

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: 105999	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Ocala		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SW 41st St Ocala, FL 34474	
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. Based on interview and record review the facility failed to provide wound care and place dressing change orders for 2 of 3 residents, Residents #86 and #128, reviewed for skin conditions. Findings include: During an observation on 1/12/2026 at 11:38 AM Resident #86 was sitting in a wheelchair. There was a small border wound dressing on Resident #86's lower right leg visibly soiled and not dated. (Photographic evidence obtained) During an interview on 1/12/2026 at 11:38 AM Resident #86 stated, I got a skin tear, it happened while I was getting dressed and it was last changed during my shower. Review of Resident #86's physician orders did not document a treatment order for the skin tear on Resident #86's lower right leg. During an observation on 1/13/2026 at 4:07 PM with Staff L, Licensed Practical Nurse (LPN) Resident #86 was lying in bed. Staff L, LPN removed the covers and Resident #86's right leg had the same small border dressing with no date and soiled. Staff L asked Resident #86 what had happened and Resident #86 stated it was a skin tear and it had not been changed since last Wednesday [1/7/2026]. During an interview on 1/13/2026 at 4:08 PM Staff L, LPN stated, When a resident has a skin tear the certified nursing aide will come and tell the nurse. The nurse will assess the area and contact the doctor. The doctor will provide treatment orders that will be put into the system. Dressings should always be dated. I do not see a treatment order for [Resident #86's name] skin tear. During an interview on 1/14/2026 at 10:29 AM the Director of Nursing stated, the Assistant Director of Nursing (ADON) went to speak to [Resident #86's name] and the resident stated the skin tear occurred while in the shower. The ADON said the certified nursing aide told the nurse, and the nurse put a dressing on [Resident #86's name] leg and got distracted and did not complete the process. I would expect the nurse to have completed a risk report and notify the physician and obtain treatment orders and initiate treatment. A wound dressing should be dated and changed as ordered. [Resident #86's name] told the ADON the last dressing change was on Friday [1/9/2026]. During an observation on 1/13/2026 at 8:38 AM Resident #128 was in his room sitting in a wheelchair. Resident #128's left arm had a wound dressing, that was not dated, applied to his middle forearm and there was a gauze wrapped wound dressing, with no date, wrapped near the resident's wrist. During an interview on 1/13/2026 at 8:38 AM Resident #128 stated, I have skin tears to my arm which happened a couple of days ago. It has been a couple of days since the staff last changed the dressing. The resident was not able to recall when the dressing was last changed. Review of Resident #128's physician orders did not document treatment orders for skin tears to the resident's left arm. During an interview on 1/13/2026 at 4:12 PM Staff M, LPN stated, [Resident #128's name] does not have dressing orders for his left arm. During an interview on 1/14/2026 at 8:05 AM the Director of Nursing stated, Resident was unable to say when the skin tears occurred. I was unable to find any documentation of when the skin tear occurred. Review of the facility policy and procedure titled Wound Management with a last review date 6/10/2025 read, Equipment: prescribed dressing.		

