STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106095	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Club Healthcare and Rehabilitation Center at the V	16529 SE 86th Belle Meade Circle The Villages, FL 32162

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on observation, interview, and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate for 2 of 5 residents reviewed (Residents #11 and #90).Findings include: 1) Review of Resident #90 physician order dated 6/3/2026 read, Flomax Capsule 0.4 MG [milligram] give 1 capsule by mouth one time a day for benign prostatic hyperplasia. Review of Resident #90 Minimum Data Set titled Medicare 5 Day dated 6/4/2026 Section I Active Diagnoses did not document Benign Prostatic Hyperplasia. During an interview on 6/17/2026 at 10:56 AM with MDS Coordinator stated, [Resident #90's name] MDS needs to be corrected to add Benign Prostatic Hyperplasia he was ordered Flomax for that diagnosis. 2) Review of Resident #11 progress note dated 5/30/2026 read, cervical collar to be worn at all times every shift when this writer arrived on shift and completed rounds, I observed resident without his collar on, I woke resident up and asked if i [sic] could put his collar back on resident stated no and went back to sleep. Review of Resident #11 MDS titled Modification of Admission/ Medicare 5 Day dated 5/31/2026 Section E Behavior did not document refusals of care. Review of Resident #11 comprehensive care plan initiated on 5/30/2026 read, prefers to deviate from plan of care with: Resident non complainant with c collar at times, refuses wound care and medications at times. Review of Resident #11 physician order dated 5/25/2026 read, cervical collar to be worn at all times every shift. During an interview on 6/17/2026 at 10:56 AM with MDS Coordinator stated, [Resident #11's name] MDS needs to be corrected to show resident has behaviors of refusals. During an interview on 6/18/2026 at 11:18 AM with the Director of Nursing stated, We do not have a policy for MDS we follow the RAI [Resident Assessment Instrument].

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) was completed when a mental illness was identified for 1 of 3 residents, Resident #20, review for PASRR screening.Findings include:During an interview on 06/17/2026 at 1:42 PM the Social Services Director (SSD) with the Social Services Assistant (SSA) the SSD said she had started working for the facility three weeks ago. We need to assist with ensuring PASRRs (Preadmission Screening and Resident Review) are up to date moving forward during the psychiatry meeting we have once a week to discuss GDR's [gradual dose reductions]. During an interview on 06/18/2026 at 9:42 AM the Director of Nursing stated, It is a joint effort between the social services and clinical team to ensure they [PASRRs] are updated. We have a PASRR performance improvement plan that was started on 3/13/2026. It was for the newly admitted residents' PASRRs to be reviewed, it did not include updating the PASRRs to reflect the existing residents' diagnoses.Review of Resident #20's medical record revealed two PASRRs. One was dated 5/8/2026 and the second was dated 5/11/2026. The PASRRs did not have Resident #20's diagnosis of major depressive disorder. There were no additional PASRRs in the record.Review of the Psychiatry Subsequent Note dated 05/12/2026 at 18:30 (6:30 PM) read, Chief Complaint: Depression and insomnia. Reason for Encounter: This is a [AGE] years old patient with a past psychiatric history of depression and insomnia. During last visit, patient had side effects of medication. Patient was sad and sleepy. Dated 05/16/2026 with a signature time of 4:22 PM read, Assessment and Plan: Psychiatric Condition: As per collected information and interview, it appears that the patient is unstable. I feel the symptoms are occurring due to exacerbation of underlying depression disorder. Plan of Action; Recurrent: The history suggest that this patient has suffered from episodes of depression lasting for more than 2 weeks. The symptoms have caused significant distress and functional impairment to the patient, and they have occurred without any underlying substance use or organic brain pathology. ICD [International Classification of Disease] Codes: Major depressive disorder, recurrent, moderate.Review of the policy and procedure titled P&P Role of Admissions and Social Services in PASRR read, The facility shall ensure that all individuals admitted to the nursing facility are screened for Serious Mental Illness (SMI), Intellectual Disability (ID), or Related Conditions in accordance with federal and state regulations prior to admission. Residents identified with SMI, ID, or related conditions shall receive services in the most integrated and appropriate setting and shall continue to receive appropriate care and services following any significant change in status. Purpose: To establish procedures for compliance with Preadmission Screening and Resident Review (PASRR) requirements. Procedure - Preadmission Screening: The Social Services Director/Credentialed User shall initiate a PASRR Resident Review for residents previously identified with SMI, ID, or related conditions when a significant change in status occurs or when newly evident symptoms indicate possible SMI, ID, or related conditions.