Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036 NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh For information on the nursing home's plan to correct this deficiency, please con-		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 124 W Norvell Bryant Hwy Hernando, FL 34442	
(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 - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS IN Based on interviews and record revaccording to professional standard reviewed, Resident #1. On [DATE] Licensed Practical Nurse (LPN), diphysician's order. On [DATE] at 1:4 #1 had a blood sugar value of 42. intramuscularly, monitor, and send [DATE] at 5:30 AM, Resident #1 had blood sugar value of 50. Resident in notified, Glucagon was not administime, and the resident was not sen AM, Resident #1 had a blood suga Emergency Medical Services, 911, #1 did not survive. This failure place at risk. The facility's failure to implement the fact of a change in condition, and not for a change in condition, and not for a scope and severity of isolated. The Administrator was notified of the Findings include: Review of Resident #1's physician glucose] before meals and at bedting Review of Resident #1's physician MG [milligram] [glucagon for injection in the survive in the surv	care according to orders, resident's pro- HAVE BEEN EDITED TO PROTECT Coviews, the facility failed to ensure resides of practice when suffering a change is at 12:45 AM, Resident #1 had a blood do not contact the provider and administal AM, Resident #1 was less responsive resides a blood sugar value of 50. The blood to the emergency room if no positive resides a blood sugar value of 50. The blood #1 was not responding to verbal or physician's order when blood to ut to the emergency room per the physicated per physician's order when blood to ut to the emergency room per the physical per policies and Resident #1 was transpersed and Resident #1 was transpersed and procedures for change collowing physician's orders led to a detect (J). The Immediate Jeopardy on [DATE] at 3 and order dated [DATE] at 1:46 PM read, Former related to Type 2 Diabetes Mellitus order dated [DATE] at 6:41 PM read, Conj, Inject 1 application subcutaneous orders and procedures for change of the procedure of the physician's orders and procedures for change belowing physician's orders led to a detect (J).	ents received treatment and care n condition for 1 of 3 residents sugar value of 72, Staff A, tered glucose gel without a ve. On [DATE] at 3:00 AM, Resident ordered to administer Glucagon response to Glucagon received. On d sugar value was rechecked with a sical stimuli. The provider was not d sugar dropped below 60 a second disciplinary sorder. On [DATE] at 6:30 distered per the physician's order. Sported to a local hospital. Resident possibly suffer a change in condition din condition, notifying the physician ermination of Immediate Jeopardy 1:15 PM. Perform Accuchek [testing of blood with foot ulcer. Glucagon Emergency Injection Kit 1

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 106036

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, <u>-</u> , <u>-</u> , <u>-</u> ,	106036	A. Building	05/02/2025	
	10000	B. Wing		
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Grove Healthcare and Rehabilitation Center and Reh		124 W Norvell Bryant Hwy		
		Hernando, FL 34442		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Immediate jeopardy to resident health or safety	Review of Resident #1's progress note dated [DATE] at 12:45 AM read, Received with low blood sugar rechecked with a 72 result [American Diabetes Association recommended blood sugar range for adults with Type II Diabetes is 80 to 130] . responsive with eyes and asked if he wants to go to ER [emergency room] and he shook head no, oral [glucose] gel [used for people with diabetes to raise their blood sugar levels] received and able to swallow.			
Residents Affected - Few	Review of the 5-Day Entry Minimur Mental Status - cognition is conside	m Data Set, dated dated dated [DATE] ered intact].	read, BIMS 14 [Brief Interview for	
	Review of Resident #1's physician gel.	orders for [DATE] did not provide docu	mentation of an order for glucose	
	Review of Resident #1's Medication Administration Record for the period of [DATE] through [DATE] documented blood sugar values between 80 and 220.			
	Review of Resident #1's nursing progress notes for [DATE] did not provide documentation of Resident #1's physician being notified of Resident #1's blood sugar value and the administration of glucose gel.			
	Review of Resident #1's progress r	note dated [DATE] at 1:49 AM read, Le	ss responsive.	
	42, unstable blood sugar. On call N	note dated [DATE] at 3:00 AM read, Mo MD [Medical Doctor covering for Medica he glucagon at this time IM [intramuscu	al Doctor #1] contacted with report	
	Review of Resident #1's Medication Emergency Kit 1 mg was administer	n Administration Record for the month ered on [DATE] at 3:12 AM.	of [DATE] documented Glucagon	
	left arm per order of the on call for	1's progress note dated [DATE] at 3:50 AM read, Glucagon given SQ [subcutaneous] to the on call for [Medical Doctor #1's name, Advanced Practice Registered Nurse onitor and send to ER if no positive response to Glucagon.		
	Review of Resident #1's progress note dated [DATE] at 6:15 AM read, INC [incontinent] of large and loose stool, BS rechecked x 2 [times two] 50 result at 0530 [5:30 AM], not responding to verbal or ph stimuli, rechecked blood sugar 0630 [6:30 AM] with result of 32 [Normal blood sugar values are betw d+[DATE], a value of 32 is considered hypoglycemia, a dangerous condition that requires immediate attention]. 911 notified of ER [Sic.] with response team arriving at 0630. After evaluation of team sen			
	Review of Resident #1's physician without response to Glucagon tx [tr	order dated [DATE] at 7:00 AM read, S reatment].	Send to ER for hypoglycemia	
	Review of Resident #1's progress note dated [DATE] at 10:07 PM read, Resident expired at the hospital d+[DATE].			
	(continued on next page)			

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	NAME OF PROVIDER OR SUPPLIER		P CODE
Grove Healthcare and Rehabilitation	on Center and Reh	124 W Norvell Bryant Hwy Hernando, FL 34442	
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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of Resident #1's care plan placement r/t [related to] CHF [condesire to discharge from facility. Planame] has a strength in communic clear and easily understood. Communic clear and took blood glucose. His level would go upoctor #1's name], she said her nate and she [APRN #1] said to give him went up, I went back to check on health called 911. During an interview on [DATE] at 1 transfers to acute care facilities. Qlucheck care that was provided 72 health care that was pro	dated [DATE] read, Focus: [Resident # gestive heart failure]/weakness. Reside ans to discharge facility when medically ation AEB [as evidenced by] is able to	eti's name] is here for short stay ent/representative clearly express by cleared . Focus: [Resident #1's hear at normal tones, speech is exactical Nurse (LPN), stated, I do 7:00 AM], I checked him, he was igar, but I do not think I charted the ed the on-call provider for [Medical I asked if he should go to the ER dent #1's] blood glucose afterward it blood glucose had dropped, and I erview of acute care transfers. We are are any opportunities for are are any opportunities for are are any opportunities for are are some state of improvement at the time of review get nursing to complete the interact in there is a change in condition. Unit Manager, confirmed that she be be a federal or State of improvement at the time of review get nursing to complete the interact in there is a change in condition. Unit Manager, confirmed that she be be a federal or State of improvement at the time of review get nursing to complete the interact in the there is a change in condition. Unit Manager, confirmed that she be a federal or State of the physician order. The as given. Ck the resident's [Resident #1's] I, Nurses should follow the 30 minutes. I know why [Staff A's in 30 minutes not Q2 hours. We garding the quality review of the was documentation issues and the state of the stated, My expectation is that the fed which includes administration of the sing the resident. The physician
	for transport to the hospital. (continued on next page)		

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety	During a telephonic interview on [DATE] at 9:30 AM, the Medical Director stated, I expect that professional standards of practice should be followed. After Glucagon administration, the blood sugar should be checked in 15 minutes. I would not order blood sugar to be checked every two hours. If the resident is not responding, emergency management services should be contacted for transport to the hospital.		