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure respiratory care equipment was properly stored for 3 of 6 residents, Residents #65, #9 and #76) reviewed for respiratory care and services. Findings include: Review of Resident #65's medical record documented the resident was admitted on [DATE] with diagnoses to include chronic obstructive pulmonary disease (a progress, irreversible lung disease), diabetes mellitus type 2, atrial fibrillation (irregular heartbeat), heart failure, and asthma. Review of Resident #65's physician order dated 4/4/2024 read, Please ensure that the evening nurse ensures that the CPAP [continuous positive airway pressure] is in place every evening shift for decreased CO2 [carbon dioxide]. During an observation on 1/10/2026 at 9: 30 AM Resident #65's CPAP mask was in a plastic bag resting on top of the bedside table, the bag was dated 11/7. (Photographic evidence obtained) During an interview on 1/14/2025 at 2:45 PM Staff A Licensed Practical Nurse (LPN) stated, [Resident #65's name] CPAP mask should be placed in a bag, that is dated, the bag should be replaced with a new bag weekly, and the bag should be dated with the date it was replaced. Review of Resident #9's medical record documented the resident was admitted on [DATE] with diagnoses to include multiple fractures of ribs, left side , subsequent encounter for fracture with routine healing; pleural effusion (build-up of excess fluid in thin area between the lungs and chest wall), presence of pacemaker, anemia, and dependence on supplemental oxygen. Review of Resident #9's physician order dated 11/15/2025 read, Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML [milligram/milliliters] (Ipratropium-Albuterol) 1 vial inhale orally every 6 hours for sob [shortness of breath]. During an observation on 1/13/2026 at 8:33 AM Resident #9's top drawer was open and inside the drawer was inhalation therapy equipment in a bag labeled 12/26. (Photographic evidence obtained). During an interview on 1/14/2025 at 2:45 PM Staff A, LPN stated, All respiratory inhalation masks for [Resident #9's name] should be placed in bags that are dated and new bags replaced weekly with a new date placed on the bag. Review of Resident #76's medical record documented the resident was admitted on [DATE] with diagnoses to include acute respiratory failure (sudden life threatening condition where the lungs fail to get enough oxygen), sleep apnea (sleep disorder where breathing repeatedly stops and starts), asthma, and anemia. Review of Resident #76's physician order dated 8/22/2025 reads CPAP [Continuous Positive Airway Pressure] /BIPAP [Bilevel Positive Airway Pressure - used for sleep apnea]: Pressure setting 10 cm [centimeters/H2O (water)], size and type of mask: nasal pillow, frequency of use; at bedtime, no humidity in reservoir per patient request, every night shift for sleep apnea. During an observation on 1/14/2026 at 2:00 PM, Resident #76's CPAP tubing was hanging from the left beside rail and the distal end was touching the floor. (Photographic evidence obtained). During an interview on 1/14/2026 at 2:40 PM Staff A, LPN stated, [Resident #76's name's] tubing should not be hanging from the bedside rail. All respiratory masks should be placed in bags that are dated and new bags replaced weekly with new date placed on the bag. Review of the policy and procedure titled, Oxygen Administration read, Policy: To ensure that oxygen is administered and stored safely within the facility or in an outside storage area. Infection Control: 1. Change oxygen supplied (e.g., cannula, tubing, humidifier) weekly and when visibly soiled. Equipment should be labeled with resident name and dated when setup or changed out. 3. Store oxygen and respiratory supplies in bag labeled when not in use .		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. Based on interview and record review the facility failed to administer medication following physician ordered parameters for 2 of 6 residents, Resident #36 and #117, reviewed for medication management. Findings include: Review of Resident #36's physician order documented dated 12/8/2025, Percocet Oral Tablet 10-325 mg [milligrams], give one tablet by mouth every 12 hours as needed for breakthrough pain rated 6&ndash;10. Review of Resident #36's Medication Administration Record (MAR) for January 2026 documented Percocet was administered on 01/01/2026 at 3:08 PM, 01/02/2026 at 5:03 PM, 01/03/2026 at 5:24 PM, 01/04/2026 at 6:06 PM, 01/07/2026 at 5:30 PM, and 01/13/2026 at 6:37 PM and the resident was documented to have a pain level of 4 with each of