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interviews, observation, and record review, the facility failed to ensure assistance with activities of daily living (ADLs) for nail care for 1 of 5 residents, Resident #59, reviewed for ADL (Activities of Daily Living) care. Findings include:During an observation on 06/15/2026 at 09:35 AM Resident #59 was reclining in bed with her hands resting on her lap. The resident's nails on both hands were jagged and had dark matter under the length of the nails. The nails were approximately 5 to 8 millimeters in length and all the nails on both hands had jagged edges.During an observation on 06/16/2026 at 10:25 AM Resident #59 was sitting in a wheelchair in the resident's room conversing with her spouse. The resident's nails on both hands had been filed and no longer continued to have jagged edges. The nails on both hands continued to have a dark matter substance under the length of the resident's nails.During an interview on 06/16/2026 at 10:30 AM Resident #59 stated, They do not give me wipes or a washcloth to wipe my hands before I eat or after I go to the bathroom.During an interview on 06/16/2026 at 10:35 AM Resident #59's spouse stated, We had discussed the appearance of her nails, and I ended up bringing in a nail brush and brought her a file. We worked on them a little yesterday.During an interview on 06/17/2026 at 9:05 AM Staff #D stated [Resident #59's name] needs assistance due to being weaker on one side. Her hands need to be cleaned before she eats. I know the husband was working on her nails, I didn't think I needed to.During an interview on 06/18/2026 at 2:05 PM the Director of Nursing (DON) stated her expectations for nail care is it should be completed. Review of Resident #59's care plan dated 06/12/2026 read, Resident has a self-care deficit with dressing, grooming, bathing r/t [related to]: generalized weakness, CVA [cerebrovascular accident/stroke] with left side hemiparesis. Goal: Resident will have clean, neat appearance daily thru the next review date. Interventions: Provide hands on assistance with dressing, grooming, bathing as needed and Staff to anticipate resident's needs with ADLs.Review of the policy and procedure titled Policy and Procedure Manual: Clinical ADL Care and Assistance, last approved 01/22/2026 read, It will be the policy of this facility to provide the resident with Activities of Daily Living (ADL) care and assistance while attempting to maintain the highest practicable level of function for the resident. Personal Hygiene: How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review the facility failed to ensure blood pressure medication administration per the physician's ordered parameters for 1 of 6 residents, Resident #46, reviewed for medication management. Findings include:Review of Resident #46 physician order dated 3/9/2026 read, Clonidine HCl [Hydrochloride] Oral Tablet 0.1 MG [milligram] (Clonidine HCl) Give 1 tablet by mouth every 6 hours as needed for BP [blood pressure] systolic greater than 150 or diastolic over 90.Review of Resident #46 Weight and Vital Summary for the month of June 2026 documented on 6/13/2026 at 07:44 [7:44 AM] blood pressure was 174/93.Review of Resident #46's Medication Administration Record for the month of June 2026 did not document Clonidine 0.1 mg was administered.Review of Resident #46 Weight and Vital Summary for the month of May 2026 documented on 5/1/2026 at 09:02 [9:02 AM] blood pressure was 161/105, on 5/2/2026 at 07:38 [7:38 AM] blood pressure was 174/85, on 5/3/2026 at 07:21 [7:21 AM] blood pressure was 162/92, on 5/3/2026 at 17:26 [5:26 PM] blood pressure was 156/92, on 5/14/2026 at 08:03 [8:03 AM] and at 08:04 [8:04 AM] blood pressure was 190/90, on 5/16/2026 at 07:52 [7:52 AM] blood pressure was 153/91, on 5/17/2026 at 07:32 [7:32 AM] blood pressure was 167/91 and at 12:15 [12:15 PM]blood pressure was 153/91, on 5/24/2026 at 07:42 [7:42 AM] blood pressure was 167/95,and on 5/31/2026 at 10:18 [10:18 AM] blood pressure was 161/98.Review of Resident #46 Medication Administration Record for the month of May 2026 documented Clonidine was on administered don 5/14/2026.Review of Resident #46 Weight and Vital Summary for the month of April 2026 documented on 4/1/2026 at 09:40 [9:40 AM] blood pressure 161/90, on 4/2/2026 at 10:07 [10:07 AM] blood pressure 168/96, on 4/3/2026 at 13:05 [1:05 PM] blood pressure 160/85, 4/4/2026 at 07:31 [7:31 AM] blood pressure 168/98, on 4/6/2026 at 10:27 [10:27 AM] blood pressure 156/98, on 4/6/2026 at 15:35 [3:35 PM] blood pressure 156/80, 4/7/2026 at 12:52 [12:52 PM] blood pressure 167/95, 4/8/2026 at 12:37 [12:37 PM] blood pressure 152/71, 4/11/2026 at 10:00 [10:00 AM] blood pressure 165/92, 4/13/2026 at 09:57 [9:57 AM] blood pressure 155/98, 4/13/2026 at 10:10 [10:10 AM] blood pressure 155/98, on 4/15/2026 at 