STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106099	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villages Healthcare and Rehabilitation Center, The	900 Highway 466 Lady Lake, FL 32159

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

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F 0580 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 interview and record review, the facility failed to notify the provider for 1 of 3 residents, Resident #2, reviewed for change in condition and transfer. Findings include:Review of the nursing progress note for Resident #2 dated 6/30/2025 at 11:16 PM read, Pt's [patient's] wife requested pt. to return to hospital and called 911 for pt. to be transported. Unaware until paramedics arrived. When asked why, pt's wife wouldn't give a reason. Review of the medical record for Resident #2 did not provide for documentation of the resident's physician being notified when Resident #2 was transported to or returned from the hospital on [DATE].During an interview on 07/15/2025 at 4:06 PM, the Assistant Director of Nursing (ADON) stated, If a resident is transferred to the hospital, the nurse should inform the doctor and the DON [Director of Nursing], and document that the provider was notified. When a Resident returns from the hospital, the expectation is for the nurse to obtain vital signs, perform a skin check, complete a physical assessment, check whether there are new orders, and notify the doctor.During an interview on 07/15/2025 at 5:20 PM, Staff B, Registered Nurse (RN) stated, Shortly after [Resident #2's name] arrived at the facility, [Resident #2's name] wife decided we weren't taking good care of him. She called 911 and he went with EMS [emergency medical services] around 7:30 PM. He was only in the facility for around 30 minutes. [Staff A, LPN's name] is a brand-new nurse and may not have known to call the doctor. The procedure that is followed when a resident returns from the hospital is to obtain vital signs, document that the resident has returned, and notify the doctor.During an interview on 07/16/2025 at 5:00 PM, Staff A, Licensed Practical Nurse (LPN) stated, I didn't call the doctor when [Resident #2's name] left. I called [the previous Director of Nursing's name]. He [Resident #2] got back around 10:45 PM. I asked [Staff C, LPN's name] or [Staff B, RN's name] what I should do, and they told me he was taken out of the system. His wife asked not to be bothered. I was new, I asked, and I didn't know what to do.During an interview on 07/16/2025 at 5:21 PM, Staff C, LPN stated, [Staff A, LPN's name] informed me that [Resident #2's name] wife called EMS. I told her that she needs to call the DON.During an interview on 07/17/2025 at 12:53 PM, the Director of Nursing (DON) stated, If the resident or family member calls EMS, the nurse should try to speak to EMS to find out where the resident is going, notify the doctor, notify the family, and document the change in condition and the notifications. When a resident returns, it is my expectation that the nurse will assess the resident, call the doctor, call the family, check for new orders, put any new orders into the computer, and document a skin assessment.During an interview on 07/17/2025 at 3:05 PM, Physician #1 stated, I do not recall being notified that [Resident #2's name] went to the hospital. I do expect to be notified when residents go to the hospital and return from the hospital.Review of the policy and procedure titled, Change in Condition Issued date: 4/1/2022, read, Policy: It will be the policy of this facility to notify the physician, family, resident, and/or responsible party/resident representative (as is applicable) of significant changes in condition and providing treatment(s) according to the resident's wishes and physician's orders. Procedure: 1. Observe resident during routine care and during monthly/quarterly/annual assessment periods to identify significant changes in physical or mental conditions, orientation, change in vital signs, weights, etc. 7. Contact the primary physician to update him/her to the change in condition. In the event the primary physician cannot be notified, attempt to contact the facility's medical director.

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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. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and policy review, the facility failed to prevent the possible spread of infection by failing to ensure staff performed hand hygiene during medication administration for 2 of 2 residents, Residents #11 and #12, reviewed for medication administration. Findings include:During an observation on 07/16/2025 at 09:00 AM Staff E, Licensed Practical Nurse (LPN) entered Resident #11's room, did not complete hand hygiene, and used an automatic blood pressure cuff on Resident #11's right wrist and obtained the blood pressure reading. Staff E, LPN exited the resident's room, did not perform hand hygiene, walked back to the medication cart, and placed five tablets and one capsule (oral medications) into a medication cup. Staff E, LPN entered Resident #11's room, did not perform hand hygiene and handed Resident #11 the medication cup. Resident #11 proceeded to take the medications orally with water. Staff E, LPN exited Resident #11's room, did not perform hand hygiene, walked back to the medication cart in the hallway, and placed a new medication cup on top of the medication cart. Staff E, LPN stated that he was going to check the blood pressure of another resident and picked up the blood pressure cuff and preceded to a different resident's room.During an interview on 07/16/2025 at 09:10 AM, Staff E, LPN confirmed that he did not perform hand hygiene before or after administering medications to Resident #11. Staff E, LPN stated, I should have cleaned my hands.During an observation on 07/16/2025 at 08:51 AM, Staff D, LPN placed four tablets and one capsule (oral medications) into a medication cup. Staff D, LPN proceeded to enter Resident #12's room, did not perform hand hygiene, handed the medication cup to Resident #12. Resident #12 preceded to take the pills and dropped one pill on her shirt. Staff D, LPN picked up the pill with her bare hand and placed it back into the medication cup. Resident #12 took the remaining pills.During an interview on 07/16/2025 at 08:57 AM, Staff D, LPN confirmed that she did not perform hand hygiene upon entering the resident's room, picked up the pill from Resident #12's shirt without wearing gloves, and placed it back into the medication cup. Staff D, LPN stated, I should have worn gloves to pick up the pill.During an interview on 07/16/2025 at 10:10 AM, the Director of Nursing (DON) stated that her expectation is that nurses are to complete hand hygiene before and after administering medications, and when hands are visibly soiled. The DON stated that when a pill is dropped, the nurse is to pick up the pill using a gloved hand, dispose of the pill, and obtain a new pill for the resident.During an interview on 07/16/2025 at 11:00 AM Staff F, LPN the Unit Manager stated he expects the nurses to perform hand hygiene before and after administering medications to residents. Should a resident drop a pill on themselves or on the floor, if the resident picks up the pill themselves, and takes it, that is the resident's right, however, if the resident does not pick up the pill, the nurse should wear gloves to pick up the pill, dispose of it, and get the resident a new pill.Review of the policy and procedure titled, Medication Administration Issued 4/1/2022, read, Policy: It will be the policy of this facility to administer medications in a timely manner and as prescribed by the physician, unless clinically indicated or necessitated by other circumstances, such as lack of availability of medication or refusals of medication by the resident. Procedure: 11. Established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) must be followed during the administration of medications.Review of the policy and procedure titled, Infection Prevention and Control Program Revised 11/28/2022, read, Policy: The primary mission is to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Procedure: It is the standard that this facility's Infection Prevention and Control program (IPCP), is based upon information from the Facility Assessment and follows national standards to prevent, recognize, and control the onset and spread of infection whenever possible. The Infection Prevention and Control Program includes: h. The hand hygiene guidelines to be followed by staff involved in direct resident contact. Surveillance/Monitoring: h. Safeguards against exposure to a potential source of infection. i. Uses appropriate hand hygiene prior to and after all guidelines. n. Ensures that reusable equipment is appropriately cleaned, disinfected, or reprocessed.