

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER Page Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2310 N Airport Road Fort Myers, FL 33907	
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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident and staff interviews, the facility failed to provide restorative nursing services as specified in the care plan resulting in a fracture for 1 (Resident #1) of 3 selected residents who receive restorative nursing services. The findings included: Review of the facility policy and procedure CR14 created 1/2020, revised 11/8/24 revealed, Restorative Nursing Program - General documented Policy: A Restorative Nursing Program enables residents to attain or maintain their highest practicable level of physical, mental, and psychosocial functioning. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care. Procedure: 1) Therapy will evaluate when the resident is admitted to the facility, provide a plan of treatment if appropriate for rehabilitative services, and/or aid in the development of restorative programming if necessary after completion of the evaluation. 2) Therapy will send a restorative referral sheet to the Licensed Restorative Nurse/designee for initiation of restorative program(s) after discontinuation of therapy services indicating the resident's current level of participation and anticipated goals/interventions, if applicable. 5) Licensed Restorative Nurse/Designee will review the program recommendations with the therapy staff. The restorative nurse/designee will then implement the recommended program developing goals and interventions based on recommendations from therapy that are based on current level of participation in therapy. Clinical record review revealed that Resident #1 was admitted to the facility on [DATE]. Diagnoses included necrotizing fasciitis (a severe infection of skin, muscle, and tissue [NAME] it), osteoarthritis, displaced fracture of lateral condyle right tibia (outside of bone below the knee), and foot drop of both the right and left feet (a condition where a person is unable to lift the front part of the foot). Review of the Quarterly Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) dated 9/2/25 revealed Resident #1 required substantial/maximal assistance for rolling left to right in bed, sit to lying, lying to sitting on the edge of the bed, and chair to bed/bed to chair transfer. The MDS noted the resident's cognitive status was intact. Review of the Restorative Nursing Referral dated 7/18/25 revealed recommendations for Active Range of Motion (AROM) exercises (exercises that the resident completes by herself) supine (lying down) in bed or up in wheelchair as tolerated without weights 15-20 repetitions x 3 sets. Please encourage patient to spend less time in bed. Have patient use handrails to complete log rolling using upper body each side x10 as tolerated. Review of Tasks documented restorative nursing: AROM. Resident #1 will maintain her current degree of range of motion. AROM to both legs and arms with morning care. Exercise a minimum of 5 times per joint as tolerated. Encourage active participation and spend time out of bed. Passive Range of Motion (PROM) (movement of a joint that a clinician or machine performs). Resident #1 will maintain her current degree of range of motion. PROM to both ankles with morning care. Review of the progress note dated 8/25/25 revealed while performing range of motion exercises during restorative care both resident and aide heard the resident's knee make a popping sound. Resident #1 said she felt pain. An x-ray of the knee was ordered and was negative. Resident #1 was seen by a provider, and an appointment was made with an orthopedic specialist for 9/11/25. Review of the facility's investigation dated 10/22/25 revealed on 8/25/25 the restorative Certified Nursing Assistant (CNA) was providing restorative therapy of ROM to the resident's lower extremities. The CNA and the resident heard a pop while the ROM was being provided to the right leg. The resident complained of pain in the right knee and the CNA reported it to the nurse. The physician was notified and an Xray was ordered of the right knee. The Xray was obtained, and the results were negative. The resident continued to have slight discomfort and an orthopedic consultation was ordered. The resident went to the orthopedic specialist on 9/11/25 for her appointment. X-rays were completed and the resident was diagnosed with a closed fracture of the lateral tibial plateau. Review of Orthopedic Specialist visit note dated 9/11/25 revealed Resident #1's chief complaint was right knee pain. The progress note documented the resident was being seen for evaluation of right knee pain. Symptoms began with no identifiable injury (sudden onset). Symptoms include joint line pain and feelings of giving way. The patient describes symptoms as constant, present at rest, and aching. At their worst, symptoms are rated as 9 out of 10. Symptoms worsen with bearing weight. Symptoms improve with nothing. She had the following diagnostic studies: plain radiographs. The progress note documented, 8/25/25 participating in PT [Physical Therapy] and an aggressive therapy exercise was done/performed and notable pain thereafter with a pop. X-ray obtained at the Orthopedic Specialist showed fracture of the right tibial plateau (the top part of a bone below the knee).		