STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105008	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Biscayne Health and Rehabilitation Center	12505 NE 16th Ave North Miami, FL 33161

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews, the facility did not maintain an environment free of accident hazards on one (second floor) of two floors. As evidenced by shaving razors observed in Resident #29's room. Staff disposed of lancets in the regular trash and left a housekeeping cart with germicidal wipes unattended and easily accessible. There were 94 residents residing in the facility at the time of the survey. The findings included. 1) An observation on 05/11/2026 at 10:47 AM revealed a shaving razor on the sink in resident #29's. Staff E, Licensed Practical Nurse (LPN) was made aware and entered the room and removed the razor from the sink. At that time, Resident # 29 entered the room and Staff E, LPN asked the resident if the razor belonged to him and Resident # 29 stated: That is not my razor. I keep my razors in the nightstand. At that time, the resident showed the surveyor and Staff E, LPN the shaving razors he kept in the nightstand (Photographic evidence). Staff E, LPN then exited the room.On 05/11/2026 at 10:50 AM, the surveyor asked Staff E, Licensed Practical Nurse if residents were allowed to keep shaving razors in the room unattended. Staff E, LPN responded, No, and went back to Resident # 29's room and retrieved the razors.Review of Resident # 29's clinical records revealed the resident was admitted on [DATE] with diagnosis that included Malignant Neoplasm of overlapping sites of bladder.Record review of Resident # 29?s Quarterly Minimum Data Set reference dated 02/18/2026 revealed Resident # 29 had a Brief Interview of Mental status score of 15 out of 15 which indicated the resident had no cognitive impairment.Review of Resident # 29's care plans, initiated on 09/16/2024 and revised on 06/13/2025 for Activities of Daily Living (ADL), indicated the resident had self-care deficits associated with activity intolerance, generalized muscle weakness, bladder cancer, and a history of gross hematuria. The interventions included encouraging and assisting the resident with all ADL tasks as appropriate and tolerated, such as bathing, personal hygiene, and oral care. On 05/11/2026 at 1:47 PM, the Assistant Director of Nursing (ADON) was asked about the facility's policy related to shaving razors and the ADON stated, We do not allow residents to keep shaving razors in their rooms for safety purposes.On 05/14/2026 at 11:54 AM the Administrator/Risk Manager stated, I review safety protocols and interventions. Residents are not allowed to keep the shaving razors in the rooms and staff are to keep the razor in the supply room.On 05/14/2026 at 3:48 PM, the Director of Nursing stated: Residents cannot keep shaving razors in rooms. 2) On 05/11/2026 at 11:09 AM, a blood glucose check was conducted by Staff E, LPN, for Resident #4. Upon completion of the procedure, Staff E, LPN discarded the unused lancets in the medication cart trash (Photographic evidence).On 05/11/2026 at 11:40 AM Staff E, LPN was asked about the facility's policy and procedure regarding the proper disposal of unused lancets; Staff E stated: Lancets are to be disposed of into the sharp resistant container for safety purposes. Staff E did not respond when asked why the lancets were disposed of into regular trash.On 05/11/2026 at 5:42 PM the Director of Nursing (DON) stated, Nurses are expected to dispose of used and unused sharps into the sharps container for safety purposes. 3) During an observation conducted on 05/11/2026 at 11:39 AM on the facility's second floor, it was noted that the unattended housekeeping cart located on the west side had a container of germicidal wipes placed atop the cart, (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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with easy access (Photo evidence).On 05/13/ 2026, at 9:45 AM, a follow-up observation on the facility's second floor revealed a container of germicidal wipes was left unattended on top of the housekeeping cart on the west side hallway. (Photo evidence)On 05/11/2026 at 3:47 PM the Corporate Housekeeping staff and the facility's Housekeeping Director revealed the facility has four housekeeping carts and everything related to chemicals that could harm the resident should be locked in the compartment on the cart and the housekeeping and the housekeeping staff have the key. On 05/13/2026 at 9:50 AM, the Housekeeping Director and the Assistant Director of Nursing were made aware of the identified concerns and acknowledged the wipes should not be kept unattended on top of the cart.On 5/13/26 at 1:09 PM Staff G, housekeeping staff stated, I keep disinfectant wipes and cleaning supplies locked in the cart for the safety of residents. Record review of the facility's policy titled, Nursing Home Accident Prevention and Safety Policy Effective Date: August 1, 2021, Review Date: January 3, 2026, revealed: PurposeThe purpose of this policy is to establish procedures that promote a safe environment for residents, staff, visitors, and contractors within the nursing home. This policy aims to prevent accidents, reduce injuries, ensure prompt response to emergencies, and maintain compliance with federal, state, and local safety regulations.Policy Statement:The nursing facility is committed to: Maintaining a safe and hazard-free environment.Preventing accidents and injuries. Identifying and correcting safety risks promptly.Providing staff education and training on safety practices. Ensuring timely reporting and investigation of incidents. Promoting resident rights, dignity, and well-being. All staff members are responsible for complying with safety procedures and reporting on unsafe conditions immediately.