

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105269	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/09/2025
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NAME OF PROVIDER OR SUPPLIER GROVES CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 512 S 11TH ST , LAKE WALES, Florida, 33853
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F0000	INITIAL COMMENTS A revisit to a complaint survey for complaint numbers 2024015911, 2024016586, 2025001713, 2025005328, and 2025006265 in conjunction with a complaint survey for complaint number 2025009406 event ID 47X511 was conducted on 07/08/2025 to 07/09/2025 at Groves Center. The facility was in compliance with 42 CFR 483, Requirements for Long Term Care Facilities. The revisit was corrected on 6/21/25.	F0000		
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the	F0690		07/23/2025

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 reverse for further 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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F0690 SS = D	<p>Continued from page 1 facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review and interviews, the facility failed to provide incontinence care for four (Resident #4, Resident #5, Resident #8 and Resident #11) out of four residents sampled.</p> <p>Findings Included:</p> <p>During an interview on 05/27/2025 at 12:46 p.m., Resident #4 stated a few months ago she put her call light on, and male staff member came into her room told her that he was not her aide and that he was going to get her aide. She stated he turned off her light and no one ever came back. She had to wait for the next shift to come in and change her "wet brief". She spoke with the facility at the time of the incident she told them that staff do not come into her room at night and offer to change her. She was told that this would change, and staff would come and check on her during the night. She stated this has not happened. Staff still do not come into the room during the night and offer or check to see if she needs incontinent care. She waits for the morning shift to be changed out of her "wet briefs." This happens at least 3 or 4 nights a week.</p> <p>Review of Resident #4's admission record revealed an admission date of 04/10/2024. Resident #4 was admitted to the facility with diagnosis to include other lack of coordination, difficulty in walking, not elsewhere classified, muscle wasting and atrophy, not elsewhere classified, unspecified site, muscle weakness (generalized), other abnormalities of gait and mobility, need for assistance with personal care, unsteadiness on feet, and overactive bladder.</p> <p>Review of Resident #4's Quarterly Minimum Data Set (MDS) dated 04/27/2025, revealed Section C. Cognitive Patterns a Brief Interview Mental Status (BIMS) of 15 out of 15 showing intact cognition. Review of Section GG. Functional Abilities revealed Toileting hygiene, substantial/maximal assistance, showing Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Review of Section H. Bladder and Bowel revealed Resident #4 is always Incontinent for bowel and bladder.</p>	F0690		

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F0690 SS = D	<p>Continued from page 2 Review of Resident #4's care plan 12/30/2019, revealed:</p> <p>Focus:</p> <p>Activities of Daily Living (ADL): Resident #4 has an ADL self-care performance deficit related to impaired mobility, chronic pain with pain management, and psychoactive med use. Initiated 04/12/2024 and revised on 04/12/2024.</p> <p>Goal:</p> <p>Will have ADL needs anticipated and met by staff through next review. Will maintain current level of self-performance with ADLs through next review date.</p> <p>Interventions:</p> <p>Anticipate needs, Toileting: Bed Pan, Bladder: Continent with episodes of incontinence related to urgency, Bowel Incontinent at times, Toilet Use: Assist of 1 Toilet Use: Toilet/Check and change upon arising, before and after meal, at bedtime and as needed with routine care. Apply Barrier cream after incontinent episode.</p> <p>Focus:</p> <p>Incontinence: Resident #4 is often incontinent of bladder and/or bowel related to diagnosis of overactive bladder and urgency. Date Initiated: 01/10/2023 and revised on: 09/17/2024.</p> <p>Goal:</p> <p>Will maintain dignity and will minimize the risk of infection.</p> <p>Interventions:</p> <p>Check for incontinence with routine care, upon arising, before & after mealtime, at bedtime and as needed. Provide incontinent care as indicated, provide perineal care & apply barrier cream after incontinent episodes and as needed, utilize incontinent products as needed to provide dignity, observe condition of skin with each incontinent episode, observe for foul smelling urine, change in urinary output, mental status change, changes in bowel pattern and report as needed Certified Nursing</p>	F0690		

