2025. The gauze should be changed daily. Normally the wound care nurse does the dressing change. Review of Resident #349's physician order dated 4/25/2025 read, Wound Care to G-tube site: Cleanse with wound wash, pat dry and place split gauze around tube, tape to secure in place every day shift for maintenance. Review of Resident #349's Treatment Administration Record (TAR) for May 2025 showed split gauze was changed on 5/12/2025 and 5/14/2025 during the day shift. During an interview on 5/15/2025 at 9:03 AM, Staff G, LPN, stated, The wound care nurse is the one who does the dressing change. We are responsible for checking it off on the TAR, but if the wound care nurse does not communicate with me that he has not done the dressing change, I take it as it was completed. During an interview on 5/15/2025 at 9:59 AM, the Wound Care Nurse stated, I can do the dressing change, but I thought the nurses do the gastric tube dressing changes. If the nurse sees the dressing change is not done, she could come to me and ask me or change the dressing. During an interview on 5/15/2025 at 10:27 AM, the Director of Nursing (DON) stated, Anything wound or skin related, the Wound Care nurse is responsible for. He [the Wound Care Nurse] has his own laptop. He is the one who should be checking off the entries of wound care. Whoever did the dressing change should be checking off the care. Review of the facility policy and procedure titled Wound Care with the last review date of 1/20/2025 read, Procedure . 10. Document in the clinical record when treatment are performed. (continued on next page)

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	105858	A. Building B. Wing	05/15/2025

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Charting and Documentation with the last review date of 1/20/2025 read, Policy: It is the policy of this facility that services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's clinical record as is needed. Procedure: 1. Observations, medications administered, services performed, etc., should be documented in the resident's clinical record. 3. Entries into the clinical record should be made by the appropriate staff members. 50695 2) Review of Resident #29's immunization record showed the resident received Influenza vaccine on 8/7/2024 and refused Pneumococcal vaccine on 10/22/2023. Review of Resident #29's Medication Administration Record (MAR) for August 2024 revealed documentation of the completion of the order for Afluria Quadrivalent Suspension Prefilled Syringe 0.5 ml [milliliter] (Influenza Vac Split Quad), Inject 0.5 milliliter intramuscularly one time only for immunization for 1 day document consent and administration in immunizations tab of the chart. Start Date: 08/07/2024 1429 [2:29 PM.] Review of Resident #29's Informed Consent for Influenza Vaccine showed the resident did not give the facility permission to administer an Influenza vaccination. The form was signed by Resident #29, and witnessed by the Director of Nursing (DON), and dated 8/7/2024. Review of Resident #29's medical records showed no Informed Consent for Pneumococcal Vaccine indicating that the resident declined the vaccination. During an interview on 5/15/2025 at approximately 9:30 AM, the DON stated that the process was to begin educating residents about the Flu shot in the summer and obtaining consent from the residents who were interested in receiving the vaccine. She stated that they ordered vaccines based on the number of signed consents they received, and that they typically began administering the influenza vaccines a few days after obtaining consent, when the ordered vaccines arrived from the pharmacy. During an interview on 5/15/2025 at approximately 10:20 AM, the DON stated that the expectation was that if a resident changed their mind regarding a vaccine, where they had initially signed a declination but decided they did want the vaccine, that the nurse would have the resident sign a new form indicating they gave consent for the vaccine. During an interview on 5/15/2025 at approximately 12:10 PM, the DON stated that they were not able to locate a declination form for the pneumonia vaccine for Resident #29, even though it was documented as having been refused, and that the expectation was that the resident would sign a declination form and that it would be uploaded into his medical record. Review of the facility policy and procedure titled Influenza (FLU) Vaccination: Residents issued on 4/1/2022 and last reviewed on 1/20/2025 read, Policy: The Advisory committee on immunization practices (ACIP) recommends vaccinating persons who are at high risk for serious complications from influenza, including residents of nursing homes. Procedure . 4. Informed consent in the form of a written signature by the resident/resident representative, will serve as verification of receipt of the VIS [Vaccination Information Sheet]/education regarding benefits and potential side effects of the immunization. (continued on next page)

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	105858	A. Building B. Wing	05/15/2025

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Resident Pneumonia Vaccination issued on 4/1/2022 and last reviewed on 1/20/2025 read, Policy: It is the policy of this facility that residents will be offered the Pneumococcal vaccine to aid in preventing pneumococcal infections (e.g., pneumonia). Procedure . 4. Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in the resident's clinical record.