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility did not adhere to proper medication storage protocols on the second floor, as evidenced by medicated ointments observed in the rooms of Resident #58, Resident #20, and Resident #29. The findings include:1) Observation on 05/11/2026 at 9:07 AM revealed a container of Diclofenac ointment on top of the sink in Resident # 58's room (Photographic evidence).Review of Resident #58's clinical records revealed the resident was admitted on [DATE] with diagnosis that included: Heart Failure and had no cognitive impairment.2) Observation on 05/11/2026 at 9:39 AM and on 05/12/2026 at 11:06 AM a tube of Hydrophilic wound dressing was noted in a basket on Resident # 20's nightstand. (Photo evidence).Review of Resident # 20's clinical records revealed the resident was admitted on [DATE] with diagnosis that included: Cerebral infarction due to embolism of right middle cerebral artery and was severely cognitively impaired.3) Observation on 05/11/2026 at 10:54 AM revealed a container of Ciclopirox Topical solution on Resident # 29's nightstand. (Photo evidence).Review of Resident #29's clinical record revealed the resident was admitted on [DATE] with diagnosis that included: Malignant neoplasm of overlapping sites of bladder and had no cognitive impairment. Record review of the facility's policy titled, Storage of Medications revised January 2026 revealed Policy: The facility stores all drugs and biologicals in a safe, secure, and orderly manner.Policy Interpretation and Implementation: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls.On 05/11/2026 at 11:18 AM Staff E, Licensed Practical Nurse (LPN) was made aware of the identified concerns. Staff E LPN stated: Medications and ointments are kept on the locked cart and not allowed at the bedside. Sometimes family brings them in. We do rounds and remove any ointment at the bedside. On 05/11/2026 at 12:16 PM, the Wound care nurse stated: I put all the creams, ointments, and medicated nail polish back into the treatment cart after providing treatment.On 05/11/2026 at 1:07 PM, Staff D, Certified Nursing Assistant stated: When I do rounds, I look to make sure the resident is safe. If I see any objects that can harm the residents like razors or a knife I remove them. If I see medications in the room, I tell the nurse. On 05/11/2026 at 1:25 PM the Assistant Director of Nursing was made aware of the identified concerns and stated: Residents are not allowed to keep any medications in the room. We keep all medications in the cart for the safety of residents.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, records reviewed and interviews the facility failed to document adequate information in the medical records for one (Resident # 62) out of two sampled residents with a pressure ulcer. Staff did not sign the Medication Administration Record for pain medication ordered before wound care on several dates in May 2026 for Resident # 62, even though wound care was provided on those days. Five residents with pressure ulcers lived in the facility at the time of the survey. The findings included. During observation on 05/13/2026 at 10:02 AM of Resident # 62's wound care being performed by the facility's Wound Care Nurse and Resident # 62 denied pain at that time.Record review of Resident # 62's clinical record revealed the resident was admitted to the facility on [DATE] with diagnosis that included but not limited to Peripheral Vascular Disease. Review of Resident # 62's care plans that started on 04/13/2026 and revised on 05/05/2026 for a pressure ulcer with interventions that included: Administer medications and treatments as ordered by the medical doctor.Record review of Resident #62's significant change Minimum Data Set reference dated 04/20/2026 revealed Resident # 62 had no cognitive impairment, required setup, clean up assistance for eating and oral hygiene, had a Stage 4 Pressure Ulcer, received scheduled pain medication regimen and had moderate occasional pain or hurting at any time in the last 5 days. Record review of Resident # 62's Physician's order sheet revealed orders dated 04/23/2026 for Tramadol HCl oral tablet 50 milligrams *Controlled Drug* give 1 tablet by mouth every day shift for pain 30 minutes before wound care. Review of the May 2026 Medication Administration Record revealed the Tramadol HCl oral tablet 50 mg 30 minutes before wound care order omitted signatures on: 05/02/2026, 05/03/2026, 05/09/2026, and 05/10/2026.Signatures with code 4 on the dates: 05/04/2026 to 05/06/2026 and 05/11/2026 indicated out of parameters signed by Staff E, Registered Nurse and no progress note was associated with these entries.Record review of the May 2026 Treatment Record revealed daily signatures for wound care on the day shift.During an interview on 05/13/2026 at 3:34 PM the Wound Care Nurse stated that Resident # 62 had an order for Tramadol pain medication prior to wound care and she checks the Medication Administration Record to ensure the medication was given. I do wound care for her daily Monday to Friday, and the floor nurse does it on the weekend.Staff E, Registered Nurse, was not present in facility nor available on 05/14/2026 for an interview.On 05/14/2026 at 3:45 PM, the Director of Nursing stated, The nursing staff are present during the care plan meeting to hear interventions. Nurses are to follow physician orders. If a resident refuses medication the nurse is to document that. Record review of the facility's policy and procedure titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol Revised April 2018, Reviewed January 2026 indicated: Assessment and Recognition: 2. In addition, the nurse shall describe and document/report the following: b. Pain assessment .

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on observations, interview and record review, the facility's Quality Assurance and Performance Improvement Activities (QAPI/QAA) failed to demonstrate an effective plan of action to correct repeated deficiencies in the problem area as evidenced by repeated deficient practices for F0761; failed to properly store medications. There were 94 residents residing in the facility at the time of survey. The findings included:Record reviews of the facility's survey history revealed the facility was cited F 0761 during the recertification and Re-licensure survey with an exit date of October 31, 2024. Review of the Quality Assurance and Performance Improvement (QAPI) Committee Meeting Sign-in Sheets dated 02/10/2026, 03/10/2026 and 04/14/2026 revealed the facility had a QAA Committee meeting monthly and attendees included: Administrator, Director of Nursing (DON), Medical Director, and other department heads. Record review of the facility's Policy and Procedure titled, Quality Assurance and Performance Improvement Date Implemented: 9/1/2022 Date Reviewed/ Revised: 1/1/2026 revealed: Policy:It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.Policy Explanation and Compliance Guidelines: 2. The QA Committee shall be interdisciplinary and shall:Develop and implement appropriate plans of action to correct identified quality deficiencies. During an interview on 05/14/2026 at 4:50 PM the Administrator stated, The members include Medical Director, Nursing home administrator, other department heads and we invite direct care staff members. We meet monthly and as needed to assess ways to make improvements.The Administrator was informed of identified concerns related to repeated deficiencies and the Quality Assurance and Performance Improvement activities.