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F0690 SS = D	<p>Continued from page 3 Assistant (CNA).</p> <p>Review of Resident #4's tasks for bladder incontinence revealed Resident #4 did not receive incontinence care during First Shift (11 p.m.-7 a.m.) on 05/04/2025,05/18/2025, and 05/25/2025. Resident #4 did not receive incontinence care during Second Shift (7 a.m.-3 p.m.) on 05/12/2025, 05/19/2025, and 05/25/2025. Resident #4 did not receive incontinence care during Third Shift (3 p.m.-11 p.m.) on 04/30/2025, 05/04/2025, 05/12/2025, 05/26/2025.</p> <p>During an interview on 5/28/2025 at 9:25 a.m., Staff A, Dietary Manager Interpretated for Resident #5 stated her incontinence care response time is slow. Resident #5 stated she knows when she has the sensation to urinate, but the nursing staff are slow to answer; therefore, she must urinate in her briefs. After she has urinated, Resident #5 stated she must wait for over forty-five minutes or more to be assisted in cleaning her up. "It is like this every day".</p> <p>Review of Resident #5's admission record revealed an admission date of 05/01/2025 and an initial admission date of 02/14/2024. Resident #5 was admitted to the facility with diagnosis of unspecified fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing, spinal stenosis, cervical region, other lack of coordination, difficulty in walking, not elsewhere classified, neuralgia and neuritis, unspecified, type 2 diabetes mellitus with diabetic nephropathy.</p> <p>Review of Resident #5's Quarterly MDS dated 05/20/2025, revealed Section C. Cognitive Patterns, a BIMS of 15 out of 15 showing intact cognition. Review of Section GG. Functional Abilities, revealed Toileting hygiene, Supervision or touching assistance showing helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. Review of Section H. Urinary Continence revealed Resident #5 is always incontinent for bladder and bowel.</p> <p>Review of Resident #5's Care Plan Dated: 02/15/2024 revealed: Focus:</p>	F0690		

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F0690 SS = D	<p>Continued from page 4</p> <p>ADL: The Resident has an ADL Self Care Performance Deficit. Date Initiated 02/15/2024 and revised on 02/15/2024.</p> <p>Goal:</p> <p>Will improve level of self performance by next review</p> <p>Interventions:</p> <p>Two staff members to provide care at all times; Toilet Use: Assist of two; Toilet Use: Dependent bedside commode with 2 staff members; Toileting; Bathroom; Toileting; Bedpan; Toileting; Bedside Commode.</p> <p>Review of Resident #5's tasks for bladder incontinence revealed Resident #5 did not receive incontinence care during First Shift (11 p.m.-7 a.m.) on 05/04/2025, and 05/18/2025. Resident #4 did not receive incontinence care during Third Shift (3 p.m.-11 p.m.) on 05/04/2025, 05/25/2025, 05/26/2025, and 05/27/2025.</p> <p>During an interview on 05/27/2025 at 6:40 a.m., Resident #8, stated when she puts her "button" on staff takes a while to come in to answer. She was not sure how long she had to wait. "It happens the most during the night shift. I hold my bladder, because I am in briefs and don't want to be wet."</p> <p>Review of Resident #8's admission record revealed an admission date of 10/21/2022. Resident #8 was admitted to the facility with diagnosis to include cerebral infarction, unspecified, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, aphasia following cerebral infarction, cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery, epilepsy, unspecified, not intractable, with status epilepticus.</p> <p>Review of Resident #8's Quarterly MDS dated 03/17/2025, revealed Section C. Cognitive Patterns, a BIMS of 06 out 15 showing Severe cognitive impairment. Review of section GG. Functional Abilities revealed for Toileting hygiene, and Toilet transfer Resident #8 is dependent showing helper does all the effort. Residents do none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the</p>	F0690		

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F0690 SS = D	<p>Continued from page 5 residents to complete the activity. Review of Section H. Bladder and Bowel revealed Resident #8 is always incontinent for bladder and bowel.</p> <p>Review of Resident #8's Care Plan Dated 06/01/2022 revealed:</p> <p>Focus:</p> <p>ADL: Resident #8 has an ADL Self Care Performance Deficit related to history of Cerebral infarction with right sided weakness. Peripheral vertigo, muscle atrophy. Date Initiated 10/24/2022 and revised on 03/27/2025.</p> <p>Goal:</p> <p>Will maintain current level of self performance with ADLs through next review</p> <p>Interventions:</p> <p>Anticipate Needs; Bladder: Incontinent; Bowel: Incontinent; Toilet Use: Assist of one; Toilet Use: Toilet/Check and change upon arising, before and after meal, at bedtime and as needed with routine care. Apply barrier cream after incontinent episode; Toileting: Bedpan; Toileting: Resident prefers to utilize adult briefs as well.</p> <p>Focus:</p> <p>Incontinence: The Resident is Incontinent of Bladder/ Bowel and is not a candidate for a toileting program related to: Lack of sensation of need to void or control. Date initiated 10/24/2022 and revised on 03/27/2025.</p> <p>Goal:</p> <p>Will minimize the risk of skin breakdown</p> <p>Intervention:</p> <p>Check for incontinence with routine care, upon arising, before & after mealtime, at bedtime and as needed; Provide incontinence care as indicated; Provide perineal care & apply barrier cream after incontinent</p>	F0690		

