STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105891	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ybor City Center for Rehabilitation and Healing	1709 Taliaferro Ave Tampa, FL 33602

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to address a change in condition in a timely manner for one Resident (#1) out of three residents sampled. Findings included: On 03/03/2026 at 12:53 PM an interview was conducted with Resident #1's Resident Representative (RR). The RR stated after the initial X-ray the facility called him letting him know the Xray came back clear, so he was thinking everything was fine. The RR stated after a week or so he went to visit the resident and noticed swelling on her arm and her hand looked to be hanging in a weird position, like hanging down, so he reached to feel the arm to see if it was warm because he was concerned about a possible blood clot. The RR stated when he barely touched the arm right above the wrist Resident #1 screamed out in pain. He stated he notified the nurse and they said they would address it. The RR stated he called the facility 4 or 5 times, asking for the Director of Nurses (DON) to see what the plan was for Resident #1. He stated he was told they'd give her the message and have her call him back. The RR stated he was never contacted by the DON after those attempts were made. The RR stated he finally went into the facility and found the DON himself to show her Resident #1's arm. The DON went into the room with him and the physician, and she again screamed out in pain when her arm was touched. He said at that point he insisted Resident #1 be transferred to the hospital. He said the DON kept trying to keep her at the facility stating they could try other things, but he told the DON the resident needed to go to the hospital. The RR stated the hospital called him that evening letting him know that Resident #1's shoulder was dislocated and looked like it was that way for a long time. The RR stated the physician told him he estimated at least a month. After that the RR decided not to return the resident to the facility. Review of Resident # 1 admission record revealed she was admitted to the facility on [DATE] with diagnoses to include unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, muscle weakness (generalized), chronic kidney disease. Review of a Minimum Data Set (MDS). dated 11/25/25, Section C- Cognitive Patterns revealed a Brief Interview of Mental Status (BIMS) score of 06 which indicated Resident #1 was severely cognitively impaired. Review of a progress note, dated 1/7/26, revealed Staff A, License Practical Nurse (LPN) spoke to Resident #1's RR to inform him about the resident complaints of left hand and wrist pain. Doctor ordered X-ray. Staff A noted Resident #1 RR thanked her for calling to inform him. Review of a change in condition report, dated 1/7/2026, revealed the following: nursing observations, evaluation, and recommendations are: Resident yelling out her hand hurts. Advance Registered Nurse Practitioner (ARNP) notified new orders received for x-ray and as needed (PRN) Tylenol. Review of a X-Ray report, dated 1/7/2026, revealed: Findings--The osseous structures are unremarkable. There is no fracture or periosteal reaction. There is no focal bone lesion. Alignment is anatomic. There is no soft tissue swelling or foreign body identified. Mild degenerative changes and osteopenia noted. Review of a therapy screen, dated 1/9/2026, created by Staff B, Physical Therapy Assistant, [PTA] read: Staff B noted Resident #1 reported left wrist pain during screening process. Staff B reported Resident #1 concern to the unit nurse. On 3/3/2026 at 10:19 AM, an interview was conducted with Staff B, PTA. Staff B stated she has worked at the facility since 2011. Staff B stated therapy was not conducting a screening on Resident # 1 because of a referral from nursing for her (continued on next page)

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

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