STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106120	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scott Lake Health and Rehabilitation Center	800 E County Rd 540a Lakeland, FL 33813

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and policy review, the facility failed to protect the resident's right to be free from neglect related to medications not being reconciled and accurately transcribed, not reporting abnormal lab values and abnormal blood pressures to a provider for one resident (#1) out of three residents reviewed. This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Resident #1 and resulted in the determination of Immediate Jeopardy beginning on 8/22/25. The findings of Immediate Jeopardy were determined to be removed on 10/1/25 and the severity and scope was reduced to a D after verification of removal of immediacy of harm. Findings included: An interview was conducted on 9/30/25 at 11:45 a.m. with the Resident Representative (RR) for Resident #1. The RR said Resident #1 was not given her required insulin from the time she arrived at the facility on 8/22/25 until the day she had to go to the hospital on 8/30/25. The RR said the facility called and informed them Resident #1 had not gotten her insulin because they did not know she needed it. The RR said when Resident #1 was admitted to the facility she spoke with staff at the facility and specifically told them the resident was on sliding scale insulin. The RR said Resident #1's hospital records clearly showed the resident took insulin daily. The RR said on 8/30/25 she was told a nurse noticed Resident #1 was not getting insulin and checked her blood glucose level and it was 380; they gave the resident insulin and sent her to the hospital. The RR said Resident #1 had dementia and was confused so she would have been unable to tell them she needed insulin during her stay. The RR said Resident #1's health went downhill after being admitted to the facility. The RR said the hospital thought Resident #1 might have had a stroke when she was readmitted and the resident had been more confused and not herself since this happened. A review of admission Records showed Resident #1 was admitted on [DATE] with diagnoses including nontraumatic intracerebral hemorrhage intraventricular, type 2 diabetes mellitus, and hypertension. Review of Resident #1's Nursing admission Screening and History, dated 8/22/25, showed the resident did not have intact cognition and was confused. Review of Resident #1's hospital Discharge Instructions: Medications included but were not limited to:-Enoxaparin 30 milligram (mg)/0.3 milliliters (ml). 0.3 ml subcutaneous daily. (a medication to treat or prevent blood clots)-Insulin Lispro 100 units (u)/ml injectable solution. Low corrective scale subcutaneous three times a day with meals. (a fast-acting medication to lower blood glucose levels)-Tamsulosin 0.4 mg capsule. 1 capsule after breakfast. (a medication for urinary retention)-Amlodipine 10 mg. 1 tablet once a day. (a medication used to treat high blood pressure)-Dicyclomine 10 mg. 1 capsule two times a day. (a medication to relax muscles in the gastrointestinal tract.)-Gabapentin 100 mg. 1 capsule three times a day. (a medication to treat seizures or nerve pain)-Insulin glargine 100 u/ml. 30u subcutaneous daily at bedtime. (a long-acting medication to lower blood glucose levels)-Linagliptin 5mg. 1 tablet once a day. (a medication to help manage high blood glucose levels)-Pantoprazole 20 mg enteric coated. 2 tablets two times a day. (a medication to decrease the amount of acid produced in the stomach)-Carbamazepine 200 mg. 1 tablet three times a day. (a medication to treat seizures, nerve pain, or manage episodes of mania associated with bipolar disorder)-Clopidogrel 75 mg. 1 tablet one a day. Resume on 8/26/25. (medication used to prevent blood clots)-Duloxetine 20 mg delayed release. 1 capsule once a day. (a medication used to treat mental health conditions such as depression and anxiety as well as some chronic pain conditions)-Folic acid 1 mg. 1 tablet once a day. (medication used as a dietary supplement)-Lactulose 10 grams (g) oral. Once a day. (a medication used to treat constipation and to manage a brain condition caused by liver disease)-Losartan 100 mg. 1 tablet once a day. (a medication used to treat high blood pressure)-Melatonin 3mg. 1 tablet daily at bedtime as needed for sleep.-polyethylene glycol 3350 oral powder. 17 g as needed. (a medication to treat occasional constipation)-Propranolol 60 mg. 1 tablet two times a day. (a medication used to treat heart related issues such as high blood pressure and irregular heartbeats, migraines, tremors, and some types of anxiety)-Senna 8.6 mg. 2 tablets two times a day as needed for constipation. (a medication used for short term relief of constipation) Review of Resident #1's facility order listing report showed the above medications were not entered into the resident's medical record as a physicians' order at the facility. Resident #1's hospital Discharge Instructions: Medications showed: -Lidocaine topical 5%. 1 patch every 24 hours. (a medication used for local pain relief)-Atorvastatin 40 mg. 1 tablet daily at bedtime. (a medication used to lower cholesterol)-Clopidogrel 75 mg. 1 tablet once a day. Resume on 8/26/25. (a medication used to prevent blood clots) Review of Resident #1's facility order listing report showed upon admission the order