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F0690 SS = D	<p>Continued from page 6 episodes and as needed. Utilize incontinent products as needed to provide dignity.</p> <p>Review of Resident #8's tasks for bladder incontinence revealed Resident #8 did not receive incontinence care during First Shift (11 p.m.-7 a.m.) on 05/25/2025. Resident #8 did not receive incontinence care during Second Shift (7 a.m.-3 p.m.) on 05/18/2025. Resident #8 did not receive incontinence care during Third Shift (3 p.m.-11 p.m.) on 05/04/2025, 05/25/2025, and 05/27/2025.</p> <p>During an interview on 05/27/2025 at 02:00pm, Resident #11 stated staff is slow with answering call lights. On average it takes twenty to thirty minutes after he has soiled himself for staff to answer his call light. There have been a few times he has had to wait up to an hour. This happens mostly in the afternoon and at midnight. "It is especially long, any time after 05:00pm to morning". On the morning of 05/27/2025, he waited an hour and a half with a "soiled diaper". He had turned on the call light and someone turned the call light off. "I told the person not to do that if they are not going to provide the care". This is the second time he has been left in a soiled brief and had to wait for someone to answer his call light. "They are typically short staffed, which is why it took so long for the staff to get to me on 05/27/2025."</p> <p>Review of Resident #11's admission record revealed an admission date of 04/09/2025. Resident #11 was admitted to the facility with diagnosis of non-displaced commuted fracture of shaft of right tibia, muscle wasting and atrophy, difficulty in walking, need for assistance with personal care, benign prostatic hyperplasia without lower urinary tract symptoms, post procedural urethral stricture.</p> <p>Review of Resident #11's 5 Day MDS dated 05/03/2025, revealed Section C. Cognitive Patterns, a BIMS of 14 out of 15 showing intact cognition. Review of section GG. Functional Abilities revealed for Toileting hygiene Resident #11 is dependent on showing helpers do all the effort. Residents do none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the residents to complete the activity. For Toilet transfer Resident #11 needs substantial/maximal assistance showing helpers do more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Review of</p>	F0690		

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F0690 SS = D	<p>Continued from page 7 section H. Bladder and Bowel revealed resident #11 is occasionally incontinent for bladder and bowel.</p> <p>Review of Resident #11's care plan dated 04/10/2025 revealed:</p> <p>Focus:</p> <p>ADL: Resident #11 has an ADL Self Care Performance Deficit. Initiated on 04/10/2025 and revised on 04/10/2025.</p> <p>Goal:</p> <p>Will have ADL needs anticipated and met by staff through next review. Will achieve functional level by the next review date.</p> <p>Interventions:</p> <p>Bladder: Occasional incontinent-uses urinal; Bowel: Incontinent; Toilet Use: Assist of one.</p> <p>Review of Resident #11's tasks for bladder incontinence revealed Resident #8 did not receive incontinence care during Second Shift (7 a.m.-3 p.m.) on 05/18/2025, 05/21/2025, and 05/24/2025. Resident #8 did not receive incontinence care during Third Shift (3 p.m.-11 p.m.) on 05/26/2025, and 05/27/2025.</p> <p>During an interview on 05/28/2025 at 11:40 a.m., Staff F, Certified Nursing Assistant (CNA) stated she helps residents with hygiene care daily. Residents who or incontinent help with changing them and cleaning them. Residents usually put their call lights on to let them know when they need to be changed. She also checks on the residents during her shift when she has time.</p> <p>During an interview on 05/28/2025 at 11:55 a.m., Staff G, CNA stated she helps residents with getting dressed and out of bed. Residents who need incontinence care ring their call light and she know they need to be changed. She stated she checks on resident periodically throughout her shift.</p> <p>During an interview on 05/28/2025 at 1:02 p.m.,</p>	F0690		

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F0690 SS = D	<p>Continued from page 8 Director of Nursing (DON), stated she is not ware of resident not getting incontinent care. When she started in November 2024, they had an issue with residents not receiving care during the night shift. After these incidents the Assistant Director of Nursing (ADON) did education on walking rounds, and nurse to nurse reporting. Walking rounds are staff ensuring residents are clean and dry making sure their needs are being met. CNAs should be documented each time in Point Click Care (PCC) under the task tab each time they provide incontinent care to a resident. Residents should be checked every 2 hours. There should be something documented each shift. "We are struggling with staff because they have a lot of people on 1 to 1."</p> <p>Review of the facility's policy titled Bowel and Bladder Continence Program, dated October 2021 revealed: Overview To evaluate incontinent resident/patient to determine the appropriate continence program. To assist individual residents/patient in regaining continence to their maximum functional potential. To promote skin integrity. To reduce the potential for urinary tract infections. To promote independence and self-esteem.</p>	F0690		

Florida State Department of Health

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N0000	<p>INITIAL COMMENTS</p> <p>A revisit to a complaint survey for complaint numbers 2024015911, 2024016588, 2025001713, 2025005328, and 2025006265 in conjunction with a complaint survey for complaint number 2025009406 event ID 47X511 was conducted on 07/08/2025 to 07/09/2025 at Groves Center. Deficiencies were not identified at the time of survey. The revisit was corrected on 8/21/25.</p>	N0000		

Office of Primary Care and Health Systems Management

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