STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106093	A. Building B. Wing	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luxe at Lutz Rehabilitation Center (the)	19091 N Dale Mabry Hwy Lutz, FL 33548

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure urinary catheter care was provided in accordance with standards of care for one resident (#1) out of 3 residents sampled for catheter care.Findings included: A review of Resident #1's admission record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses to include benign prostatic hyperplasia, malignant neoplasm of prostate, and obstructive uropathy. A review of Resident #1's Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form (AHCA form 3008) dated 10/3/2025 revealed in Section P. Health Status-Foley (urinary) catheter checked yes.A review of Resident #1's order summary report was absent of an order for a urinary catheter upon admission.Review of Resident #1's October 2025 Treatment Administration Record revealed the following treatment order: Indwelling urinary catheter care Q-shit [every] and PRN [as needed] with a start date of 10/20/2025.Review of Resident #1's Care Plan revealed the following:-Focus: The resident has a risk for injury/infection r/t [related to] presence of urinary catheter secondary to obstructive uropathy with a start date of 10/4/2025.- Interventions: Catheter size and balloon as per MD [Medical Doctor] orders with a start date of 10/4/2025; Monitor for s/sx [signs and symptoms] of bacteriuria [infection of the urinary system] . with a start date of 10/4/2025; Provide catheter care per orders with a start date of 10/4/2025.An interview with Staff A, Licensed Practical Nurse (LPN) was conducted on 11/6/2025 at 12:12 p.m. Staff A stated if a resident was admitted with a urinary catheter, she would call the doctor to see if they want the catheter to remain in place or the catheter to be taken out. Staff A stated she would assess the resident and refer to the physician orders. Staff A stated if the resident had no catheter orders, the admitting nurse and the nurse putting in the orders would reach out to the doctor to get the catheter orders. Staff A stated there should be orders for the catheter size and the diagnosis for the catheter, like urinary retention. Staff A stated the Certified Nursing Assistant (CNA) is responsible for catheter care, not the nurse.An interview with Staff B, CNA was conducted on 11/6/2025 at 12:58 p.m. Staff B stated Resident #1 was admitted with a urinary catheter. Staff B stated she regularly took care of the resident.An interview with Staff C, LPN Unit Manager, was conducted on 11/6/2025 at 12:58 p.m. Staff C stated Resident #1 was admitted with a urinary catheter on 10/4/2025. Staff B stated there should be orders to monitor output, diagnosis, changing catheter as needed, and catheter care every shift. Staff C stated the order for the urinary catheter started on 10/20/2025. Staff C stated she put this order in when she was performing an audit. Staff C stated the batch orders for the urinary catheter should have been put in when the resident was admitted . Staff C stated there would be no way of knowing if the catheter care was being completed because there were no orders in place.An interview with the Director of Nursing (DON) was conducted on 11/6/2025 at 1:00 p.m. The DON stated they do batch orders for residents with an indwelling urinary catheter. The orders should be the size of the catheter, the balloon, and the diagnosis for the use of the catheter. The DON stated the AHCA form 3008 on admission showed Resident #1 had an indwelling urinary catheter for obstructive uropathy. The DON stated Resident #1 should have had orders put in for a urinary catheter.The facility did not provide a policy.