these administrations. During an interview conducted on 1/15/2026 at 1:58 PM, Staff B, stated, I must have missed the parameters in the order. During an interview conducted on 1/15/2026 at 2:03 PM, Staff C stated, I did not see the parameters when I administered the medication. During an interview conducted on 1/15/2026 at 9:00 AM, the Director of Nursing stated that her expectation is that nursing staff administer medications in accordance with the physician's orders, including adherence to ordered parameters. Review of Resident #117's physician order dated 12/22/2025 read, Oxycodone HCl oral tablet 15 mg, give 1 tablet by mouth three times a day for pain. Review of Resident #117's physician order dated 1/3/2026 read, Oxycodone HCl oral tablet 15 mg [milligram] give 1 tablet by mouth three times a day for pain. Review of Resident #117 physician order dated 12/23/2025 read, Tylenol oral tablet 325 mg, give 2 tablets by mouth every 6 hours as needed for pain <5 [less than 5]. Review of Resident's #117's MAR for the month of December 2025 documented Tylenol 325 mg was administered on 12/15/2025 at 0459 [4:59 AM] with a pain level of 6, on 12/27/2025 at 16:21 [4:21 PM] with a pain level of 6, and on 12/30/2025 at 0520 [5:20 AM] with a pain level of 6. Review of Resident's #117's MAR for the month of January 2026 documented Tylenol was administered on 1/6/2026 at 0450 [4:50 AM] with a pain level of 7 and on 1/8/2026 at 1204 [12:04 PM] with a pain level of 10. During an interview on 1/14/2026 at 8:07 AM with the Director of Nursing stated, Staff should notify the physician and maybe they could change the parameters or order something else. During an interview on 1/14/2026 at 5:05 PM Staff E, LPN stated, I cannot recall. I know she has routine medication at 6 o'clock in the morning maybe it was not time for the schedule medication and I gave her the Tylenol. (continued on next page)		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/15/2026 at 8:13 AM the Pain Management Advanced Practice Register Nurse (APRN #1) stated, [Resident #117's name] if the staff reach out to me, I would order another medication that is more appropriate for the resident. During an interview on 1/15/2026 at 9:06 AM Staff F, LPN, stated, I don't remember but if the medication has parameters in place they should be followed. During an interview on 1/15/2026 at 2:16 PM with Staff G, LPN, stated, I cannot recall my rationale would be if she [Resident #117] is in pain and I cannot give her the scheduled medication. I would give her the Tylenol I cannot just leave her in pain. I cannot recall I am not sure I probably just gave her the Tylenol. You should follow parameters, but you can also use your nursing judgement. Review of the facility policy and procedure titled Administration of Medications with a last review date of 9/9/2025 read, Policy: The facility will ensure medications are administered safely and appropriately per physician order to address residents' diagnoses and signs and symptoms.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure medications were secured when unattended on 2 of 3 units. Findings include: During an observation on 1/12/2026 at 9:44 AM Resident #117 was lying in bed. There was a bottle of Biofreeze roll-on on top of the bedside table. During an interview on 1/12/2026 at 9:44 AM Resident #117 stated, I have a broken ankle. The Biofreeze is mine, I brought it from home. I apply it myself. During an interview on 1/13/2026 at 2:27 PM Staff H Licensed Practical Nurse (LPN) stated, I am not familiar with [Resident #117's name]. Medication should be locked not left unattended. If a resident is able to self-administer medication they are given a key to their drawer. Sometimes family will bring the medication and if we don't see it, we do not know they have it. During an observation on 1/12/2026 at 9:55 AM Resident #75 was lying in bed resting with eyes closed. On top of the dresser there was Cumarindine ointment for burns and skin conditions. During an observation on 1/13/2026 at 2:37 PM Staff H, LPN opened the Cumarindine ointment container which was almost empty. During an interview on 1/13/2026 at 2:37 PM Staff H LPN, stated, [Resident #75's name] daughter will bring her medications often. During an observation on 1/12/2026 at 10:04 AM Resident #15 was not in her room. There was Calmoseptine ointment on top of her nightstand. During an observation on 1/13/2026 at 2:38 PM with Staff H, LPN of Resident #15's room, there was a visitor in the room. Staff H, LPN retrieved the Calmoseptine ointment. Resident #15's visitor stated they had brought