STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105882	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winkler Court	3250 Winkler Avenue Extension Fort Myers, FL 33916

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of facility policy, the facility failed to ensure that one resident (Resident #1) of 3 residents reviewed was free from neglect when staff did not recognize, act upon, and report a critical change in condition in a timely manner. This failure resulted in a significant delay in emergency medical intervention for a resident experiencing severe hyperglycemia, metabolic acidosis, and suspected diabetic ketoacidosis (DKA). The findings included:The facility Lab/Radiology Process Guidelines states STAT (immediate) and critical labs must be called into the physician as soon as they have resulted, with the nurse documenting the communication and follow-up in the electronic medical record.Record review for Resident #1 showed she was admitted on [DATE] with a diagnosis of Type 1 Diabetes. Review of Resident #1's admission notes on 4/9/26 said The patient was admitted to the hospital on [DATE] with symptoms consistent with diabetic ketoacidosis (DKA) (a life-threatening complication of diabetes that occurs when the body produces high levels of blood acids called ketones) . The DKA was appropriately managed with aggressive Intravenous fluid resuscitation, insulin therapy, and electrolyte replacement, with subsequent resolution.The American Diabetes Association list symptoms of DKA as nausea and vomiting; abdominal pain; rapid or heavy breathing; confusion or difficulty concentrating; extreme fatigue; fruity odor smell; blood glucose higher than 200 mg/dl; thirst or very dry mouth; flushed skin. Symptoms can worsen quickly, so early recognition is critical.The Medication Administration record for Resident #1 shows on 4/23/2026 at 8:39 a.m. a blood glucose fingerstick result of 439 (Normal blood glucose 74-104) with 12 units of Insulin given Subcutaneously per Sliding scale Insulin instructions.The next blood glucose check was 2 hours and 20 minutes later at 10:59 a.m. with a result of 413 and another 12 units of Insulin were administered.Then at 12:43 p.m. the blood glucose check read 535. There was no further documentation for Insulin administration, resident assessment, or notification to provider of elevated blood glucose per Physician orders. The Insulin sliding scale orders are to Notify provider for blood glucose levels over 450.Review of Resident #1's change in condition form completed on 4/23/26 at 2:40 p.m. noted Resident #1 of having a lab result of a glucose level of 592 and CO2 level of less than 5 (both critical results). The results of the labs were electronically faxed to the facility on 4/23/26 at 11:58 a.m. The date and time of clinician notification was 4/23/26 at 2:00 p.m.Review of the provider note completed on 4/23/26 at 2:46 p.m. noted Patient is critically ill with suspected DKA and severe metabolic acidosis (a severe condition in which acids build up in your body). Transferred emergently to ER (Emergency Room) via EMS (Emergency Medical Services) for higher level of care.Review of EMS documentation noted the call was received on 4/23/26 at 2:50 p.m. and an on-scene time of 3:10 p.m. The EMS documentation noted arrived to find a 77 yof (year old female) in bed reaching into the air for something that is not there, apparently hallucinating. Patient appears very somnolent (feeling sleepy, drowsy, or inclined to sleep). Facility staff report patient has been increasingly confused with hyperglycemia in excess of 500 since approximately 9 am this morning despite receiving insulin. Staff reports lab work were obtained, and patient was found to have a low critical Co2 <5, results were recorded at 11:38 a.m., fax noted to have been received at 11:39 a.m. No (continued on next page)

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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	clear reasoning for delay in activating 911 for the reported confusion and persistent hyperglycemia was provided by the staff. Staff were unable to provide much further detail other than the physician is requesting patient be sent to the ED. Patient reports feeling tired, denies any other complaints. Patient unable to answer basic questions aside from her name, unable to obtain what her baseline mental status is, staff does state she is more confused and disoriented then typical.During a telephone interview on 5/11/26 at 9:56 a.m. the Paramedic who assisted Resident #1 said it seemed like it was a significant delay in activating 911. The blood work showed her levels were way off. When we arrived, she was unable to follow command. She was alert to verbal. She was reaching in the air, hallucinating and grabbing things. They said she had been like that since 9:00 a.m. We were concerned since this started around 9:00 a.m. and emergency services were not activated until later that afternoon. They said the reason they called was for the critical CO2. They did not give any reason for delay. This was just very concerning due to the delay in activating 911.Review of emergency room documentation of 4/23/26 noted the resident being admitted to the intensive care unit for workup and management of her DKA.Review of Resident #1's labs completed on 4/23/26 showed a blood glucose of 592 (normal range 74-104) and a CO2 <5 (normal range 22-30).During a telephone interview on 5/11/26 at 9:44 a.m. the Advanced Registered Nurse Practitioner (APRN) for Resident #1 said he reviewed her labs that day. I saw the results and the numbers were super weird. I saw that it was DKA. The facility did not record the labs in the system. With this facility especially they do the labs on paper. When I arrived at the facility on 4/23/26 at around 