Residents Affected - Few	professional standards of practice order for glucagon and to recheck to order for glucagon and to recheck to sugar of 32, I will give [glucagon injection of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give glucagon in the event of 32, I will give [glucagon injection].	ATE] at 9:50 AM, the APRN #1 stated, should be followed by nursing when a riche blood sugar in 15 minutes and to care the blood sugar in 15 minutes and to care the blood sugar in 15 minutes and to care the blood sugar causes circulatory depressions as need to be considered. Many monor have intravenous drip and lab work. On insert provided by the DON read, [Government of proved autoinjector for very low blood and included in the blood sugar causes in the blood sugar causes in the blood sugar cause to treat very low blood and included in the blood sugar cause to treat very low blood sugar with diabetes. [Glucagon injection] of severe hypoglycemia (i.e., dangerous in the reliability of a ready-to-use liquid glur. Severe hypoglycemia occurs when you sometimes people with very low blood body, get very tired, refuse to eat, passe treated immediately. Indication and life treatment of severe hypoglycemove.	resident is hypoglycemic. I give an all me back. stated, If a resident has a blood c, I would send them out to the ssion, fogginess, and a change in redications are secreted in the I did not know about this patient Slucagon injection] is the first FDA sugar that is premixed and gar (severe hypoglycemia) in adults reduces the steps to prepare and ly low blood sugar levels). This reagon while making it simple for our blood sugar gets so low that sugar may have a hard time is out, or even have a seizure. It is important Safety Information:

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	[DATE] read, Policy: It will be the p mellitus. Nursing measures and ph hypo/hyperglycemia. Procedure: 1. blood glucose monitoring and contindividually prescribed diet accordii (for example, periodic finger sticks parameters such as glycosuria, we monitoring, medication administratireport signs and symptoms of hypo hypoglycemic that have parameter report complications such as foot in changes in mentation/level of cons per physician orders, may vary for symptoms of the resident as reside Responsive residents that are able intervention. Responsive residents glucose paste to the buccal mucos the physician for further orders. 14 change in condition, education or in Review of the facility policy and proread, Policy: It will be the policy of party/resident presentative (as is a according to the resident's wishes routine care during monthly/quarter mental conditions, orientation, chain pertinent data such as vital signs, whis/her own decision regarding mer of status. 4. When significant change physician and responsible party/resconsultations, root cause analysis assistance if the change in condition condition is considered life threater determine the resident's wishes regnot resuscitate]. 7. Contact the printer primary physician cannot be not	ocedure titled Change in Condition with this facility to notify the physician, fami pplicable) of significant changes in con and physician's orders. Procedure: 1. Orly/annual assessment periods to identinge in vital signs, weights, etc. 2. When weights and other clinical observation. Idical care, solicit their choice of action ges in skin condition or weight are notesident (if applicable) to notify them and or implementation of further monitoring on is considered potentially life threaterning, the clinical record should be reviegarding hospitalization, CPR [cardiopunary physician to update him /her to the otified, attempt to contact the facility's neaterning and the resident requires improved the contact the facility's neaterning and the resident requires into the contact the facility's neaterning and the resident requires improved the contact the facility's neaterning and the resident requires improved the contact the facility's neaterning and the resident requires improved the contact the facility's neaterning and the resident requires improved the contact the facility in the contact the facility is neaterning and the resident requires improved the contact the facility is neaterning.	ate care to residents with diabetes ininimize the risk of ellitus (or other conditions requiring nic medications and/or an ician will order appropriate lab tests on these results and other es, etc. 5. Staff will provide glucose visician's orders. 7. Staff should ents receive insulin or oral icitiotified. 8. Staff will identify and other es, etc. 5. The pain levels, or orders. 10. Nursing interventions, pending on the severity and their sensitivity to hypoglycemia. rapidly absorbed glucose as an iconsive residents may receive oral venous] 50% dextrose and notify ding medication administration, If the last review date of [DATE] by, resident, and/or responsible dition and providing treatment(s) if yignificant changes in physical or in a change is noted, gather is able to make in relation to the perceived change and it is appropriate to contact the receive orders such as . 5. Contact licensed co-workers for ling. 6. In the event the change in wed as soon as possible to Imonary resuscitation] or DNR [do in change in condition. In the event medical director. 8. If the resident's

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	for blood sugar monitoring to ensurinsulin administration in accordance hypoglycemia interventions with docompleted a review of residents who (return to hospital) as it related to homographensive audit of active residenting was held for investigation Staff A, LPN, received 1:1 education [DATE], the facility initiated a systen hypoglycemic interventions are initial blood sugar monitoring, documental management, policy and procedured Director of Nursing) when hypoglycemic interventions are initial blood sugar monitoring, documental management, policy and procedured Director of Nursing) when hypoglycemic interventions are initial blood sugar monitoring, documental management, policy and procedured Director of Nursing) when hypoglycemic administration (32) was reviphysician orders for the last 30 day were reviewed for changes in condition, physician orders for the last 30 day were reviewed for changes in condition, physician orders for the last 30 day were reviewed for changes in condition, anti-hypoglycemia admir	inpleted a comprehensive audit of activities insulin administration was document ewith physician orders for the last 30 commentation of repeat blood sugars. One return to the hospital over the past 3 dypoglycemia was carried out. On [DATe], an Addents in the facility with change in concepted as ordered. On [DATE], an Adof the concern and determination of the on hypoglycemia/hyperglycemia promic change to include the notification of its action of results, follow up with physician expension of the concern in condition, and notification expension of the concerns in the facility with orders expended to identify concerns related to insert the concerns identified. Review with no concerns identified. Review with no concerns identified. Review with no concerns identified. Review of the concerns identified in the facility of the concerns and implementation of orders over the conducted on [DATE], seven LPNs and ing of diabetes management, policy are instration and interventions, notification did, documentation of results, and follows.	ded to identify concerns related to days including administration of the IDATE], the DON/designee do days to ensure timeliness of RTH TE], the DON/designee completed a lition to validate physician was Hoc QA (Quality Assurance) are root cause analysis. On IDATE], tocol, and change in condition. On the DON/ADON when Inurses received education on an guideline for diabetes on of DON/ADON (Assistant). The for blood sugar monitoring and sulin administration with the for the audits showed 44 residents change in condition, validation of the the last 30 days with no concerns two RNs verified receiving the ad procedure on change in of the DON/ADON when

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F 0835	Administer the facility in a manner	that enables it to use its resources effe	ctively and efficiently.
