STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106119	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Solaris Healthcare Waterman	4501 Waterman Way Tavares, FL 32778

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control and prevention measures were followed for hand hygiene during wound care for 2 (Resident #3 and Resident #5) of 5 residents reviewed for wounds.Findings include: 1. Review of Resident #3's admission record revealed he was admitted on [DATE] with medical diagnoses that included rhabdomyolysis and methicillin resistant staphylococcus aureus infection. Review of Resident #3's physicians' orders dated 3/27/2026 read, Left Lateral Calf: cleanse wound with normal saline, pat dry, apply hydrogel saturated gauze, and cover with dry dressing daily and as needed: every day shift AND as needed for saturated, soiled, and dislodged dressing.Review of Resident #3's Physicians' Orders dated 3/25/2026 read, Left Hip Reddened Area: cleanse with soap and water, pat dry, apply house zinc every shift and as needed: every shift for redness AND as needed for redness.During an observation on 4/03/2026 at 11:40 AM, the Wound Care Nurse performed wound care on three separate wounds for Resident #3. The Wound Care Nurse failed to perform hand hygiene after removing each of the soiled dressings and her soiled gloves. She donned clean gloves, without performing hand hygiene and administered treatment and applied new dressings. 2. Review of Resident #5's admission record revealed she was admitted on [DATE] with medical diagnoses that included fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, unspecified severe protein-calorie malnutrition, anemia, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and muscle weakness. Review of Resident #5's physicians' orders dated 3/24/2026 read, Skin Tear: cleanse with normal saline, pat dry, apply xeroform, and cover with a dry dressing daily and as needed: every day shift for wound care AND as needed for saturated, soiled, or dislodged dressing.Review of Resident #5's physicians' orders dated 3/23/2026 read, Coccyx Wound: cleanse with normal saline, pat dry, apply hydrogel gauze, and cover with dry dressing every shift and as needed: every shift for wound care AND as needed for saturated, soiled, or dislodged dressing.Review of Resident #5's physicians' orders dated 3/05/2026 read, Left Heel: cleanse with normal saline, apply betadine, left dry and leave open to air daily and as needed: every day shift for DTI AND as needed. During an observation on 4/03/2026 at 12:55 PM, the Wound Care Nurse performed wound care on two separate wounds for Resident #5. The Wound Care Nurse failed to perform hand hygiene after removing each soiled dressing and her soiled gloves. She donned clean gloves, without performing hand hygiene and administered treatment and applied new dressings. During an interview on 4/03/2026 at 1:00 PM, the Wound Care Nurse stated that she should have performed hand hygiene each time she removed her gloves, before applying clean gloves during wound care. During an interview on 4/03/2026 at 1:05 PM the DON (Director of Nursing) stated that the expectation was for nurses to perform hand hygiene when changing gloves during wound care especially after cleaning a wound prior to applying treatment and/or a clean dressing.

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