

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>14530961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/26/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>VIVO HEALTHCARE LAKELAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1919 LAKELAND HILLS BLVD , LAKELAND, Florida, 33805</b>	
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N0000	INITIAL COMMENTS  A complaint survey for complaint numbers 2026001353 was conducted on 3/26/26 at Vivo Healthcare Lakeland. Deficiencies were identified at the time of the survey.  Complaint number 2026001353 had deficiencies identified at N402.	N0000		04/17/2026
N0402 SS = D	Provide Resident Access to Services  CFR(s): 400.141(1)(e), FS  Every licensed facility shall comply with all applicable standards and rules of the agency and shall:  (e) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the geriatric outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day.  This LICENSURE REQUIREMENT is NOT MET as evidenced by:  Based on observation, interview, and record review the facility did not ensure dental services were provided for one resident (#1) out of one resident sampled for timely dental care.  Findings included:  Review of the undated facility policy titled, Dental Policy revealed - It is the policy of this facility to assist residents in obtaining routine, to the extent covered under the state plan and emergency dental care.	N0402	The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the Center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the Center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.  1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  Resident #1 was immediately assessed for further dental needs or concerns on 3/27/2026 by LPN, Unit Manager. Pain assessment completed for resident # 1 with no complaints of dental pain at the time assessment was completed on 3/27/2026 by LPN, Unit Manger. On 3/26/2026 a dental appointment was immediately scheduled by Social Services Director for 4/10/2026 for evaluation and treatment of the identified root fragment on tooth #8 with facility dental provider.  Review of resident #1s clinical record.  Resident is alert and oriented and capable of making own decisions  Resident had no weight loss  Per Dietician resident trending weight gain with meal consumption noted at 75-100% and no difficulty chewing	04/26/2026

Office of Primary Care and Health Systems Management

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N0402 SS = D	<p>Continued from page 1 Under definition it revealed, emergency dental services includes services needed to treat broken, or otherwise damaged teeth, or any other problem of the oral cavity that required immediate attention by a dentist.</p> <p>On 3/26/2026 at 10:33 A.M. an interview was conducted with Resident #1 who stated receiving dental care at the facility was always a big issue. Resident #1 stated their mouth feels weird and that the resident had told the facility numerous times. Resident #1 stated he had seen the dentist one time and never after that. Resident #1 said, "Yes, I have ongoing dental problems with dental pain when I eat." Resident #1 stated he mainly eats soft stuff to accommodate the discomfort. Resident #1 stated there was an issue with scheduling his dental appointments and that the facility stated it was due to insurance or paperwork. The resident stated they had to start initiating his appointments because with the facility takes forever. The resident said once the appointments are scheduled at the last minute his appointments are cancelled without a reason given.</p> <p>Review of Resident #1's admission record revealed an original admission date of 07/18/2024 with diagnoses to include muscle wasting and atrophy not elsewhere classified, multiple sites, legal blindness and anemia.</p> <p>Review of Resident #1's Minimum Data Set (MDS), dated 12/26/2025 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, meaning his cognition was intact. Review of Section L – Oral/Dental Status, revealed there was no response for mouth or facial pain, discomfort, or difficulty with chewing, broken teeth, loosely fitting or partial dentures (chipped, cracked, uncleanable, or loose).</p> <p>Review of Resident #1's physician order summary report from [Name of Company] Dental Services from 8/18/2025 showed the patient has root fragment #8 that is mobile and causing slight discomfort. Patient interested in extraction of root fragment.</p> <p>Review of Resident #1's progress notes revealed there was no evidence of documentation of the tooth pain, a broken tooth, or mention of dental services. A review of the Social Service's progress notes revealed there was no documentation regarding offering dental services to Resident #1, or documentation for rationale as to why the resident did not have access to dental services.</p>	N0402	<p>Continued from page 1 or swallowing</p> <p>Pain evaluation for last six months resident noted to have no complaints of pain by resident</p> <p>2. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>A facility wide quality review audit was initiated on 3/27/2026 by social services for long term care residents residing in the facility to identify those residents with dental concerns or needs.</p> <p>All identified residents with dental needs will be referred to dental services and scheduled for evaluation and treatment as indicated, as appropriate.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice</p> <p>On 3/27/2026 The Social Service Director and Social Services Assistant was educated by NHA/designee on the components of this regulation with emphasis on ensuring that residents with dental issues or concerns receive dental referrals and evaluation and treatment as indicated.</p> <p>New residents upon admission will be assessed for dental services and residents residing in the facility with identified dental issues/ concerns will be seen by dental services and any follow-up needed will be addressed.</p> <p>MDS Accuracy: The MDS coordinator was re-educated to ensure section L (Oral/Dental status) accurately reflects resident condition based on assessments and resident reports.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>The NHA/ Designee will audit 10 residents weekly x 4 weeks, twice monthly x1 month; then monthly and as indicated until substantial compliance has been met on the following: Ensuring that any identified resident with dental issues or concerns will be seen by the dental services and any follow-up needed will be</p>	