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few			o administer the facility in a manner aintain the highest practical, o implement policies and esident #1. On [DATE] at 12:45 al Nurse (LPN), did not contact the ATE] at 1:49 AM, Resident #1 was alue of 42. The on-call physician and send to the emergency room if ent #1 had a blood sugar value of Resident #1 was not responding to t administered per physician's dent was not sent out to the ent #1 had a blood sugar value of Medical Services, 911, were called survive. This failure places all 118 on condition, notifying the physician emination of Immediate Jeopardy ent at all times. Duties and ment, and evaluate and direct the not procedures and professional tall employees, residents, visitors, lures. Committee Functions. In dimplementing appropriate plans assist the Medical Director in the end procedures and professional

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the Director of Nursing's Position: The primary purpose of you of our Nursing Service Department and regulations that govern our Farhighest degree of quality care is many functions: Plan, develop, organize as its programs and activities, in activities, in activities, care facilities. Develop, many the day-to-day functions of the nursing care facilities. Powerlands (i.e. PDR's [Physician's Extended the nursing service department in reports and recommendations to the department. Develop, implement, and department. Perform administrative charting, etc., as necessary. Monite survey reports. Assist in developing Personnel Functions: Determine the total nursing needs of the residents informative and descriptive of the nursing service of the residents.	job description acknowledged on [DA' our position is to plan, organize, develor in accordance with current federal, stability and as may be directed by the Adaintained at all times. Duties and Resp, implement, evaluate, and direct the necordance with current rules, regulation intain, and periodically update written sing service department. Maintain a references of the references of the references of the reference and maintain an ongoing quality assurate duties such as completing medical for the Facility's QI, QM [Quality Improvice plans of action to correct potential or estaffing needs of the nursing service is. Nursing Care Functions. Review nursing care being provided, that they reference with the residents wishes.	TE], read, Purpose of Your Job op, and direct the overall operation ate, and local standards, guidelines diministrator to ensure that the consibilities. Administrative ursing service department, as well as, and guidelines that govern the policies and procedures that govern ference library of written nursing ands of Practice, etc.) that will assist sident. Make written, and oral ion of the nursing service ance program for nursing service orms, reports, evaluation, studies, rement/Quality Management] and identified problem areas. department necessary to meet the arses' notes to ensure that they are

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	of Your Job Position: The primary planning, organizing, developing, a accordance with current federal, stracility, and as may be directed by Services to ensure that highest deg Assistant Director of Nursing Service accountability necessary for carrying Services, you are charged with car Responsibilities. Administrative Fundeveloping, organizing, implementiful service department, in accordance Participate in developing, maintaining govern the day-to-day functions of recommendations to the Director or Ensure that all nursing service person QI/QM and survey reports and provided and procedures for the adrifunctions. Serve on the Quality As Make daily rounds of nursing service their work assignments in accordant Nursing Care Functions. Review in nursing care being provided, that the provided in accordance with the research.	Nursing Service's job description acknourpose of your position is to assist the not directing the day to day function of ate, and local standards, guidelines an Administrator, the Medical Director, argree of quality care is maintained at alloces you are delegated the administrativity of out your assigned duties. In absence rying out the resident care policies estanctions: Assist the Director of Nursing 9 mg, evaluating, and directing the day-to with the current rules, regulations, and mg, and updating our education, written the nursing service department. Make concerning the operation of the nursing sonnel are following their respective job yide the Director with recommendations levelopment, maintenance, implementation in storage, and control of measurance and Assessment Committee, be department to ensure that all nursing new with acceptable nursing standards. Surses' notes to ensure that they are infered with acceptable nursing standards. The sidents' wishes. Schedule daily rounds and met. Report problem areas to the Director problem areas to the Director problem.	Director of Nursing Services in the Nursing Service Department in d regulations that govern our ad/or the Director of Nursing times. Delegation of Authority: As we authority, responsibility, and e of the Director of Nursing ablished by this Facility. Duties and Services (the Director) in planning, o-day operations of the nursing guidelines that govern the Facility. In policies and procedures that written and oral reports or service department, as necessary of descriptions. Monitor the Facility's at that will be helpful in eliminating atton, and updating of the written dications and supplies. Committee as directed. Personnel Functions of service personnel are performing Report findings to the Director of the decare, and that such care is to observe residents and to

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Responsibilities of a Nursing Facilii writing to accept legal responsibility Ensuring that all practitioners provi and unencumbered Florida license clinic; ensuring that all health care for the level of care being provided Ensuring compliance with the recondassuming the administrative authors services, policies and procedures; physicians, and implement method the development of written policies and other health services provided reflect an awareness of and have presidents of the facility receive ade regimen is incorporated in the residual survice and implementation participate in in-service training proparticipating in resident assessment committees: pharmaceutical servicutilization review; discharge planning appropriate; Reviewing written reperoviding continuous services to farmanging to provide the services of illness, or limited period when Physinformation as established by Facil required of a Medical Director as so as may be enacted or amended; For the complete performance evaluations complete performance evaluations local standards, guidelines, and regord Nursing Services or Nurse Supetimes. Participate in the maintenan Nursing Services Department. Characteristics and continuous services or surse supetimes. Participate in the maintenan Nursing Services Department. Characteristics and regord services or participate in the maintenan Nursing Services Department.	greement read, Performance Requiremby Medial Director. Exhibit A: 'Medical Director. Exhibit A: 'Medical Director's for those activities of the facility pursuating health care services or supplies to reviewing any patient referral contractions at the facility have active at serving as clinic record owner as defined keeping and adverse incident report rity, responsibility, and accountability of Coordinating medical care, maintain effect to keep the quality of care under condition, rules, and regulations to govern the new by Facility. Medical Director is responsionally for a services appropriate to their need that care plan; Participating in clinical resultical services, resident care policies, on of written resident care policies and orgams for nursing service, and other resident care planning comparts of surveys and inspections and maicility during the term of this agreement of another licensed physician during any sician is not available; Maintaining the diffest policies and procedures; Staying at the forth in any federal or state laws, stated policies and procedures. Such supervision must be in accordal gulations that govern our Facility, and a rivisor to ensure that the highest degree ce and implementation of the Facility's int nurses' notes in an informative and cell as the resident's response to the call.	Director Services' - agreement in teant to S400.9935 Florida statutes; or patients maintain a current active its or agreements executed by the appropriate certification or licensure ned in S456.057 Fla. Stat. [statute]; ing requirements of applicable law; if implementing our medical fective liaison with attending stant surveillance; Participating in ursing care and related medical sible for seeing that these policies if the residents; Ensuring that ds; Ensuring that the medical meetings, which include meetings quality assurance, etc.; Assisting in procedures; Developing and elated services; Attending and sasary; Serving on the following and assurance committee; and others as necessary or aking recommendations to Facility; and, in accordance therewith; abreast of all other responsibilities tutes or regulations as an acted or outlined in the Medical Director job on read, Purpose of Your Job care to the residents, and to ified Nursing Assistants/Patient e of CNAs/PCAs, nursing, and once with current federal, state, and as may be required by the Director e of quality care is maintained at all quality assurance program for the descriptive manner that reflects the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	106036	A. Building B. Wing	05/02/2025	
		D. Willig		
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Grove Healthcare and Rehabilitation Center and Reh		124 W Norvell Bryant Hwy Hernando, FL 34442		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the Unit Supervisor's job description read, Purpose of Your Job Position: The primary purpose of your position is to assist the Director of Nursing Services in planning, organizing, developing and directing the day to day functions of the nursing service department in accordance with current federal, state, and local standards guidelines, and regulations that govern the Facility, and as may be directed by the Administrator, the Medical Director, and/or Director of Nursing Services, to ensure that the highest degree of quality care is maintained at all times. Participate in the maintenance and implementation of the Facility's quality assurance program for the Nursing Services Department. Monitor the Facility's QI/QM, and survey reports and provide the Director of Nursing Services with recommendations that will be helpful in eliminating problem areas.			
