STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105860	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Century Center for Rehabilitation and Healing	6020 Industrial Blvd Century, FL 32535

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50082 Based on staff interviews and review of the Electronic Medical Record (EMR), the facility failed to properly document the residents code status preference (preference on whether life saving measures should be implemented should the person's heart or breathing stop) and advance directives for 2 of 5 residents reviewed. (Resident #48 and #327) The findings include: On 11/05/24 at approximately 10:28 AM, an initial review of the EMR and paper chart for Resident 48 and 327 was performed. A record review including the EMR and paper chart revealed that Resident #48 was admitted on [DATE], but the code status and advaned directives were not documented in the EMR or paper chart at the time of the record review. A review of the Order Summary Sheet signed by the physician on 11/1/2024 does not include code status orders for Resident #48. A record review including the EMR and paper chart revealed that Resident #237 was admitted on [DATE], but the code status and advaned directives were not documented in the EMR or paper chart at the time of the record review. A review of the Order Summary Sheet signed by the physician on 11/1/2024 does not include a code status orders for Resident #237. On 11/05/24 at approximately 3:12 PM, an interview with Staff A, a Registered Nurse (RN) supervisor, revealed that sometimes the floor nurses transcribe admission orders if they do not have a supervisor available. On 11/05/24 at approximately 03:30 PM an interview with the Social Services Director revealed she is responsible for having the discussion about advance directives and code status with all new admissions. She communicates the resident's code status preference with the nursing staff, who is responsible for putting the order in the EMR. On 11/06/24 at approximately 08:41 AM, afollow up with Staff A was performed. She was asked where the code status of the residents is found. She stated it would be in the physician's orders and on the Medication Administration Record (MAR) of the resident. Staff A was asked to show the code status order for Resident #48 and #237. Staff A reviewed the orders in the EMR and paper chart for Resident #48 and #237 and acknowledged the code status and advanced directives were missing. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105860	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Century Center for Rehabilitation and Healing	6020 Industrial Blvd Century, FL 32535

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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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/06/24 at approximately 09:40 AM, during an interview with Director of Nursing (DON), she explained that the expectation is that code status would be entered by the admitting nurse who is entering orders. This may be a supervisor or the nurse on the cart depending on the time/day of the admission. She stated that every new admission has a partners in care meeting in the first 72 hours following admission, where the code status is reviewed.

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	105860	A. Building B. Wing	11/07/2024

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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	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** 44730 Based on observations, interviews, and record reviews the facility failed to ensure resident's remain as free of accident hazards as is possible by not completing smoking evaluations for 1 of 1 resident selected for smoking. (Resident #12). The findings include: A review of Resident #12's electronic medical record (EMR) revealed that Resident #12 was admitted on [DATE] and readmitted on [DATE] to the facility. Further review of the EMR revealed that there was no smoking evaluation completed for Resident #12 upon either admission. On 11/06/24 at approximately 12:49 PM, an observation was conducted of Resident #12 outside smoking and talking with other residents and staff. On 11/06/24 at approximately 2:45 PM, an interview was conducted with the Director of Nursing (DON) concerning smoking evaluations. The DON confirmed that there was not an evaluation of smoking safety completed for Resident #12 for either admission in the resident's EMR. The DON stated that the Activities Director has been responsible for the smoking program and evaluations upon admission and every quarter. The DON further indicated that, upon review of the smokers evaluation, that the evaluation should be completed by a licensed nurse and will have that implemented going forward. Review of the facility policy titled Skilled Nursing, Social Services/Activities-Smoking revealed: Policy The facility is committed to providing a safe environment for all residents and will allow residents wishing to smoke to do so in designated outdoor areas only according to federal, state and local regulations. Residents wishing to stop smoking will be offered assistance with smoking cessation. Procedure: A. Resident Assessment and Care Plan Residents who wish to smoke will be assessed using the Smoking Assessment form for safe smoking ability during the admission process, quarterly and with a change in condition. The resident's physician will be notified of the results of the smoking assessment and a smoking plan will then be developed based on the assessment. The plan will be reviewed/revised with each assessment. Tobacco products, E or Vapor cigarettes will be considered the same as other smoking materials.