

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Isle Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1125 Fleming Plantation Blvd Orange Park, FL 32003	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51733</p> <p>Based on observations, interviews, and record review, the facility failed to maintain a safe environment for two (Resident #20 and #44) of six residents reviewed for smoking safety. Specifically, cigarette lighters were found in the residents' rooms, in violation of the facility's smoking policy, which prohibits residents from possessing smoking materials in their personal living spaces, placing residents at risk for fire and smoke related injuries.</p> <p>The findings include:</p> <p>1. A review of Resident #20's medical record revealed an admitted [DATE] and diagnoses including atherosclerotic heart disease, chronic congestive heart failure, use of a cardiac pacemaker, major depressive disorder, cognitive/communication deficit, and anxiety disorder.</p> <p>Resident #20's smoking evaluation, dated 01/13/25, revealed that Resident #20 was permitted to smoke unsupervised in designated smoking areas. Resident must request smoking material from staff. (Photographic evidence obtained)</p> <p>Resident #20 was care planned on 05/06/25 with a focus area for Smoker/Tobacco User. The goal was to smoke safely at designated areas through the next review. Interventions included: Instruct resident about smoking/tobacco use risks and hazards and about smoking/tobacco use cessation aids that are available. Instruct resident about the facility's policy on smoking: locations, times, safety concerns. Notify charge nurse immediately if it is suspected resident has violated facility's smoking policy. The resident can smoke unsupervised, and the resident's smoking supplies are stored in nurses' cart or nurses' station. (Photographic evidence obtained)</p> <p>A smoking observation and interview was conducted on 05/21/25 at 9:30 AM with Residents #20 and #44 while in the facility's designated smoking area. Resident #20 stated she was permitted to keep her smoking materials in her room. Resident #44 stated she kept her lighter and cigarettes in her red bag on her wheelchair in her room.</p> <p>An interview was conducted on 05/21/25 at 10:46 AM with Certified Nursing Assistant (CNA) C who stated residents were assessed for safe smoking during admission. Residents were then permitted to smoke independently. Smoking material was locked in the medication carts and residents were not permitted to keep cigarettes or lighters in their rooms.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/21/25 at 10:51 AM, a gray cigarette lighter was observed in Resident #20's room in a flower colored pouch. (Photographic evidence obtained)</p> <p>On 05/21/25 at 11:02 AM, Unit Manager A was accompanied to Resident #20's room. Two cigarette lighters and two packs of cigarettes were retrieved from Resident #20's room.</p> <p>2. A record review conducted for Resident #44 revealed an admitted [DATE] and diagnoses including chronic obstructive pulmonary disease, chronic respiratory failure, cerebral palsy, Parkinsonism, cognitive/communication deficit, dementia - unspecified severity with other behavioral disturbance, major depressive disorder, and anxiety disorder.</p> <p>A smoking evaluation for Resident #44, dated 01/13/25, revealed that the resident was permitted to smoke unsupervised in designated smoking areas. Resident must request smoking material from staff. (Photographic evidence obtained)</p> <p>Resident #44 was care planned on 05/20/25 with a focus area for Smoker/Tobacco User. The goal was to smoke safely at the designated area thru next review. Interventions included: Instruct resident about smoking/tobacco use risks and hazards and about smoking/tobacco use cessation aids that are available. Instruct resident about the facility's policy on smoking: locations, times, safety concerns. Notify charge nurse immediately if it is suspected resident has violated facility's smoking policy. The resident can smoke unsupervised and the resident's smoking supplies are stored in nurses' cart or nurses' station. (Photographic evidence obtained)</p> <p>On 05/21/25 at 11:11 AM, Licensed Practical Nurse (LPN) B was accompanied to Resident #44's room. LPN B retrieved a lighter and a pack of cigarettes in a red pouch from Residents #44's room. (Photographic evidence obtained)</p> <p>An interview was conducted on 05/21/25 at 11:49 AM with LPN B who stated she asked Resident #44 if she had her cigarettes and lighter in her room, and Resident #44 responded yes, in the red bag on her wheelchair. LPN B confirmed that smoking material was to be kept in the medication room and residents were not permitted to keep smoking material in their rooms.</p> <p>A review of the facility's policy titled Standards and Guidelines: Smoking Policy (dated 08/22), revealed that the resident may smoke independently; however, lighters/ignition materials must be returned to the nursing station or designated area and not remain on their person. (Photographic evidence obtained)</p>		