		order dated [DATE] at 1:46 PM read, P me related to Type 2 Diabetes Mellitus		
	Review of Resident #1's physician order dated [DATE] at 6:41 PM read, Glucagon Emergency Injection Kit MG [milligram] [glucagon emergency injecton], Inject 1 application subcutaneously as needed for Administe [Sic.] if BS [blood sugar] <60 [less than 60] recheck sugar Q2H [every 2 hours].			
	Review of Resident #1's progress note dated [DATE] at 12:45 AM read, Received with low blood sugar rechecked with a 72 result [American Diabetes Association recommended blood sugar range for adult with Type II Diabetes is 80 to 130]. responsive with eyes and asked if he wants to go to ER [emergency room] and he shook head no, oral [glucose] gel [used for people with diabetes to raise their blood sugar levels] received and able to swallow.			
	Review of the 5-Day Entry Minimum Data Set, dated dated [DATE] read, BIMS 14 [Brief Interview for Mental Status - cognition is considered intact].			
	Review of Resident #1's physician orders for [DATE] did not provide documentation of an order for glucose gel.			
	Review of Resident #1's Medication documented blood sugar values be	n Administration Record for the period etween 80 and 220.	of [DATE] through [DATE]	
		ogress notes for [DATE] did not provide t #1's blood sugar value and the admin		
	Review of Resident #1's progress r	note dated [DATE] at 1:49 AM read, Le	ss responsive.	
	Review of Resident #1's progress note dated [DATE] at 3:00 AM read, Monitoring blood sugar with r 42, unstable blood sugar. On call MD [Medical Doctor covering for Medical Doctor #1] contacted with of cond. [condition] orders to give the glucagon at this time IM [intramuscular].			
	Review of Resident #1's Medication Emergency Kit 1 mg was administe	n Administration Record for the month or end on [DATE] at 3:12 AM.	of [DATE] documented Glucagon	
	Review of Resident #1's progress note dated [DATE] at 3:50 AM read, Glucagon given SQ [subcutane left arm per order of the on call for [Medical Doctor #1's name, Advanced Practice Registered Nurse (APRN)#1's name], monitor and send to ER if no positive response to Glucagon.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Grove Healthcare and Rehabilitation Center and Reh		124 W Norvell Bryant Hwy Hernando, FL 34442		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	Review of Resident #1's progress note dated [DATE] at 6:15 AM read, INC [incontinent] of large amount of loose stool, BS rechecked x 2 [times two] 50 result at 0530 [5:30 AM], not responding to verbal or physical stimuli, rechecked blood sugar 0630 [6:30 AM] with result of 32 (Normal blood sugar values are between, d+[DATE], a value of 32 is considered hypoglycemia, a dangerous condition that requires immediate medical attention). 911 notified of ER [Sic.] with response team arriving at 0630. After evaluation of team sent to ER.			
Residents Affected - Few	Review of Resident #1's physician without response to Glucagon tx [tr	order dated [DATE] at 7:00 AM read, S reatment].	Send to ER for hypoglycemia	
	Review of Resident #1's progress r d+[DATE].	note dated [DATE] at 10:07 PM read, R	desident expired at the hospital,	
	During a telephonic interview on [DATE] at 10:10 PM, Staff A, Licensed Practical Nurse (LPN), stated, I do remember [Resident #1's name]. At the beginning of my shift [11:00 PM - 7:00 AM], I checked him, he was awake, alert, taking juice and took the glucose gel. I checked his blood sugar, but I do not think I charted the blood glucose. His level would go up and then go back down. When I called the on-call provider for [Medical Doctor #1's name], she said her name was [First Name of APRN #1] and I asked if he should go to the ER and she [APRN #1] said to give him Glucagon. When I checked his [Resident #1's] blood glucose afterward went up, I went back to check on him at end of shift and that is when his blood glucose had dropped, and I called 911.			
	transfers to acute care facilities. QI check care that was provided 72 he improvement and to identify if there managers and myself. The nurse n from their units to an acute care fac reported event because record revi and there were no complaints rece SBAR [Situation, Background, Asse	TE] at 11:45 AM, the Director of Nursing (DON) stated, We review 100% of all ities. QI [Quality Improvement] tool utilized for review of acute care transfers. We at 72 hours prior to transfer to determine if there are any opportunities for vif there are any reportable events. The reviews are conducted by the two nurse managers generally review the charts for residents that were transferred care facility. [Resident #1's name] was not identified to be a Federal or State for review did not identify any areas in need of improvement at the time of review into the received about this resident. I am trying to get nursing to complete the interact and, Assessment, and Recommendation] anytime there is a change in condition.		
	had conducted the chart review for	pproximately 12:00 PM, Staff C, LPN, I Resident #1 and stated The nurse follogar Q [every] 2 hours after Glucagon wa	owed the physician order. The	
		:25 AM, Staff A, LPN, stated, I did checumented. At least every 30 minutes.	ck the resident's [Resident #1's]	
	Record review on [DATE] at 9:45 AM of Staff A, LPN's competency documentation confirmed Staff A did not include education about glucagon in February 2025 and review of Staff A's competency file did not have education documentation regarding glucagon.			
