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	10/23/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

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	10/23/2025

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 0656 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 personalize resident care plans leaving Certified Nursing Assistants (CNAs) to choose between one- or two-person assistance transfers for two residents (#1 and #2) of three residents sampled. Failure to develop, revise and implement personalized transfer care plans puts residents at risk for falls.Findings Included: During an observation made on 10/23/2025 at 9:45 a.m., Resident #1 was observed in a common area, sitting up in their wheelchair in front of the television. Resident #1 did not respond to the interview.During a telephone interview on 10/23/2025 at 10:33 a.m., with Staff A, CNA, The staff member said regarding the shift on 10/09/25, I gave resident #1 a shower and was in her room putting her into her Geri chair . I was using a Hoyer Lift Staff A stated there was another CNA in the room with her. Staff A stated not able to recall the name of the other CNA. Staff A stated the other CNA would not come forward, they are all scared they are going to get in trouble. An interview was conducted on 10/23/2025 at 10:50 a.m. with Staff B, CNA working the same shift as Staff A. Staff B said, I worked the upper hall on 10/09/25. I've never been assigned to [Resident #1]. Staff B stated she wrote a statement during the investigation, I have not helped [Staff A] with [Resident #1's] Hoyer lift today.An interview was conducted on 10/23/2025 at 11:07 a.m. with Staff C, CNA working the same shift as Staff A. Staff C denied being asked to assist with Resident #1's transfer on 10/09/25. Staff C stated when using a Hoyer lift, You should have two people. You can look at the Kardex (a CNA documentation used to summarize specific patient care information) to tell you if the resident requires one or two people for care.Review of Resident #1's admission record showed Resident #1 was admitted to the facility on [DATE] with diagnoses not limited to cerebral atherosclerosis, generalized muscle weakness, other lack of coordination, severe vascular dementia with anxiety, left knee contracture, and right knee contracture.Review of Resident #1's quarterly Minimum Data Set (MDS) dated [DATE], revealed in section C. Cognitive Patterns a Brief Interview Mental Status (BIMS) score of 0 out of 15 revealing cognitive impairment. Review of section GG - Functional Abilities showed Resident #1 had lower extremity impairment on both sides and utilized a manual wheelchair for ambulation. Resident #1 was identified as dependent, where the resident needed the helper to do all the effort and the resident did none of the effort to complete the activity, or the assistance of two or more helpers were required for the resident to complete the activity. Resident #1 was dependent on staff for assistance to roll left and right, and returning to lying on back on the bed, moving from sitting on the side of the bed to lying flat on the bed, lying on the back to sitting on the side of the bed, transferring to and from bed to wheelchair, getting in and out of a tub/shower, and dependent on staff to maneuver the wheelchair. Review of Resident #1's care plan initiated on 7/21/2025 revealed a focus - Resident #1 has an Activities of Daily Living (ADL) self-care-performance deficit related to (r/t) Cerebral Atherosclerosis, vascular dementia, weakness, contractures left/ right knee. The focus was initiated on 07/21/2025 and revised on 10/13/2025. The interventions included: Transfer: (Resident #1) requires Mechanical Lift (full body lift) with (2) staff assistance for transfers. sling size: large. The intervention was initiated on 10/09/2025 and revised on 10/10/2025 with the responsible position listed as Certified Nursing Assistant (CNA). The CNA was to encourage Resident #1 to participate to the fullest extent possible with each interaction. An interview was conducted with the Nursing Home Administrator (NHA), the Director of Nursing (DON), the Assistant Director of Nursing (ADON) and the Risk Manager (RM) on 0/23/2025 at 12:12 p.m. reviewing their investigation of the incident on 10/09/2025. The DON stated two nursing students, Student #1 and Student #2) were bringing clean sheets to the room when Student #1, pulled curtain back and observed CNA using Hoyer lift by herself.A telephone interview was conducted with Student #1 on 10/23/2025 at 1:50 p.m. Student #1 stated she came back into Resident #1's room after getting linen to make the bed. The curtain was closed, and she heard commotion coming from behind the curtain. She stated she opened the curtain a little bit to see the CNA (Staff A) using the Hoyer lift by herself.During an interview on 10/23/2025 at 2:40 p.m. with the ADON and Risk Manager (RM), the ADON stated prior to 10/9/2025, she could not remember if Resident #1's care plan was documented for one or two person to assist. She stated staff had been transferring the resident with the patient lift and this was not communicated to therapy. The ADON stated before 10/9/2025, the resident was not care planned to use a patient lift. ADON reported when the resident first came to the facility, the resident may have been a one person assist, but then the resident was placed on hospice. The ADON stated staff were empowered to make decisions for transfers if they needed to. The ADON stated if staff needed more help with transfers