in the medication. During an interview on 1/13/2026 at 2:38 PM with Staff H, LPN stated [Resident #15's name] family will often bring things for her, the medication should not be left unattended. During an observation on 1/12/2026 at 10:31 AM Resident #7 was lying in bed. There was a bottle of Refresh Tears Lubricant Eye drops on top of the bedside table. During an interview on 1/12/2026 at 10:31 AM Resident #7 stated, They are my refresh eye drops which I keep with me. They are over the counter. That way I don't have to bother the nurses. During an interview on 1/13/2026 at 2:41 PM with Staff I, LPN stated, Residents if able to self-administer medication should keep them [the medication] locked in their top drawer, they get a key. During an interview on 1/13/2026 at 2:42 PM Staff I LPN confirmed Resident #7 had eye drops at bedside. During an interview on 1/14/2026 at 4:52 PM the Director of Nursing stated, Nurses should store medication in the medication cart or med room. If a resident self-administers medication an assessment needs to be done, it also must be care planned, and an order placed. The residents will be able to have medication in their room, but it will be stored with a key. During an interview on 1/15/2026 at 8:09 AM the Director of Nursing stated, [Resident #117's name, Resident #75's name, Resident #15's name, and Resident #7's name] do not have an order to self-administered medication. Medications should not be left unattended in the resident's room. Review of the facility policy and procedure titled Storage and Expiration Dating of Medications and Biologicals with a last review date of 6/30/2025 read, Procedure: 5. Facility should ensure all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to maintain complete and accurately documented medical records for 1 of 10 residents, Resident #36, reviewed for medication management. Findings include: Review of Resident #36's physician order dated 12/15/2025 documented, Atenolol Oral Tablet 25 mg [milligrams], give one tablet by mouth one time daily for hypertension; hold for blood pressure less than 105/55. Lisinopril Oral Tablet 10 mg, give one tablet by mouth one time daily for hypertension; hold for systolic blood pressure less than 105. Xtampza ER [extended release] Oral Capsule ER 12 Hour Abuse-Deterrent 27 mg, give one capsule by mouth every 12 hours for chronic pain; hold for systolic blood pressure less than 90. Review of Resident #36's Medication Administration Record (MAR) for January 2026 documented Xtampza ER was administered on January 2, 2026, January 4, 2026, January 7, 2026, January 8, and January 9, 2026 at 8:00 PM. The MAR did not contain documentation of the resident's blood pressure values for the medication administration. During an interview conducted on 1/15/2026 at 9:00 AM, the Director of Nursing stated that her expectation is that nursing staff administer medications in accordance with physician orders and document required parameters when medications have blood pressure hold parameters. During an interview conducted on 1/15/2026 at 2:03 PM, Staff B stated that she believed she checked the resident's blood pressure prior to administering the medication but forgot to document it. During an interview conducted on 1/15/2026 at 2:20 PM, Staff D stated, I always check my residents' blood pressure if I am administering a medication with blood pressure parameters. I must have forgotten to document it		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to prevent the possible spread of infection when not donning appropriate personal protective equipment for 3 of 6 residents, Resident #48, reviewed for transmission-based precautions and Residents #95 and #126 reviewed for enhance barrier precautions. Findings include: During an observation on 1/12/2026 at 10:31 AM Resident #126's door had an enhance barrier precaution sign and there was personal protective equipment upon entering the room. The room door was open and Resident #126's privacy curtain was pulled. After knocking on the door to enter Staff J, Certified Nursing Assistant (CNA) presented from around the curtain and stated, Patient Care. Staff J was observed to be wearing gloves; Staff J was not wearing a gown. Staff J CNA retrieved clothing from Resident #126's drawer. Staff J removed the privacy curtain and Resident #126 was sitting in her wheelchair. During an observation on 1/12/2026 at 10:45 AM Staff J, CNA entered back into Resident #126's room and began to make Resident #126's bed. Staff J donned gloves but did not don a gown. Review of Resident #126's physician order dated 1/6/2026 