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh		STREET ADDRESS, CITY, STATE, ZIP CODE 124 W Norvell Bryant Hwy Hernando, FL 34442	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	physician orders and if Glucagon is name] said 30 minutes because the have a policy, but it does not include Resident #1's return to the hospital post administration blood sugars w	ng an interview on [DATE] at approximately 7:55 AM, the DON stated, Nurses should follow the ician orders and if Glucagon is ordered, they should check the BS in 30 minutes. I know why [Staff A's e] said 30 minutes because the orders are usually written to recheck in 30 minutes not Q2 hours. We a policy, but it does not include the use of glucagon. When asked regarding the quality review of dent #1's return to the hospital and the findings, the DON stated, There was documentation issues and administration blood sugars were not documented. Blood sugar levels that were taken should have documented and a blood sugar should have been taken 15 minutes after glucagon administration.	
	During a telephonic interview on [DATE] at 9:17 AM, the Medical Doctor #1 stated, My expectation is that the professional standards for management of hypoglycemia should be followed which includes administration emergency Glucagon, rechecking blood glucose in 15 minutes and reassessing the resident. The physicial should be notified of the condition change and if life threatening contact emergency management services for transport to the hospital.		ved which includes administration of essing the resident. The physician
	During a telephonic interview on [DATE] at 9:30 AM, the Medical Director stated, I expect that professional standards of practice should be followed. After Glucagon administration, the blood sugar should be checked in 15 minutes. I would not order blood sugar to be checked every two hours. If the resident is not responding emergency management services should be contacted for transport to the hospital.		
	During a telephonic interview on [DATE] at 9:50 AM, the APRN #1 stated, It is my expectation that professional standards of practice should be followed by nursing when a resident is hypoglycemic. I give order for glucagon and to recheck the blood sugar in 15 minutes and to call me back.		resident is hypoglycemic. I give an
	During an interview on [DATE] at 12:00 PM, when asked if a change in condition was identified during recoreview for Resident #1, the DON stated, On [DATE], I requested that the LPN provide me a timeline of wha happened. What was found is there were documentation issues. I was not at the last QAPI [Quality Assurance Performance Improvement] meeting held on [DATE]. I will be taking this issue to QAPI on [DATE]. There is no Performance Improvement Plan.		
		2:08 PM, the Administrator stated, I ca f1]. We talk all the time, but I cannot te	
	During a telephonic interview on [DATE] at 1:50 PM, the Medical Director stated, If a resident sugar of 32, I will give [glucagon injection] immediately and if symptomatic, I would send them emergency room immediately. Low blood sugar causes circulatory depression, fogginess, and mental condition. The resident diagnoses need to be considered. Many medications are secret kidneys. The resident would need to have intravenous drip and lab work. I did not know about until yesterday [[DATE]].		c, I would send them out to the ssion, fogginess, and a change in dedications are secreted in the
		e Immediate Jeopardy removal plan wi tation of the facility's immediate actions	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIE	-D	STREET ADDRESS, CITY, STATE, ZI	P CODE
Grove Healthcare and Rehabilitation Center and Reh		124 W Norvell Bryant Hwy	PCODE
Grove Floatinoard and Floridalitation	on contain and Non	Hernando, FL 34442	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE], the DON/designee confor blood sugar monitoring to ensurinsulin administration in accordance hypoglycemia interventions with docompleted a review of residents who (return to hospital) as it related to homogeneous commeting was held for investigation Staff A, LPN, received one on one condition. On [DATE], the facility in when hypoglycemic interventions a on blood sugar monitoring, docume management, policy and procedure Director of Nursing) when hypoglycemic services reeducated the Clinical Nother that treatment is maintained by the conformation and maintaining QA/PI (Quality Review of the audits showed all actinsulin administration (32) was reviphysician orders for the last 30 day were reviewed for changes in conduption, anti-hypoglycemia admin hypoglycemic interventions initiated interviews conducted on [DATE], the facility in the components of job descriptions.	inpleted a comprehensive audit of active re insulin administration was document re with physician orders for the last 30 documentation of repeat blood sugars. One return to the hospital over the past 3 depolycemia was carried out. On [DAT dents in the facility with change in conditional pleted as ordered. On [DATE], an Ad I of the concern and determination of the education on hypoglycemia/hyperglyce ititated a systemic change to include the reinitiated. By [DATE], 32 out of 33 licentation of results, follow up with physic event of the concern and including the Admin semic interventions initiated. On [DATE] anagement Team including the Admin anagement Team including the Admin and participation, evaluation, and interventions in the facility with orders the safety and well-being as it related to the safety and interventions in the facility with orders are well in the facility with orders are with no concerns identified. Review of the safety of the safety concerns related to insign with no concerns identified. Review of the safety of the	e residents in the facility with orders ed to identify concerns related to lays including administration of n [DATE], the DON/designee 0 days to ensure timeliness of RTH E], the DON/designee completed a ition to validate physician was Hoc QA (Quality Assurance) e root cause analysis. On [DATE], emia protocol, and change in enotification to the DON/ADON ensed nurses received education cian, guideline for diabetes on of DON/ADON (Assistant I), VPCS (Vice President of Clinical istrator and Director of Nursing on designees and biractor of Nursing on designees and biractor of Nursing on the blood glucose monitoring and ervention through Dashboard, Risk clinical standup and stand down ement) process. For blood sugar monitoring and sulin administration with the of the audits showed 44 residents change in condition, validation of rethe last 30 days with no concerns two RNs verified receiving the d procedure on change in of the DON/ADON when ng up with the physician. During ring confirmed receiving training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 106036	A. Building B. Wing	05/02/2025	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Grove Healthcare and Rehabilitation Center and Reh		124 W Norvell Bryant Hwy Hernando, FL 34442		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0842 Level of Harm - Minimal harm or potential for actual harm	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49777			
Residents Affected - Few	Based on interviews and record real and accurate for 1 of 3 residents, F	views, the facility failed to ensure reside Resident #1.	ent medical records were complete	
	Findings include:			
	Review of Resident #1's admission include type 2 diabetes mellitus.	record showed the resident was admit	tted on [DATE] with diagnoses to	
	Review of Resident #1's physician order dated 3/12/2025 at 1:46 PM read, Perform Accuchek [testing of blood glucose] before meals and at bedtime related to Type 2 Diabetes Mellitus with foot ulcer.			
	Review of Resident #1's physician order dated 4/8/2025 at 6:41 PM read, Glucagon Emergency Injection Kit 1 MG [milligram] [glucagon emergency injection], Inject 1 application subcutaneously as needed for Administer [Sic.] if BS [blood sugar] <60 [less than 60] recheck sugar Q2H [every 2 hours].			
