

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105980	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Lakeside Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Armsdale Road Jacksonville, FL 32218	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interviews, the facility failed to ensure the Director of Nursing (DON) did not serve in the position of a charge nurse when the facility's census was greater than 60. Review of the facility staffing schedule dated 8/14/25 revealed that the DON was scheduled to work 7:00 pm - 7:00 am on the 500/600 hall cart. The census was noted as 116. During an interview on 8/14/25 at 11:55 am, the certified nursing assistant (CNA)/staffing coordinator, stated she used the facility census to plan for the staffing. She confirmed that the DON was scheduled to work tonight (8/14/25). She explained that the facility had a nurse shortage therefore the DON helped out on open slots. When asked how often the DON worked on the floor, she stated that she had to review the schedule. On 8/14/25 at 2:25 pm, the DON confirmed that she had been working on the floor when there is a need. She stated that the night shift had been the issue most of the time. She explained that she had worked at least 2-3 times a month. In an interview with the Administrator on 8/14/25 at 3:15 pm, he confirmed that the DON had worked the following dates: 6/9/25 (census 114), 6/10/25 (census 114), and 6/12/25 (census 112). (Copies obtained)</p>

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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