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N0402 SS = D	<p>Continued from page 2</p> <p>On 3/26/2026 at 4:19 PM an interview was conducted with the Social Services Director (SSD) who stated they had an email from March 11, 2026, showing [Name of Company] dental services was there and there was no patient responsibility for Resident #1. She stated she was not sure what that meant. The SSD stated the dental company was at the facility on 2/27/2026 and the resident was not seen. The SSD provided a note from [Name of Company] Dental Services from 8/18/2025 revealing the patient had root fragments on tooth #8 that was mobile and causing slight discomfort. The SSD stated the resident was interested in extraction of the root fragment. The SSD stated she did not have an answer as to why the resident had not received a follow up to the 8/18/2025 dentist visit. The SSD stated she had seen the resident multiple times since that visit, and he had not mentioned anything to her either about being in pain. The SSD stated that she would reach out to the dental company today to further investigate what they meant by no patient responsibility. The SSD stated Resident #1 was seen on 8/18/2025 by an in-house dentist for dental and per the notes it showed the root fragment for tooth #8 that was mobile and causing slight discomfort and the patient interested in extraction of root fragment.</p> <p>On 3/26/2026 at 5:41PM an interview was conducted with the SSD who stated Resident #1's income was so low, and the resident does not have enough to cover patient liability for dental. The SSD stated trying to reach out to the family today to see if they would cover it and no one has gotten back to them.</p> <p>Class III.</p>	N0402	Continued from page 2 addressed. Information will be brought to QAPI monthly and monitored until substantial compliance is met.	

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F0000	INITIAL COMMENTS  A complaint survey for complaint number 2026001353 was conducted on 3/26/26 at Vivo Healthcare Lakeland. The facility was not in compliance with the Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long Term Care Facilities.  Complaint number 2026001353 had deficiencies identified at F791.	F0000		04/17/2026
F0791 SS = D	Routine/Emergency Dental Svcs in NFs  CFR(s): 483.55(b)(1)-(5)  §483.55 Dental Services  The facility must assist residents in obtaining routine and 24-hour emergency dental care.  §483.55(b) Nursing Facilities.  The facility-  §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(f) of this part, the following dental services to meet the needs of each resident:  (i) Routine dental services (to the extent covered under the State plan); and  (ii) Emergency dental services;  §483.55(b)(2) Must, if necessary or if requested, assist the resident-  (i) In making appointments; and  (ii) By arranging for transportation to and from the dental services locations;  §483.55(b)(3) Must promptly, within 3 days, refer	F0791	The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the Center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the Center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.  1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  Resident #11 was immediately assessed for further dental needs or concerns on 3/27/2026 by LPN Unit Manager. Pain assessment completed for resident # 1 with no complaints of dental pain at the time assessment was completed on 3/27/26 by LPN Unit Manager. On 3/26/26 a dental appointment was immediately scheduled by Social Service Director for 4/10/2026 with Facility dental provider.  2. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.  A facility wide quality review audit was initiated on 3/27/2026 by social services for long term care residents residing in the facility to identify those with dental needs or concerns.  Any identified residents with dental needs or concerns will be referred to dental services and scheduled for evaluation and treatment as indicated, as appropriate.	04/26/2026

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.

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F0791 SS = D	<p>Continued from page 1 residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility did not ensure dental services were provided for one resident (#1) out of one resident sampled for timely dental care.</p> <p>Findings included:</p> <p>On 3/26/2026 at 10:33 A.M. an interview was conducted with Resident #1 who stated receiving dental care at the facility was always a big issue. Resident #1 stated their mouth feels weird and that the resident had told the facility numerous times. Resident #1 stated he had seen the dentist one time and never after that.</p> <p>Resident #1 said, "Yes, I have ongoing dental problems with dental pain when I eat." Resident #1 stated he mainly eats soft stuff to accommodate the discomfort. Resident #1 stated there was an issue with scheduling his dental appointments and that the facility stated it was due to insurance or paperwork. The resident stated they had to start initiating his appointments because with the facility takes forever. The resident said once the appointments are scheduled at the last minute his appointments are cancelled without a reason given.</p> <p>Review of Resident #1's admission record revealed an original admission date of 07/18/2024 with diagnoses to include muscle wasting and atrophy not elsewhere classified, multiple sites, legal blindness and anemia.</p>	F0791	<p>Continued from page 1</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice</p> <p>On 3/27/2026 The Social Service Director and Social Services Assistant was educated by NHA/designee on the components of this regulation with emphasis on ensuring that residents with dental issues or concerns receive dental referrals and evaluation and treatment as indicated.</p> <p>New residents upon admission will be assessed for dental services and residents residing in the facility with identified dental issues/ concerns will be seen by dental services and any follow-up needed will be addressed.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>The NHA/ Designee will audit 10 residents weekly x 4 weeks, twice monthly x1 month; then monthly and as indicated until substantial compliance has been met on the following: Ensuring that any identified resident with dental issues or concerns will be seen by the dental services and any follow up needed will be addressed. Information will be brought to QAPI monthly and monitored until substantial compliance is met.</p>	

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