	Review of Resident #1's progress note dated 4/9/2025 at 12:45 AM read, Received with low blood sugar rechecked with a 72 result . responsive with eyes and asked if he wants to go to ER [emergency room] and he shook head no, oral [glucose] gel [used for people with diabetes to raise their blood sugar levels] received and able to swallow.		o go to ER [emergency room] and	
		rogress notes for 4/9/2025 did not provi t #1's blood sugar value and the admin		
	Review of Resident #1's clinical red	cord did not document a physician's ord	der for glucose gel.	
	of 42, unstable blood sugar. On ca	ew of Resident #1's progress note dated 4/9/2025 at 3:00 AM read, Monitoring blood sugar with resu, unstable blood sugar. On call MD [Medical Doctor covering for Medical Doctor #1] contacted with t of cond. [condition] orders to give the glucagon at this time IM [intramuscular].		
	to left arm per order of the on call f	note dated 4/9/2025 at 3:50 AM read, G or [Medical Doctor #1's name, Advance and to ER if no positive response to Glu	ed Practice Registered Nurse	
	Review of Resident #1's progress note dated 4/9/2025 at 6:15 AM read, INC [incontinent] of large amount loose stool, BS rechecked x 2 [times two] 50 result at 0530 [5:30 AM], not responding to verbal or physica stimuli, rechecked blood sugar 0630 [6:30 AM] with result of 32. 911 notified of ER [Sic.] with response tea arriving at 0630. After evaluation of team sent to ER.			
	(continued on next page)			

	aid Selvices		No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh		STREET ADDRESS, CITY, STATE, ZIP CODE 124 W Norvell Bryant Hwy	
		Hernando, FL 34442	
For information on the nursing home's p	plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			on)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During a telephonic interview on 4/30/2025 at 10:10 PM, Staff A, Licensed Practical Nurse (LPN), remember [Resident #1's name]. At the beginning of my shift [11:00 PM -7:00 AM], I checked him awake, alert, taking juice and took the glucose gel. I checked his blood sugar, but I don ott hink! I blood glucose. His level would go up and then go back down. When I called the on-call provider for Doctor #1's name], she said her name was [First Name of APRN #1] and I asked if he should go and she [APRN #1] said to give him Glucagon. When I checked his [Resident #1's] blood glucose went up, I went back to check on him at end of shift and that is when his blood glucose had dropr called 911. During an interview on 5/1/2025 at 7:25 AM, Staff A, LPN, stated, I did check the resident's [Resident #1's return to the hospital and the findings, the DON state blood sugar more often than is documented. At least every 30 minutes. During an interview on 5/1/2025 at approximately 7:55 AM with the Director of Nursing (DON), wregarding the quality review of Resident #1's return to the hospital and the findings, the DON state were documentation issues and post administration blood sugars were not documented. Blood su that were taken should have been documented and the blood sugar should have been taken 15 nater glucagon administration. Review of the facility policy and procedure titled Diabetes/Hypo/Hyperglycemia with the last review 1/16/2025 read, Policy: It will be the policy of this facility to provide appropriate care to residents diabetes mellitus. Nursing measures and physician orders will be implemented to minimize the rish hypo/hyperglycemia. Procedure. 14. Document pertinent information regarding medication admir changes in condition, education or interventions in clinical record. Review of the facility polic		d Practical Nurse (LPN), stated, I do 7:00 AM], I checked him, he was gar, but I do not think I charted the ed the on-call provider for [Medical I asked if he should go to the ER dent #1's] blood glucose afterward it blood glucose had dropped, and I eck the resident's [Resident #1's] or of Nursing (DON), when asked findings, the DON stated, There it documented. Blood sugar levels id have been taken 15 minutes there are to residents with ented to minimize the risk of arding medication administration, attion with the last review date of to the resident, or any changes in ident's clinical record as is needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
		124 W Norvell Bryant Hwy	. 6052	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0867	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.			
Level of Harm - Immediate jeopardy to resident health or safety	**NOTE- TERMS IN BRACKETS F	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 49777	
Residents Affected - Few	Based on interviews and record reviews, the facility failed to utilize the Quality Assessment and Performance Improvement (QAPI) process to investigate, identify, develop, and implement an effective performance improvement plan (PIP) for failure to notify the physician of a resident change in condition and to follow physician's orders. On [DATE] at 12:45 AM, Resident #1 had a blood sugar value of 72, Staff A, Licensed Practical Nurse (LPN), did not contact the provider and administered glucose gel without a physician's order On [DATE] at 1:49 AM, Resident #1 was less responsive. On [DATE] at 3:00 AM, Resident #1 had a blood sugar value of 42. The on-call physician was called, and ordered to administer Glucagon intramuscularly, monitor, and send to the emergency room if no positive response to Glucagon received. On [DATE] at 5:30 AM, Resident #1 had a blood sugar value of 50. The blood sugar value was rechecked with a blood sugar value of 50. Resident #1 was not responding to verbal or physical stimuli. The provider was not notified, Glucagon was not administered per physician's order when blood sugar dropped below 60 for a second time and the resident was not sent out to the emergency room per the physician's order. On [DATE] at 6:30 AM, Resident #1 had a blood sugar value of 32. Glucagon was not administered per the physician's order. Emergency Medical Services, 911, were called and Resident #1 was transported to a local hospital. Resider #1 did not survive. This failure places all 118 current residents who may possibly suffer a change in condition at risk. The facility's failure to implement the policies and procedures for change in condition, notifying the physician of a change in condition, and not following physician's orders led to a determination of Immediate Jeopardy at a scope and severity of isolated (J).		nent an effective performance ange in condition and to follow ar value of 72, Staff A, Licensed ose gel without a physician's order. 300 AM, Resident #1 had a blood aister Glucagon intramuscularly, agon received. On [DATE] at 5:30 as rechecked with a blood sugar. The provider was not notified, ropped below 60 for a second time, and order. On [DATE] at 6:30 AM, and per the physician's order. Sported to a local hospital. Resident inossibly suffer a change in condition an condition, notifying the physician and condition are condition and condition and condition and condition and condition and condition are condition and condition and condition are condition and condition and condition and condition and condition are condition and condition and condition and condition and condition and condition are condition and condition are condition and condition and condition are condition and condition and condition are condition and condition and condition and condition are condition and condition and condition are condition and condition are condition and condition are condition and condition and condition are condition and condition are condition and condition and condition are condition are condition and condition are condition are condition and condition are condition are condition are condition are condition.	
		ne Immediate Jeopardy on [DATE] at 3	:15 PM.	