10:30 [10:30 AM] blood pressure 157/94, 4/15/2026 at 21:15 [9:15 PM] blood pressure 155/74, 4/19/2026 at 09:07 [9:07 AM] blood pressure 152/89, 4/23/2026 at 09:53 [9:53 AM] blood pressure 152/87, 4/23/2026 at 15:49 [3:49 PM] blood pressure 155/85, and 4/24/2026 at 07:18 [7:18 AM] blood pressure 164/101.Review of Resident #46's Medication Administration Record for the month of April 2026 did not document Clonidine 0.1 mg was administered.During an interview on 6/17/2026 at 12:13 PM with Staff A, Licensed Practical Nurse stated, I do not recall [Resident #46's name] or that medication [Clonidine to be given when SBP greater than 150 or diastolic greater than 90].During an interview on 6/17/2026 at 3:06 PM with Staff B, Registered Nurse stated, I do not recall [Resident #46's name] having an order in place for Clonidine and those parameters.During an interview on 6/18/2026 at 10:32 AM with the Director of Nursing stated, I spoke to the provider in order to make the order a routine medication with parameters in place where it will always populate to the nurse o see if the resident needs the medication and not a as needed medication. The nurse might not thing there is a as needed blood pressure medication. Nursing staff is expected to follow physician orders. During an interview on 6/18/2026 at 10:37 AM with Cardiology Advance Practice Registered Nurse #1 stated, There has not been any cardiovascular emergencies related to this resident [Resident #46]. I have not seen her since April because she has refused. Her blood pressures have been stable.During an interview on 6/18/2026 at 11:00 AM with Advance Practice Registered Nurse #2 stated, There has been no harm cause to [Resident #46's name]. She has been stable.Review of the facility policy and procedure titled Medication Administration with a last review date of 1/22/2026 read, Policy: It will be the policy of this facility to administer medications in a timely manner and as prescribed by the physician, unless otherwise clinically indicated or necessitated by other circumstances such as lack of availability of medication or refusals of medication by the resident.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on interview and record review the facility failed to provide laboratory and diagnostic testing as ordered for 2 of 6 residents reviewed for laboratory services (Resident #11 and #74).Finding including:1) Review of Resident #11's physician order dated 6/8/2026 read, UA [urine analysis] & culture take sample on 06/11/2026.Review of Resident #11's laboratory documentation did not document a urinalysis and culture and sensitivity dated 6/11/2026.During an interview on 6/17/2026 at 9:33 AM Staff C, Licensed Practical Nurse stated, I spoke to the provider yesterday [6/16/2026]. I saw the order and asked the patient [Resident #11] he had no signs and symptoms and I called the provider. I didn't see any results in the system. Generally, we collect the sample the same day. During an interview on 6/17/2026 at 9:48 AM the Advance Practice Registered Nurse #3 stated, I spoke to [Staff C's name] yesterday and I said the patient was stable and the UA could be discontinued. I would say there is no set time for collection some patients will not void on demand. I would logically have to answer yes, I would expect the nurses to attempt to collect when ordered and if unable to do so contact the provider to let them know. In this case I would not be able to say if they did there is other providers that go into the building. The provider saw him [Resident #11] the day before yesterday. His pain had improved and the patient wanted to discharge. They are good about collection but sometimes one can fall through the cracks. During an interview 6/18/2026 at 8:29 AM the Assistant Director of Nursing stated, Once I see there is an order for a UA I make sure it is collected. That is one that I missed [Resident #11's UA]. During an interview on 6/18/2026 at 9:00 AM Medical Doctor #1 stated, The nurses should follow the orders and collect the specimen. That is best practice. No one had called me regarding the collection of the specimen.During an interview on 6/18/2026 at 9:29 AM Medical Doctor #2 stated, The staff should follow the order for labs being ordered. No one had called me regarding the specimen prior to this week [for Resident #11].2) Review of Resident #74's progress note dated 6/5/2026 read, Patient seen today; she reports increased pain in both shoulders, worse on the right. Will obtain x-ray and continue to use lidocaine patches in addition to oral pain meds for relief. She denies any CP [chest pain], SOB [shortness of breath], dizziness. Review of Resident #74's physician order dated 6/3/2026 read, STAT [immediately] XR [x-ray] right shoulder- 3 views. Portable due to fall risk one time only for pain for 2 Days.Review of Resident #74's Treatment Administration Record for the Month of June 2026 documented XR right shoulder was completed on 6/5/2026 at 1435 [2:35 PM]. Review of Resident #74's diagnostic results did not document an x-ray for the right shoulder. During an interview