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	105858	A. Building B. Wing	05/15/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46523 Based on observation, interview, and record review, the facility failed to ensure staff followed infection control standards for 1 of 1 resident reviewed for enteral feeding (Resident #349), and for 1 of 5 residents reviewed for wound care and intravenous therapy (Resident #29) to prevent the possible spread of infection and communicable diseases. Findings include: 1) During an observation on 5/14/2025 at 8:24 AM, Staff E, Licensed Practical Nurse (LPN), administered medication to Resident #349 via gastric tube, using a flush syringe. Staff E finished the enteral medication administration and placed the flush syringe back in a clear bag without rinsing the syringe. There was white residual in the syringe. Staff E exited the room and returned to the medication cart (Photographic evidence obtained). During an interview on 5/14/2025 at 8:55 AM, Staff E, LPN, stated, For [Resident #349's name], I did not flush the syringe. Normally I would get a new one (flush syringe). It is easier. During an interview on 5/14/2025 at 11:21 AM, the Director of Nursing (DON) stated, The staff should rinse the flush syringe once they are finished using them. The syringes are changed every 24 hours. Review of the facility policy and procedure titled Medication Administration via Enteral Feeding Tube with the last review date of 1/20/2025 read, Procedure . 10. Clean the syringe with warm water and place in cover or plastic bag. 2) During an observation on 5/14/2025 at 1:10 PM, Staff F, Registered Nurse (RN), entered Resident #29's room without performing hand hygiene. Staff F donned gloves, but did not put on a gown. There was an enhanced barrier precautions signage posted outside of Resident #29's room door. Staff F accommodated the IV (intravenous) pole. Without changing gloves or performing hand hygiene, Staff F connected IV tubing to the medication. Staff F sanitized the needleless connector and connected the IV tubing to the connector and started the IV pump. Staff F removed her gloves and exited the room. During an interview on 3/14/2025 at 1:35 PM, Staff F, RN, stated, I should have done hand hygiene and put on a gown since I was dealing with an IV. Review of Resident #29's physician order dated 3/29/2024 read, Enhanced Barrier Precautions-Wound every shift for precautions. Review of Resident #29's physician order dated 5/6/2025 read, Type of IV infusion: Ceftriaxone Sodium Solution Reconstitute 2 GM [gram] IV until 6/3/25. During an interview on 5/15/2025 at 2:50 PM, the DON stated, Nurses should perform hand hygiene and don a gown and gloves. Nurses should get all supplies ready and wash hands again and then put gloves on to connect tubing, prime the IV tubing, scrub the hub and connect the IV tubing to the hub. Remove all PPE [Personal Protective Equipment] and perform hand hygiene before exiting the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Enhanced Barrier Precautions with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug-resistant organisms. Definitions: Enhanced barrier precautions refer to the use of own and gloves for certain residents during specific high-contact resident care activities that have been found to increase risk for transmission of multidrug resistant organisms Procedure . 4. For residents for whom EBP are indicated, EBP is employed when performing the following High-contact resident care activities- a. Dressing, b. Bathing, c. Transferring, d. Providing hygiene, e. Changing linens, f. Changing briefs or assisting with toileting, g. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. H. Wound care: any skin opening requiring a dressing. Review of the facility policy and procedure titled Hand Hygiene with the last review date of 1/20/2025 read, Policy: This facility considers hand hygiene the primary means to prevent the spread of infections. Procedure . 5. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations . c. Before preparing and handling medications . e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites) . g. Before handling clean or soiled dressings, gauze pads, etc. k. After handling used dressings, contaminated equipment, etc.; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the residents; m. After removing gloves. 50695 3) During an observation on 5/14/2025 at 9:19 AM, Staff C, RN, gathered wound care supplies for Resident #29. Staff C removed bandage scissors from his pants pocket and cut the wound dressing and calcium alginate. Staff C removed the dressings from Resident #29's left lower leg and foot and right lower leg, using the bandage scissors to cut away the external gauze portion of the dressings. Without removing his gloves or performing hand hygiene, Staff C then used the prescribed cleanser on three wounds on Resident #29's left lower leg and patted them dry with gauze. Staff C removed the remaining dressing from Resident #29's right lower leg, and without removing his gloves or performing hand hygiene, applied the prescribed cleanser and patted it dry with gauze. During an interview on 5/14/2025 at approximately 9:35 AM, Staff C, RN, stated that he did not believe it was necessary to remove his gloves and perform hand hygiene between removing Resident #29's dressing and applying the prescribed cleanser, because the wound was considered dirty until after he applied the cleanser. During an interview on 5/14/2025 at 11:25 AM, the DON stated that the expectation for wound care was for the nurse, after taking off an old soiled dressing, to remove their gloves, perform hand hygiene, and don clean gloves before applying a cleansing agent, and again after applying the cleansing agent before applying the clean dressing. During an interview on 5/15/2025 at 3:45 PM, the DON stated that nurses should not store scissors in their pockets and they should keep them in the treatment cart. The DON also stated that scissors should be cleaned, at least with an alcohol wipe, before and after use, during wound care. (continued on next page)