	Findings include:			
	program with the last review date of including a facility that is part of a r	y policy and procedure titled Quality Assurance and Performance Improvement (QAPI) st review date of [DATE] read, Policy: It will be the policy of this facility that the facility, nat is part of a multiunit chain, will develop, implement, and maintain an effective, a-drive QAPI program that focuses on indicators of the outcomes of care and quality of		
	the last review date of [DATE] reac and, after implementing those actic improvements are realized and sus determine underlying causes of pro any one or more of the following: a with similar problems (Case Based problem, e. establishing a sequence method(s) for determining underlyi	view of the facility policy and procedure titled QAPI Program Systemic Analysis and Systemic Act last review date of [DATE] read, Policy: The facility will take actions aimed at performance improd, after implementing those actions, measure its success, and track performance to ensure that rovements are realized and sustained. Procedure: 1. The facility will utilize a systemic approach termine underlying causes of problems impacting larger systems. This may include, but not be limble on or more of the following: a. group discussion (Brainstorming), b. application of practical experts in similar problems (Case Based Reasoning), c. root cause analysis, d. identification and description of the similar problems (Case Based Reasoning), c. root cause analysis, d. identification and description of the similar problems (Case Based Reasoning), c. root cause analysis, d. identification and description of procedure of events, f. causal factors differentiation, g. causal graphing, h. thod(s) for determining underlying causes. 2. The facility will develop corrective actions that will be signed to effect change at the system level to prevent quality of care, quality of life, or safety problem intinued on next page)		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh		STREET ADDRESS, CITY, STATE, ZIP CODE 124 W Norvell Bryant Hwy Hernando, FL 34442	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	transfers to acute care facilities. QI check care that was provided 72 he improvement and to identify if there managers and myself. The nurse in from their units to an acute care facing reported event because record reviand there were no complaints recessar [Situation, Background, Assed During an interview on [DATE] at a had conducted the chart review for order stated to check the blood sugname] said 30 minutes because the have a policy, but it does not include Resident #1's return to the hospital post administration blood sugars where the documented and a blood sugname at elephonic interview on [Date of transport to the hospital. During a telephonic interview on [Date of transport to the hospital. During a telephonic interview on [Date of transport to the hospital. During a telephonic interview on [Date of transport to the hospital. During a telephonic interview on [Date of transport to the hospital. During a telephonic interview on [Date of the condition of transport to the hospital. During a telephonic interview on [Date of the condition of transport to the hospital. During a telephonic interview on [Date of the condition of transport to the hospital. During a telephonic interview on [Date of the condition of transport to the hospital. During a telephonic interview on [Date of the condition of transport to the hospital.	1:45 AM, the Director of Nursing (DON [Quality Improvement] tool utilized for ours prior to transfer to determine if the eare any reportable events. The review nanagers generally review the charts for cility. [Resident #1's name] was not ide iew did not identify any areas in need of ived about this resident. I am trying to gessment, and Recommendation] anytim pproximately 12:00 PM, Staff C, LPN, Resident #1 and stated The nurse followar Q [every] 2 hours after Glucagon with proximately 7:55 AM, the DON stated is ordered, they should check the BS in the error of glucagon. When asked restricted the use of glucagon. When asked restricted and the findings, the DON stated, The error of documented. Blood sugar leve are should have been taken 15 minutes and the findings in 15 minutes and reassichange and if life threatening contact expected and the finding of the provided and the finding	review of acute care transfers. We are are any opportunities for we are conducted by the two nurse or residents that were transferred ntified to be a Federal or State of improvement at the time of review get nursing to complete the interact me there is a change in condition. Unit Manager, confirmed that she owed the physician order. The as given. I, Nurses should follow the 30 minutes. I know why [Staff A's in 30 minutes not Q2 hours. We garding the quality review of are was documentation issues and alst hat were taken should have after glucagon administration. If stated, My expectation is that the wed which includes administration of essing the resident. The physician mergency management services stated, I expect that professional the blood sugar should be checked are. If the resident is not responding, a hospital. It is my expectation that resident is hypoglycemic. I give an all me back. Indition was identified during record LPN provide me a timeline of what at the last QAPI [Quality]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	106036	A. Building B. Wing	05/02/2025	
		D. Willig		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Grove Healthcare and Rehabilitation Center and Reh		124 W Norvell Bryant Hwy Hernando, FL 34442		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0867	During an interview on [DATE] at 12:08 PM, the Administrator stated, I cannot recall when the DON informed me about this Resident [Resident #1]. We talk all the time, but I cannot tell you the exact date and time.			
Level of Harm - Immediate jeopardy to resident health or safety	sugar of 32, I will give [glucagon in]	ATE] at 1:50 PM, the Medical Director jection] immediately and if symptomatic	c, I would send them out to the	
Residents Affected - Few	emergency room immediately. Low blood sugar causes circulatory depression, fogginess, and a change in mental condition. The resident diagnoses need to be considered. Many medications are secreted in the kidneys. The resident would need to have intravenous drip and lab work. I did not know about this patient until yesterday [[DATE]].			
		order dated [DATE] at 1:46 PM read, F me related to Type 2 Diabetes Mellitus		
	Review of Resident #1's physician order dated [DATE] at 6:41 PM read, Glucagon Emergency Injection Kit MG [milligram] [glucagon emergency injection], Inject 1 application subcutaneously as needed for Administe [Sic.] if BS [blood sugar] <60 [less than 60] recheck sugar Q2H [every 2 hours].			
	Review of Resident #1's progress note dated [DATE] at 12:45 AM read, Received with low blood sugar rechecked with a 72 result [American Diabetes Association recommended blood sugar range for adult with Type II Diabetes is 80 to 130]. responsive with eyes and asked if he wants to go to ER [emergency room] and he shook head no, oral [glucose] gel [used for people with diabetes to raise their blood sugar levels] received and able to swallow.			
	Review of the 5-Day Entry Minimur Mental Status - cognition is conside	m Data Set, dated dated dated [DATE] ered intact].	read, BIMS 14 [Brief Interview for	
	Review of Resident #1's physician gel.	th's physician orders for [DATE] did not provide documentation of an order for glucose this physician Administration Record for the period of [DATE] through [DATE]		
	Review of Resident #1's Medication documented blood sugar values be			
		ogress notes for [DATE] did not provide t #1's blood sugar value and the admin		
	Review of Resident #1's progress r	note dated [DATE] at 1:49 AM read, Le	ss responsive.	
	42, unstable blood sugar. On call M	sident #1's progress note dated [DATE] at 3:00 AM read, Monitoring blood sugar with results lood sugar. On call MD [Medical Doctor covering for Medical Doctor #1] contacted with reposition] orders to give the glucagon at this time IM [intramuscular].		