on 6/18/2026 at 10:23 AM the Director of Nursing stated, The x-ray was not completed as ordered. The nurse is new and checked off the order as if she was acknowledging the order and when she checked it off; that is like she completed the order. When that happens it [the order] will disappear from the orders. During an interview on 6/18/2026 at 11:00 AM Advance Practice Registered Nurse #2 stated, [Resident #74's name] pain is more of a chronic pain. There was no harm caused to the resident. During an interview on 6/18/2026 at 11:57 AM Staff E, Licensed Practical Nurse stated, I don't recall. I was under the wrong impression for the one-time order. Under the protocol it is to be checked if it was actually done, I was under the wrong impression. Review of the facility policy and procedure titled Diagnostics Labs Radiology Notification with a last review date of 1/22/2026 read, Policy: It will be the policy of this facility to provide or obtain timely laboratory, radiology and diagnostic services when ordered by a physician; physician assistant (PA); nurse practitioner (NP) or clinical nurse specialist (CNS) in accordance with State law, including scope or practice laws. Procedure: 1. Laboratory services will be received when ordered by the physician, PA, NP, CNS according to the physician's order. 8. Documentation of pertinent information related to further diagnostic testing and notification should be placed in the clinical record.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to prevent the possible spread of infection by not donning personal protective equipment when providing direct care for 1 of 3 residents, Resident #37, reviewed for enhanced barrier precautions and failing to performed hand hygiene during mealtime for Residents #55 and #42. Finding including: 1) During an observation on 6/16/2026 at 8:15 AM on the outside of Resident #37's room door there was an Enhanced Barrier Precaution sign. Staff E, Certified Nursing Assistant (CNA) entered with Resident #37's breakfast tray and placed it on the bedside table. Without wearing gloves or a gown Staff E began to reposition Resident #37 in bed. Staff E reposition Resident #37's pillow and proceeded to readjust the resident's head on the pillow. 2) During an observation on 6/16/2026 at 12:31 PM Staff E, CNA entered Resident #55's room and removed the lunch tray from the room. Staff E return to the tray cart and placed Resident #55's tray inside the cart. Without performing hand hygiene Staff E walked over to Resident #42's room. Resident #42's room had a contact precaution sign on the doorway and a plastic bin with personal protective equipment. Staff E did not perform hand hygiene, proceeded to remove a gown from the bin to don the personal protective equipment in order to enter Resident #42's room. Resident #42 brought the meal tray to the door and Staff E began to remove and fold the gown placing it back into the plastic bin which contained the unused/new gowns. Staff E collected Resident #42's tray and placed it inside the meal tray cart. Staff E walked down the hall and performed hand hygiene. During an interview on 6/16/2026 at 12:45 PM Staff E, CNA stated, I should have put on a gown and gloves before providing direct care to [Resident #37's name] he has a wound and is under enhance barrier precautions. I should have preformed hand hygiene after removing the tray from [Resident #55's name] room and going to another room. I should have discarded the gown once I realized I was not going to use it instead of putting it back in the bin. During an interview on 6/17/2026 at 9:21 AM the Director of Nursing stated, Staff are to wear gown and gloves when providing direct care to residents under enhance barrier precautions. If dropping a tray off staff does not have to wear a gown or gloves but as soon as they are going to provide care the expectation is for them to gown PPE [personal protective equipment]. If the staff touches the gown they should have discarded it and washed their hands.During an interview 6/18/2026 at 8:29 AM the Assistant Director of Nursing/Infection Presentationist stated, From my education when staff are entering a room if determined that direct care is going to be provided they need to gown and glove. Staff are expected to do hand hygiene in between resident contact. The gown should have been disposed of once staff handled the gown and it was outside of the bin.Review of the facility policy and procedure titled Hand Hygiene with a last review date of 1/22/2026 read, Policy: The facility considers hand hygiene the primary means to prevent the spread of infections. Procedure: 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 5. Use an alcohol-based hand rub containing at least 62% alcohol or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. before and after direct contact with residents. Review of the facility policy and procedure titled Enhanced Barrier Precautions with a last review date of 1/22/2026 read, Policy: It will be the policy of this facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug-resistant organism.