STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106134	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Clermont Health and Rehabilitation Center	1775 Hooks Street 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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the resident's family/responsible party was notified of falls, physician orders, and hospital transfer for 1 of 3 residents, Resident #1, reviewed for falls. Findings include: Review of Resident #1's clinical record documented the resident was admitted on [DATE] with diagnosis including but not limited to unspecified fracture of the upper end of the right tibia, encounter for other orthopedic aftercare, cellulitis (infection of the skin) of the right lower limb, repeat falls, abnormalities of gait and mobility, muscle weakness, muscle wasting and atrophy (wasting of muscle). Review of Resident #1's nurses note dated 5/22/2025 at 16:56 (4:56 PM) read Patient was seated on the floor on her buttocks in front of her wheelchair with legs extended out in front of her. Patient denies hitting her head. Able to move all extremities within normal limits. Review of Resident #1's clinical record found it did not contain documentation of Resident #1's family/responsible party being notified at time of fall. Review of Resident #1 SBAR (Situation Background Assessment Response) Communication Form dated 5/22/2025 at 12:00 AM read . Resident was observed sitting on the floor in front of her WC [Wheelchair] . son visiting 5/22/2025 12:00 AM. Review of Resident #1's progress note dated 5/23/2025 at 01:00 AM read einteract SBAR for providers, Situation: The change in condition (CIC)/s reported on this CIC evaluation are/were: fall .new test ordered x-ray. Review of Resident #1's clinical record found it did not contain documentation of Resident #1's family/responsible party being notified of the fall and the physician's order for an x-ray. Review of Resident #1's health status note dated 5/23/2025 at 14:41 [2:41 PM] read ARNP [Advance Registered Nurse Practitioner] here to see resident new orders for Portable 3 view x-ray right knee, Dx [diagnosis]: pain, portable d/t [due to] weakness/fall risk. Review of Resident #1's einteract SBAR Summary for providers note dated 5/23/2025 at 20:40 PM [8:40 PM] read Transfer to hospital STAT [immediately]. (continued on next page)

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	Review of Resident #1's clinical record found it did not contain documentation of Resident #1's family/responsible party being notified of Resident #1's transfer to the hospital. During an interview on 6/2/2025 at 07:10 PM the Director of Nursing (DON) stated, [Resident #1's name] had two falls and I believe that both falls were on 5/22/2025. During the first fall the son was not notified. When he came into the facility he was informed of the fall and that she had an additional fall at the same time. With the last fall she had increased pain in her leg, so an X-ray was completed. It was the same fracture that she had when she came into the facility, but the son wanted her to be transferred to the ER [emergency room]. We transferred her. If the residents are responsible for themselves and are alert and oriented x 4 [alert and oriented to person, place, time, and event], the facility does not have to contact the family if a fall occurs. During an interview on 6/2/2025 at 08:45 PM Staff A, License practical Nurse (LPN) stated, We do contact the physician and family when patients fall. During an interview on 6/2/2025 at 08:52 PM Staff B, LPN Supervisor stated, I remember [Resident #1's name] had a fall and then she fell again. At neither time her son was not here, but I met the son I know he knows. To be quite honest I am not sure if he was notified of the fall or not that is our protocol to notify family. I don't want to say it was or it was not because I just responded to the call and will tell the nurse what to do next. It is our protocol to call the family; we even call if the resident is alert and oriented. Family should be notified when a fall occurs. During an interview on 6/2/2025 at 9:14 PM the Administrator stated, The family should be notified anytime a patient has a fall. During a telephone interview on 6/3/2025 at 07:55 AM Staff E, LPN stated, I remember [Resident #1's name]. She was found sitting on the floor; it was about one of two o'clock in the morning. When I came back to work the next day the doctor sent her to the hospital because of her x-ray results. The doctor wanted her to be sent out to the ER because of her x-rays. I did not call the son during the middle of the night to tell him about the fall; I didn't ask her [Resident #1] if she wanted me to call her son, but I did call the doctor and reported the fall and an x-ray was ordered. I am supposed to call the family, the doctor and the ADON [Assistant Director of Nursing] and report the fall. Review of the policy and procedure titled, Change in Condition issued 4/1/2022 read, 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 orders .11. Notify the family or responsible party/resident representative regarding the resident condition change and need to send to hospital or notify emergency services for transport.