	Review of Resident #1's Medication Administration Record for the month of [DATE] documented Glucag Emergency Kit 1 mg was administered on [DATE] at 3:12 AM.		of [DATE] documented Glucagon	
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh		STREET ADDRESS, CITY, STATE, ZI 124 W Norvell Bryant Hwy Hernando, FL 34442	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	left arm per order of the on call for (APRN)#1's name], monitor and se Review of Resident #1's progress r loose stool, BS rechecked x 2 [time stimuli, rechecked blood sugar 063 d+[DATE], a value of 32 is conside attention]. 911 notified of ER [Sic.] Review of Resident #1's physician without response to Glucagon tx [tr Review of Resident #1's progress r d+[DATE]. Review of the Administrator's job of The primary purpose of your positic current federal, state, and local state that the highest degree of quality cares responsibilities. Committee Funct developing and implementing approximate Position: The primary purpose of yor of our Nursing Service Department and regulations that govern our Farhighest degree of quality care is ma Functions. Develop, implement, and department. Monitor the Facility's of Assist in developing plans of action. Review of the Assistant Director of of Your Job Position: The primary pplanning, organizing, developing, a accordance with current federal, star Facility, and as may be directed by Services to ensure that highest deg Assistant Director of Nursing Servica accountability necessary for carryin Services, you are charged with carr Responsibilities. Administrative Fur Director with recommendations tha	note dated [DATE] at 3:50 AM read, Gli [Medical Doctor #1's name, Advanced and to ER if no positive response to Glunote dated [DATE] at 6:15 AM read, IN its two] 50 result at 0530 [5:30 AM], not 0 [6:30 AM] with result of 32 [Normal beared hypoglycemia, a dangerous conditionally with response team arriving at 0630. A corder dated [DATE] at 7:00 AM read, Seatment]. In the dated [DATE] at 10:07 PM read, Formal beared and provided to all our residents are can be provided to all our residents and private plans of action to correct identifications. Assist the Quality Assurance and provided at all times. Duties and Respond maintain an ongoing quality assurance and maintain and ongoing quality assurance and maintain an ongoing quality assurance and maintain and at all times. The Medical Director, are gree of quality care is maintained at all aces you are delegated the administrative and the problem and the problem is to assist the modifications. Monitor the Facility's QI/QM at the will be helpful in eliminating problem and the will be helpful in eliminating problem and the will be helpful in eliminating problem and the will be helpful in eliminating problem.	Practice Registered Nurse loagon. C [incontinent] of large amount of responding to verbal or physical lood sugar values are between, on that requires immediate medical fiter evaluation of team sent to ER. Send to ER for hypoglycemia Resident expired at the hospital, and, Purpose of Your Job Position: of the Facility in accordance with govern nursing facilities to assure at all times. Duties and diassessment Committee in fied quality deficiencies. TE], read, Purpose of Your Job pop, and direct the overall operation atte, and local standards, guidelines ministrator to ensure that the consibilities. Administrative for program for nursing service management] and survey reports. Em areas. Cowledged on [DATE] read, Purpose Director of Nursing Services in the Nursing Service Department in diregulations that govern our addor the Director of Nursing times. Delegation of Authority: As we authority, responsibility, and ablished by this Facility. Duties and and survey reports and provide the areas. Committee Functions.

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NAME OF PROVIDED OR CURRULE	'D	CTREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh		STREET ADDRESS, CITY, STATE, ZI 124 W Norvell Bryant Hwy Hernando, FL 34442	PCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the Medical Director's Ac Responsibilities of a Nursing Facilit writing to accept legal responsibility Serving on the following committee assurance committee; utilization re others as necessary or appropriate Review of the Licensed Practical N Position: The primary purpose of you supervise the day to day nursing ac Care Assistants] and other nursing Facility's quality assurance program Review of the Unit Supervisor's job your position is to assist the Director the day to day functions of the nursilocal standards guidelines, and reg Administrator, the Medical Director quality care is maintained at all time quality assurance program for the I reports and provide the Director of problem areas.	greement read, Performance Requirem by Medial Director. Exhibit A: 'Medical Director's Exhibit A: 'Medical Director's Facility pursures of the facility pursures; pharmaceutical services; infection of view; discharge planning; assessment	pents and Duties and Director Services' - agreement in lant to S400.9935 Florida statutes and control; quality assessment and and care planning committee; and In read, Purpose of Your Job care to the residents, and to lified Nursing Assistants/Patient lance and implementation of the In Position: The primary purpose of lanizing, developing and directing life with current federal, state, and life is may be directed by the life of ensure that the highest degree of limplementation of the Facility's life the Facility's QI/QM, and survey life in the removal date of [DATE]. The

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Grove Healthcare and Rehabilitation Center and Reh		STREET ADDRESS, CITY, STATE, ZI	P CODE
		Hernando, FL 34442	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	for blood sugar monitoring to ensurinsulin administration in accordance hypoglycemia interventions with docompleted a review of residents who (return to hospital) as it related to homogeneous comprehensive audit of active residentified and if blood sugar was commeeting was held for investigation Staff A, LPN, received 1:1 educatic [DATE], the facility initiated a syste hypoglycemic interventions are init blood sugar monitoring, documents management, policy and procedure Director of Nursing) when hypoglyce Services) reeducated the Clinical Nother components of job descriptions QAPI self-assessment tool. Beginn designee will ensure that the safety maintained by the continued particin RTH Resident records and ,d+[DATE] and maintaining QA/PI (Quality Assequence of the last 30 day were reviewed for changes in condition, administration (32) was reviewed for changes in condition, physician ordidentified. During staff interviews condition, anti-hypoglycemia admin hypoglycemic interventions initiated interviews conducted on [DATE], the components of the last 30 day were reviewed for changes in condition, anti-hypoglycemia admin hypoglycemic interventions initiated interviews conducted on [DATE], the components of the sum	inpleted a comprehensive audit of activities insulin administration was document ewith physician orders for the last 30 commentation of repeat blood sugars. One return to the hospital over the past 3 dypoglycemia was carried out. On [DAT dents in the facility with change in conditional pleted as ordered. On [DATE], an Adiof the concern and determination of the one on hypoglycemia/hyperglycemia promic change to include the notification to include the notification of the concern and determination of the one of hypoglycemia/hyperglycemia promic change to include the notification of results, follow up with physician expension of results, follow up with physician on change in condition, and notification expension of results, follow up with physician and 5 elements of QAPI, root cause a sing [DATE], the Administrator/designer of and well-being as it related to blood gipation, evaluation, and intervention that TE] hour report review during clinical standard surface. Performance Improvement) proview the components of ongoing PIP and tive residents in the facility with orders ewed to identify concerns related to insign with no concerns identified. Review of the concerns identified and implementation of orders over ond or patients of the proview of the distinct of the proview of the pr	ed to identify concerns related to days including administration of an [DATE], the DON/designee 0 days to ensure timeliness of RTH iE], the DON/designee completed a dition to validate physician was Hoc QA (Quality Assurance) aroot cause analysis. On [DATE], tocol, and change in condition. On the DON/ADON when nurses received education on an guideline for diabetes on of DON/ADON (Assistant I), VPCS (Vice President of Clinical distrator and Director of Nursing on analysis, QAPI at a glance, and as and Director of Nursing Services lucose monitoring and treatment is ough Dashboard, Risk reports, andup and stand down meeting, tocess. On [DATE], an Ad Hoc and review the findings of F867 for blood sugar monitoring and sulin administration with the pof the audits showed 44 residents change in condition, validation of the last 30 days with no concerns two RNs verified receiving the d procedure on change in of the DON/ADON when ng up with the physician. During ring confirmed receiving training