STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105005	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Gables Nursing and Rehabilitation Center	7060 SW 8th Street Miami, FL 33144

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations, record review and interview the facility failed to maintain good grooming and personal hygiene for one resident (Resident #62) out of 24 residents sampled, as evidenced by observations of dirt under Resident #62's fingernails. There were 74 residents residing in the facility at the time of survey. The findings included: On 07/08/24 at 9:30 AM Resident #62 was observed lying in bed awake alert, nonverbal and used left upper extremity to gesture. Dirt was observed under Resident # 62's fingernails on the left hand. On 07/11/24 at 8:35 AM Resident #62 was observed lying in bed awake alert and dirt was observed under the fingernails of left hand. Record review of demographic sheet for Resident #62 revealed an admitted [DATE] with diagnosis that included Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side. Record review of the quarterly Minimum Data Set (MDS) with an assessment reference date of 6/3/2024 Section C for cognitive status revealed a Brief Interview of Mental Status (BIMS) score of 11 out of 15 which indicated moderate cognitive impairment. Section GG for functional abilities and Goals revealed dependent for personal hygiene care. Section E for behaviors revealed no indicators of psychosis. Record review of a Care Plan started on 9/18/23 and revised on 6/5/24 for Resident #62 revealed total care was required to maintain personal hygiene. The interventions included: Aid with oral care, washing, drying face hands, and perineum. Record review of physician orders revealed an order dated 10/25/2023 to check that fingernails are clean and trimmed every day. On 07/11/24 at 8:35 AM, Registered Nurse (RN) Unit Manager acknowledge Resident #62's fingernails are dirty and should have been cut and cleaned. The schedule indicates that residents' nails are to be cut and cleaned on Sundays on the evening shift; the schedule is kept in the CNA's (Certified Nursing Assistants) binder. (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: 105005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER: Coral Gables Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 7060 SW 8th Street Miami, FL 33144	

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a Policy entitled, Giving a Bed bath revised October 2010 revealed Purpose: The purpose of this procedure is to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. 15. Arms and Hands: d. Check the resident's fingernails, nail beds, and between the fingers. Provide nail care only when instructed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Coral Gables Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7060 SW 8th Street Miami, FL 33144	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations, record review and interview facility failed to ensure that one (Resident #46) out of 24 sampled residents received adequate support services as evidenced by dry and scaly skin on Resident # 46's legs. There were 74 residents residing in the facility at the time of survey The findings include. On 07/08/24 at 8:56 AM Resident #46 was observed lying in bed, the skin of bilateral lower extremity appeared dry and scaly. The resident was constantly rubbing one leg against the other in an up and down motion. On 07/10/24 at 9:55 AM Resident #46 was seated in a wheelchair in the Main dining area, for activities. No distress or rubbing of legs noted. Record review of the demographic sheet revealed Resident #46 was admitted on [DATE] with diagnosis that included: Rash and other nonspecific skin eruption. Review of the Quarterly Minimum Data Set (MDS) with assessment reference date of 5/6/2024 Section C for Cognitive Status revealed a Brief Interview for Mental Status (BIMS) score was 13, out of a scale of 00-15, indicating intact cognition. Section GG for Functional abilities and Goals revealed partial/moderate assistance for eating/oral hygiene/transfer and dependence for toileting/shower. Section M for skin revealed no skin problems. Record review of Care Plan started on 2/2/2024 and revised on 5/8/2024 revealed Resident #46 is at risk for pressure ulcers and skin impairments related to impaired mobility and decline in function. Interventions included: Use moisture barrier (Vitamin A & D Ointment) product as indicated. Report any signs of skin breakdown (sore, tender, red, or broken areas) and Podiatry/Wound care consults as needed. Record review of Electronic Health Record revealed a progress note dated 07/07/2024 that indicated Resident #46's skin was warm and dry to touch, signed by licensed nurse. Further review of Electronic Health Records revealed Certified Nursing Assistant with dates 7/08/24, 7/09/24, and 7/10/24 indicated no skin issues. Record review of Electronic Health Record revealed physician orders dated 2/01/2024: Facility skin care protocol and Skin check every shift during care and report any unusual findings to nurse and 4/12/2024: Weekly skin check once a day on Sundays. On 07/11/24 at 8:44 AM Surveyor asked Staff A, Registered Nurse, (RN) to observe skin of lower extremities of R#46. Staff A, RN brought Resident #46 into the room and evaluated resident's skin. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/11/24 at 8:54 AM Staff A, RN stated: I completed a visual skin assessment on [Resident #46] legs and observed dryness, no swelling, and no open area. [Resident #46] denied itching. I will inform the physician. There are no current physician orders pertaining to [Resident #46] legs. The facility protocol is to assess the skin every week for the nurse and the Certified Nursing Assistants (CNA) are to do a daily inspection and to report any change to nursing. Record review of Policy, Pressure Ulcer and Skin Assessment revised September 2013 Purpose: The purpose of this procedure is to provide guidelines for the assessment and identification of residents at risk of developing pressure ulcers. Preparation: 1. Review the resident's care plan to assess any special needs of the resident. Assessment: Monitoring: a. Staff will perform routine skin inspections (with daily care).