

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: 105930	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Villa Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Chipola Ave Deland, FL 32720	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure that a resident who was unable to carry out activities of daily living (ADL), specifically nail care, received necessary services to maintain good grooming and personal hygiene for one (Resident #59) of a total survey sample of 32 residents. The findings include: On 09/15/25 at 2:00 PM, an observation was made of Resident #59's fingernails, which had grown approximately 1/2 to 3/4 inch beyond the tip of the nailbed on both her right and left hands. The resident reported that she did not like her fingernails as long as they were, and that she was afraid she might scratch herself with such long nails. She could not recall whether or not staff had offered to trim her fingernails. (Photographic evidence obtained) On 09/16/25 at 11:41 PM, a second observation was made of Resident #59's fingernails, which had grown approximately 1/2 to 3/4 inch beyond the tip of the nailbed on both her right and left hands. They appeared the same as they had during the 09/15/25 observation at 2:00 PM. (Photographic evidence obtained) A review of Resident #59's medical record revealed that she was admitted to the facility on [DATE] with diagnoses including, but not limited to, Parkinsonism, muscle weakness (generalized), cognitive communication deficit, tremor, protein-calorie malnutrition and major depressive disorder. Minimum data set (MDS) assessment data for Resident #59 revealed a brief interview for mental status (BIMS) score of 13 out of 15 possible points, indicating intact cognition. No delusions or hallucinations and no physical or verbal behavior towards others was documented. It was noted that it was somewhat important to the resident that she be interviewed for preferences related to her daily activities. She was noted as requiring limited assistance with personal hygiene. A review of the care plan revealed a focus area for ADL (activities of daily living)/Self-Care Performance Deficit related to a history of fracture, Parkinson's disease, depression and impaired functional mobility. The goal of the care plan was that the resident would maintain her current level of function through the next review date. Interventions included that for personal hygiene she required limited assistance. On 09/17/25 at 2:18 PM, an interview was conducted with Certified Nursing Assistant (CNA) A, who stated she had been employed by the facility for one month. She further stated she was assigned to Resident #59 and was familiar with her care needs. She explained that she had not provided nail care while working at the facility and that Employee C with Medical Records and Central Supply provided nail care. If she saw a resident with long nails, she would document it on a piece of paper and give it to the Activities Director, who also trimmed residents' nails. CNA A was informed that CNAs were (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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	permitted to provide nail care, but she was not certain that CNAs could provide both nail clipping and nail filing. If she were to trim fingernails and noticed a resident with long fingernails, she would first ask the resident if it was alright to trim the resident's nails, wash the resident's hands, go to Central Supply to retrieve a file or clippers, provide nail care, and wash the resident hands again. She would ensure that the resident's nails were not too long and that they would not risk scratching themselves or another resident. She would prefer to do nail care on shower days when fingernails were soft. She stated she believed that fingernails grown $\frac{1}{2}$ to $\frac{3}{4}$ inch beyond the nail bed were too long and posed a scratching hazard. On 09/17/25 at 2:33 PM, CNA A observed Resident #59's fingernails and stated they were too long. On 09/17/25 at 2:35 PM, an interview was conducted with Registered Nurse (RN) B, who reported that she had been employed by the facility since December 2024 and was familiar with Resident #59's needs. When she administered medication, she spoke with the resident and made observations of the resident's appearance, looking at her skin to make sure it was not edematous, for nail length, etc. She stated she listened to the resident to see if she had any concerns. For male residents, long nails were considered long at any length beyond the nailbed. For female residents, long nails was considered any growth beyond $\frac{1}{4}$ inch of the nailbed. RN B stated she always checked with the resident to see if the resident preferred to keep their fingernails long. She also explained that she always made sure to clean the resident's nails, no matter what the desired length was. On 09/17/25 at 2:40 PM, RN B observed Resident #59's fingernails and stated they were too long. On 09/17/25 at 2:45 PM, an interview was conducted with Employee C, Medical Records and Central Supply, who reported that she had been employed by the facility for more than 10 years. She said she was assigned to Resident #59's hall as part of her Guardian Angel rounds. Guardian Angel rounds included walking around the area, talking to residents and asking if they needed anything. She explained that the Activities Director was assigned to fingernail care duty, but she helped out last Friday with nailcare when the Activities Director was out. Her process for providing nail care only included those residents who were not diabetic. She either clipped and/or trimmed the fingernails and added fingernail polish if the resident requested it. On 09/17/25 at 2:54 PM, an interview was conducted with Activities Director D, who reported that she had been employed by the facility for one year and was assigned to provide resident fingernail care. She provided resident fingernail care either before or after lunch, three times per week on Mondays, Wednesdays and Fridays. Sometimes nurses would ask her to trim a resident's nails, and she maintained a paper list of residents needing nail care. The process to provide nail care required approximately 20 minutes. She always started the process by asking the resident if they wanted a nail trim. If the resident declined, she would inform the CNA and/or the nurse. She would shorten the nails with either a nail clipper or she would file them with a nail file. Nail care was listed on the Activity Schedule and was titled Pretty Nails. On 09/17/25 at 3:04 PM, an interview was conducted with the Director of Nursing, who reported that she had been employed by the facility for four years. She explained that when she attempted to speak to Resident #59, the resident's sister, who was Resident #59's roommate, usually spoke for her sister and attempted to intervene. She also declined care for Resident #59. A review of the facility's policy and procedure titled Standards and Guidelines: Nail Care (implemented 01/15/21, reviewed/revised 01/15/21), revealed: (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Standard: It will be the standard of this facility to provide nail care to residents per resident preferences and to maintain dignity . 3. Nail care includes regular cleaning and regular trimming, unless contraindicated by resident condition, specific behaviors or resident refusal or resident/family preference. 4. Proper nail care can aid in the prevention of skin problems around the nail bed . 6. Trimmed and smooth nails can help prevent the resident from accidentally scratching and injuring his or her skin .		