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	105858	A. Building B. Wing	05/15/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Wound Care with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to provide assessment and identification of residents at risk of developing pressure injuries, other wounds and the treatment of skin impairment. Procedure . 7. Wound care treatment should maintain proper technique, as is indicated by the type of wound and physician orders. Review of the facility's Wound Care Nurse Competency Test for Infection Control read, Procedure . Cleansed hands as appropriate during procedure. Changed gloves as appropriate . Scissors are cleaned before and after use and are not stored in employee's pockets.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 50695 Based on interview, observation, and record review, the facility failed to ensure call light cords and buttons were placed within resident's reach while they were in bed for 1 of 8 residents reviewed (Resident #40). Findings include: During an interview on 5/12/2025 at approximately 10:30 AM, Resident #40 stated that she did not have a call light, and that she had been instructed just to call out (verbally) if she needed assistance. During an observation on 5/12/2025 at 2:48 PM, Resident #40's call light was on the resident's bedside table (Photographic evidence obtained). During an observation on 5/13/2025 at 9:00 AM, Resident #40's call light was inside the drawer of the resident's bedside table (Photographic evidence obtained). During an observation on 5/13/2025 at 1:35 PM, Resident #40's call light was clipped to the handle/drawer pull of the resident's bedside table (Photographic evidence obtained). During an interview on 5/13/2025 at 1:35 PM, Resident #40 stated, I did not put my call light on the bedside table. I am not supposed to get out of bed on my own. During an interview on 5/13/2025 at 1:40 PM, Staff A, Registered Nurse (RN), stated, [Resident #40's name] does use her call light and is usually able to state what her needs are. [Resident #40's name] call light should not be clipped to her bedside table because she will not be able to reach it, and she does not get out of bed without assistance. During an interview on 5/13/2025 at 1:55 PM, Staff B, Certified Nursing Assistant (CNA), stated that she clipped Resident #40's call light to the drawer pull on her bedside table when she was providing peri-care. During an interview on 5/13/2025 at 3:40 PM, the Director of Nursing (DON) stated, Call lights need to be placed within residents' reach. She [Resident #40] is a Hoyer lift; she would not be able to put her call light on or in her bedside table and she would not be able to reach it there. Review of Resident #40's care plan showed a focus initiated on 3/8/2025 indicating that Resident #40 was at risk for falls and/or fall related injury with the intervention to keep call light within reach. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Call Lights with the last review date of 1/20/2025 read, Policy: It will be the policy of this facility to respond to the resident's requests and needs via notification with the call light system. Procedure . 4. When the resident is in bed or confined to a chair, the call light should be within easy reach of the resident. 5. Some residents may not be able to use their call light or may have visitors that may have move belongings, including the call light. Staff should check these residents regularly.