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	106120	A. Building B. Wing	10/01/2025

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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 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. (continued on next page)

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F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews, hospital record review, facility documentation and policy review, the facility failed to ensure the nursing staff was competent to reconcile hospital discharge medication orders, blood glucose levels were monitored for a diabetic resident, or recognize and respond to elevated blood pressures and abnormal lab results for one resident (#1) out of three residents reviewed. This failure created a situation that resulted in a worsened condition to Resident #1 and resulted in the determination of Immediate Jeopardy beginning on 8/22/25. The findings of Immediate Jeopardy were determined to be removed on 10/1/2025 and the severity and scope was reduced to a D after verification of removal of immediacy of harm.Findings included: An interview was conducted on 9/30/25 at 11:45 a.m. with the Resident Representative (RR) for Resident #1. The RR said Resident #1 was not given her required insulin from the time she arrived at the facility on 8/22/25 until the day she had to go to the hospital on 8/30/25. The RR said the facility called and informed them Resident #1 had not gotten her insulin because they did not know she needed it. The RR said when Resident #1 was admitted to the facility she spoke with staff at the facility and specifically told them the resident was on sliding scale insulin. The RR said Resident #1's hospital records clearly showed the resident took insulin daily. The RR said on 8/30/25 she was told a nurse noticed Resident #1 was not getting insulin and checked her blood glucose level and it was 380; they gave the resident insulin and sent her to the hospital. The RR said Resident #1 had dementia and was confused so she would have been unable to tell them she needed insulin during her stay. The RR said Resident #1's health went downhill after being admitted to the facility. The RR said the hospital thought Resident #1 might have had a stroke when she was readmitted and the resident had been more confused and not herself since this happened. A review of admission Records showed Resident #1 was admitted on [DATE] with diagnoses including nontraumatic intracerebral hemorrhage intraventricular, type 2 diabetes mellitus, and hypertension. Review of Resident #1's Nursing admission Screening and History, dated 8/22/25, showed the resident did not have intact cognition and was confused. Review of Resident #1's hospital Discharge Instructions: Medications included but were not limited to: -Enoxaparin 30 milligram (mg)/0.3 milliliters (ml). 0.3 ml subcutaneous daily. (a medication to treat or prevent blood clots)-Insulin Lispro 100 units (u)/ml injectable solution. Low corrective scale subcutaneous three times a day with meals. (a fast-acting medication to lower blood glucose levels)-Tamsulosin 0.4 mg capsule. 1 capsule after breakfast. (a medication for urinary retention)-Amlodipine 10 mg. 1 tablet once a day. (a medication used to treat high blood pressure)-Dicyclomine 10 mg. 1 capsule two times a day. (a medication to relax muscles in the gastrointestinal tract.)-Gabapentin 100 mg. 1 capsule three times a day. (a medication to treat seizures or nerve pain)-Insulin glargine 100 u/ml. 30u subcutaneous daily at bedtime. (a long-acting medication to lower blood glucose levels)-Linagliptin 5mg. 1 tablet once a day. 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Resume on 8/26/25. (a medication used to prevent blood clots) Review of Resident #1's facility order listing report showed upon admission the order

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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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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F 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews, hospital record review, facility documentation and policy review, the facility failed to ensure one resident (#1) of three reviewed for new admission orders was free from significant medication errors as evidenced by the resident not receiving the correct medications order upon admission. This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Resident #1 and resulted in the determination of Immediate Jeopardy beginning on 8/22/25. The findings of Immediate Jeopardy were determined to be removed on 10/1/25 and the severity and scope was reduced to a D after verification of removal of immediacy of harm. Findings included: An interview was conducted on 9/30/25 at 11:45 a.m. with the Resident Representative (RR) for Resident #1. The RR said Resident #1 was not given her required insulin from the time she arrived at the facility on 8/22/25 until the day she had to go to the hospital on 8/30/25. The RR said the facility called and informed them Resident #1 had not gotten her insulin because they did not know she needed it. The RR said when Resident #1 was admitted to the facility she spoke with staff at the facility and specifically told them the resident was on sliding scale insulin. The RR said Resident #1's hospital records clearly showed the resident took insulin daily. The RR said on 8/30/25 she was told a nurse noticed Resident #1 was not getting insulin and checked her blood glucose level and it was 380; they gave the resident insulin and sent her to the hospital. 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