2:00 p.m. she was hyperglycemic, altered mental status, she was confused and they handed me the labs. Her CO2 showed it was acidosis. I saw the labs and saw the critical CO2, gap and sugar were 592. We can't handle that at the facility, so we sent her out. As soon as I saw labs, I said to call 911. This was around 2:00 p.m. If it is a STAT lab they should call me if I was on call. No one called me. I entered the facility, they handed me the labs, and I immediately sent her out. They should have called those labs into me or the person who is on call. As soon as they got the results, they should have called me. It was a critical CO2 and DKA so I should have been called immediately.During an interview on 5/11/26 at 3:50 p.m. the RN (Registered Nurse) Unit Manager said if it is a critical lab, the lab company will call us at the facility and notify our DON (Director of Nursing). They call the DON and send it to her cell phone and email. They also call the facility and let us know. When we get the critical labs, we notify the provider and do a progress note. If the provider is in the facility, they come look at the resident and do a progress note as well. That morning the speech therapist said Resident #1 was not her normal self. At that time, we got orders for a STAT lab and a chest x-ray. We had the results from the labs of a critical lab CO2. She had a history of a critical low CO2, and her glucose was critical as well. Her CO2 was alarming. At that time, I pulled up the labs in the lab companies' portal. STAT labs are typically 4 hour turn arounds. If a STAT lab was drawn at 9:00 a.m. it would be around 1:00 p.m. before we get the results. When asked the timeline on how often she should be checking the portal for STAT lab results, she was unable to give a definitive timeline.During an interview on 5/12/26 at 11:50 a.m. the Speech Therapist said when I walked in that morning (4/23/26 at approximately 8:30 a.m.), Resident #1 was in the bathroom holding on the handrails by herself. I saw something was all over her and she was wet. She looked weak and clammy. So, I grabbed her and she said she did not feel good. I called for help. When I went around the corner I saw a large amount of emesis on the floor. We got her sitting down; we got her cleaned up and changed. She did not make too much sense and was not able to answer questions like she normally was. I notified the CAN Certified Nursing Assistant), the Director of Rehab and the nurse. I stormed into the conference stand-up meeting because I was very concerned about her that morning. The DON and all of the heads were there. I notified them of what I found at that time.Review of Resident #1 Speech Therapy Patient Note documented on 4/23/2026 and signed at 3:57 p.m. read Patient #1was observed with emesis on self and surrounding the floor. Per staff report, patient consumed excessive amounts of water overnight without supervision, resulting in repeated episodes of vomiting and subsequent fatigue. Education was provided to both patient and (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	staff regarding implementation of appropriate precautions and monitoring of intake. A stat chest x-ray and laboratory workup were ordered for further evaluation. Patient was found awake and standing in the bathroom, holding onto a handrail, covered in emesis with feeding tube materials observed on the floor. Clinician assisted the patient into a seated position and alerted nursing staff for immediate assistance. Patient presented with slurred speech, reduced levels of alertness, and difficulty responding to WH-questions. With maximal support, patient followed 1-step directions to complete hygiene task and returned to bed. Patient demonstrating preservation on the window, repeatedly pointing toward the bathroom despite no window being present. Finding were communicated to the nurse for further assessment. A Progress note in Resident #1 medical record dated 4/23/2026 at 4:18 p.m. stated Resident #1 experiencing altered mental status at start of shift, provider notified and STAT labs and chest x-ray ordered.Review of Resident #1's medical records showed an order on 4/23/26 at 8:50 a.m. for STAT CBC/BMP (urgent, high priority blood test frequently ordered in emergency rooms or critical care setting to provide a rapid, comprehensive overview of your organ function, electrolyte balance, and overall cellular health).Review of Resident #1's medical record and progress notes showed no documented provider notification of the elevated blood glucose, critical lab results, resident confusion, resident assessment, resident vomiting and drinking excessive amounts of water.During an interview on 5/12/26 at 11:22 a.m. the DON said she received no email or phone call about Resident #1's labs.Review of the lab documentation provided by the contracted facility lab company showed the labs were electronically faxed on 4/23/26 at 11:58 a.m.During an interview on 5/12/26 at 12:40 p.m. the DON said when I got the call on 4/23/26 at 1:07 p.m., the provider was in the building, I went down there, saw them and so I assumed that her and the ARNP were working on it. The DON confirmed the change in condition and stated the provider was notified on 4/23/26 at 2:00 p.m.During an interview on 5/13/26 at 10:23 a.m. the APRN said we should have got the results immediately. The STAT lab results should have been called in at 11:58 a.m. This case had to be treated in a hospital. DKA must be treated in a hospital setting, there is no way they can be treated here. For DKA, they need IV insulin and IV fluids. She was early DKA, I sent the patient out and saved her life. I do not recall the DON calling me with the critical lab results. I never tried to direct admit the resident, the labs were handed to me, and I sent her out immediately.