STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106105	A. Building B. Wing	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skytop View Rehabilitation Center	2145 North Don Wickham Drive Clermont, FL 34711

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to ensure physician ordered medication parameters were followed for adequate indications for use, resulting in the administration of unnecessary medications for 1 of 3 residents, Resident #1, reviewed for unnecessary pain medications. Findings include: Review of Resident #1's admission record documented diagnosis of atherosclerotic heart disease of native coronary artery(heart disease) without angina pectoris (chest pain), fibromyalgia (a disorder of pain processing causing chronic widespread pain), essential (primary) hypertension (high blood pressure), major depressive disorder, recurrent, unspecified, anxiety disorder unspecified, personal history of pulmonary embolism (a blood clot in the lung), personal history of malignant neoplasm breast (breast cancer), muscle weakness generalized, and difficulty in walking not elsewhere classified. Review of Resident #1's physician order dated 10/22/2025 read, Oxycodone-Acetaminophen tablet 10-325 mg (milligram) give one tablet by mouth every six hours as needed for severe pain 7-10, hold for lethargy. Review of Resident #1's Medication Administration Record (MAR) for October 2025 documented Oxycodone-Acetaminophen tablet 10-325 mg was administered on 10/23/2025 at 0821 (8:21 am) for a pain level of 6, on 10/28/2025 at 0818 (8:18 am) for a pain level of 6, on 10/29/2025 at 11:30 am for a pain level of 6, on 10/30/2025 at 0859 (8:59 am) for a pain level of 6, on 10/31/2025 at 1557 (3:57 pm) for a pain level of 5, and on 10/31/2025 at 2242 (10:42 pm) for a pain level of 3. During an interview on 12/16/2025 at 10:30 AM the Director of Nursing (DON) stated, All staff should follow the physician ordered parameters for pain medications, I see she was administered the medication outside the parameters. During an interview on 12/16/2025 at 12:20 PM Staff A, Registered Nurse (RN) stated, I did give her pain medicine outside the parameters. I should have let the doctor know and gotten another order or the parameters changed. I should have followed the doctors order. Review of the policy and procedure titled Medication Administration review date of 10/3/2024 read, I. Purpose: This Department process explains how medications are administered in a skilled nursing facility. Medications are administered by licensed nurses, who are legally authorized to do so in this state, as ordered by the provider and following professional standards of practice in a manner to prevent contamination or infection. III. Department process: I. Obtain And record vital signs when applicable or per physician orders. Hold the medication for those vital signs if they are outside the providers prescribed parameters. P. Controlled substances are administered per provider orders. Q. Administer medications as ordered following manufacturer specifications.

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