

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Port Saint Lucie		STREET ADDRESS, CITY, STATE, ZIP CODE 3720 SE Jennings Rd Port Saint Lucie, FL 34952	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and administrative and clinical record review, the facility failed to provide evidence of a thorough investigation, assessment of the resident, and internal and federal reporting of an incident of a resident with reported new bruises of suspected origin. This failure affects 1 of 3 sampled residents reviewed (Resident # 1). The findings included: Review of the facility's policy regarding Incident and Reportable Event Management, reviewed 09/25/2024, documented regarding Alleged Violations - Investigate/Prevent/Correct: In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must have evidence that all alleged violations are thoroughly investigated. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. Procedure: The Five I's to Event Management, To help reduce the risk of an event, all residents receive assistance and supervisions as addressed in their care plan. If an event occurs, the facility will follow the 5 i's in an effort to minimize the potential recurrence. Incident (what happened or was reported as happening) Injury (provide care and document the injury) Interview (who saw the resident last or at the time of the event) Investigate (why did it happen) Intervention (what mitigation effort are we using) Incident/Injury The licensed nurse should evaluate the resident and render first aid if needed 2. The licensed nurse should create an event note and include the following details a. The assessment details of the resident (including the details of the resident) b. Presence or absence of injury, and any treatments rendered. c. If resident is able to report what occurred, this should be included in the notes d. Notification of family or responsible party e. Notification of physician and any orders received. 3. The licensed nurse should create a risk report in the electronic system and identify the most appropriate type of event from the available options in the in the system. 4. The licensed nurse should also notify the following in accordance with state and federal requirements. a. Supervisor on duty and/or DON (Director of Nursing)/ED (Executive Director) Review of the clinical record for Resident # 1 revealed that the resident was admitted to the facility on [DATE] and was discharged at the time of the review on 09/10/25. Resident # 1 was admitted to the facility for Nondisplaced intertrochanteric fracture of right femur. The 02/14/25 Minimum Data Set Assessment (MDS) cognitive function, documented a BIMS score of 15 (Brief Interview for Mental Status) score ranges from 0 to 15 and a score of 15 would indicate that the resident is mentally intact). Further review of the facility's administrative records regarding an occurrence for Resident # 1 failed to provide documented evidence that there was an incident that occurred for Resident # 1. Review of the clinical record for Resident # 1 failed to provide an assessment of the resident's injury or that an incident occurred. There is no evidence of facility or federal reporting of the incident for Resident # 1. An interview was conducted on 09/10/25 at approximately 12:15 PM with the Administrator regarding an incident occurring involving Resident # 1. The Administrator then reported that he did report an incident to the State Agency regarding an incident with Resident # 1. He did not have evidence of the information provided to the State Agency but provided the surveyor with a confirmation email dated February 23, 2025, at 1:46 PM which documented, Based on the information provided, a report for investigation has been accepted regarding Resident # 1. This was processed by Hotline Counselor. This information is confidential pursuant to section 39.202 and section 415.107, Florida Statutes, and can only be released as specified in the statute. The Administrator then reported that he submitted the report to the State Agency prior to interviewing the resident. After he interviewed the resident, he said that the resident felt that the aide was rushed during her transfer, but she didn't want the aide to get in trouble. However, the resident did request that the aide no longer work with her. So, they removed the aide from that assignment. He further stated that because the resident did not feel that the aide intentionally did anything, he did not report the incident to the Federal Agency. The surveyor then questioned the Administrator regarding not having the resident's name listed on the requested logs for reporting, i.e. incident reports, reports to the state and federal agencies. The surveyor then requested any reports or information of what was investigated regarding the incident with Resident # 1 and any subsequent education provided to the staff associated with the February 23rd reported incident for Resident # 1. He then reported that the Risk Manager is on vacation, and he is trying to get in the RM office to see what she has. The Administrator later reported that he did not have an incident report or any evidence of an investigation. Review of a State Agency's report revealed the following documentation, On 02/22/2025 during the 3pm to 11pm shift, Resident # 1 received two (2) bruises during a stand pivot transfer from the wheelchair to bed. The resident has fragile skin and during the transfer the resident stated to please stop but the aide continued</p>		