read, Enhanced Barrier Precautions Diagnosis: Wound every shift. During an interview on 1/13/2026 at 2:43 PM Staff J, CNA, stated, I was changing, dressing her [Resident #126] and getting her out of bed. I needed a gown for her [Resident #126]? I didn't know she was on enhanced barriers. I didn't read the door. Now that you mention it, I think the sign was on the door. When asked why she did not gown when making Resident #126's bed Staff J, CNA stated, I thought I only need to wear a gown when providing direct care with the patient. I might be wrong. During an observation on 1/12/2026 at 10:50 AM upon entering Resident #95's room, inside the door there was an enhanced barrier precaution sign and there was a bin with personal protective equipment. Staff I, Licensed Practical Nurse (LPN) presented from behind the privacy curtain and stated, Patient care. Staff I was only wearing gloves and no gown. Staff I, returned to provide care behind the curtain stating Okay, I am going to wrap your leg. Staff I exited the room and returned with blankets. Staff I placed the blankets over Resident #95 wearing gloves and no gown. Review of Resident #95's physician order dated 12/30/2025 read, Enhanced Barrier Precautions Diagnosis: Wound. During an interview on 1/13/2026 at 2:48 PM Staff I, LPN, stated, I was not doing wound care just wrapping her leg for increased edema with an ace wrap. I was not doing anything with the wound or foley. Do I need to wear a gown? During an observation on 1/14/2026 at 9:24 AM Resident #48's door had a contact precaution sign labeled B-Bed. Staff K, CNA, was observed inside Resident #48's room making the residents bed with no gown or gloves. Review of Resident #48's physician order dated 1/12/2026 read, Contact Precautions Diagnosis: Klebsiella in urine. During an interview on 1/14/2026 at 9:59 AM Staff K, CNA, stated, I did not have a gown or gloves because I was making his [Resident #48] bed. I was not dealing with his foley or urine. [Resident #48's name] is contact precautions due to an infection in his urine. During an interview on 1/14/2026 at 12:34 PM the Infection Preventionist stated, Staff should wear a gown when coming in contact with the patient. Essentially wearing gloves and a gown when making the residents bed. They should have worn a gown and gloves when they are in direct contact with the patient. For residents on contact precautions staff should don personal protective equipment when going into the resident's room. The staff should have had a gown and gloves the minute she walked into the room. During an interview on 1/14/2026 at 4:54 PM the Director of Nursing (DON) stated, If the staff is providing direct care to a resident who has enhanced barrier precautions, they must wear a gown and gloves. Even if they are not handling the wound or a foley if it is direct care, they must don gloves and a gown. If the patient is contact precautions the staff should don personal protective equipment before entering the room of the resident and before touching anything in the resident's room. Review of the facility policy and procedure titled Enhanced Barrier Precautions with a last review date of 9/19/2025 read, Policy: The facility should use Enhanced Barrier Precautions (EBP) as an additional MDRO [Multidrug-resistant organism] mitigation strategy for residents that meet the following criteria, during high contact resident care activities; (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	EBP are indicated for residents with any of the following: 1. Infection or Colonization with CDC-targeted MDRO when Contact Precautions do not otherwise apply; or 2. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Examples of high-contact resident care activities requiring gown and glove use include: a. dressing, e. changing linens, f. changing briefs or assisting with toileting. Review of the facility policy and procedure titled Contact Precautions with a last review date of 12/30/2025 read, Policy: Contact Precautions should be used when a resident develops signs and symptoms of a transmissible infection or has a laboratory confirmed infection that requires the use of contact precautions to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or environment and requires the use of appropriate PPE [personal protective equipment], including a gown and gloves. Contact Precautions-requires the use of appropriate ppe, including a gown and gloves before or upon entering (i.e before contact with the resident or resident environment) the room. Prior to leaving the resident room the ppe is removed and hand hygiene is performed.		