

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2025
NAME OF PROVIDER OR SUPPLIER Miami Jewish Health Systems, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 5200 NE 2nd Avenue Miami, FL 33137	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) for two (Residents #5 and #6) out of three residents sampled, as evidenced by Resident # 5 and Resident # 6 had wander/elopement alarm devices on their left ankle as ordered. However, the Annual MDS indicated the devices were not used. There were 306 residents residing at the facility at the time of the survey.</p> <p>The findings included:</p> <p>Resident #5:</p> <p>On 06/02/2025 at 12:40 PM Resident #5 was observed in the dining room, sitting in her wheelchair eating independently.</p> <p>Review of Resident #5's medical records revealed the resident was initially admitted to the facility on admitted to the facility on [DATE]. Clinical diagnoses include Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance and Alzheimer's disease.</p> <p>Review of Resident # 5's Physician's Orders Sheet and Electronic Treatment Administration Records for June 2025 revealed an order with start date 11/09/2023 for Electronic wandering device to the left ankle. Check if the device is in place and functioning every day shift every Thursday for Elopement risk and every shift.</p> <p>Review of Resident #5's Care Plans initiated 10/26/2023, revision dated 05/28/2025, target date 07/21/2025, revealed Resident #5 is at risk for elopement or wandering related to impaired safety awareness, Resident wanders aimlessly. Interventions include- Assess resident for risk of elopement or wandering. Resident has wandering device in place to left ankle and will be checked every Thursday.</p> <p>Review of Resident #5 's Annual MDS assessment dated [DATE] indicated in Section C for Cognitive Pattern revealed a Brief Interview for Mental Status (BIMS) score of 03 out of 15 to suggest severe cognitive impairment. Section P- Restraints and Alarms-P0200-Alarms: An alarm is any physical or electronic device that monitors resident movement and alerts; Item E-Wander/elopement alarm coded 0=Not used.</p> <p>Resident #6:</p> <p>(continued on next page)</p>

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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/02/2025 at 12:45 PM, Resident #6 was observed in common area sitting in her wheelchair eating lunch supervised by staff.</p> <p>Review of the medical records for Resident #6 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance and Schizoaffective disorder bipolar type.</p> <p>Review of Resident #6's Physician's Orders Sheet for June 2025 revealed order dated 04/13/2023 and 04/04/2025 for: Electronic wandering device to the left ankle. Check if the device is in place and functioning every day shift every Thursday for Elopement risk and every shift.</p> <p>Record review of Resident #6's Care Plans initiated 12/11/2021, Revised 04/22/2025; Target date 09/02/2025 revealed Resident #6 is at risk for exit seeking behaviors related to cognition and disorientation to place, she has impaired safety awareness due to dementia. Interventions include- Check wandering left ankle for functioning and placement. Distract resident from wandering by offering pleasant diversions, structured activities .</p> <p>Record review of Resident #6 's Annual MDS assessment dated [DATE] revealed in Section C for Cognitive Pattern indicates a Brief Interview for Mental Status (BIMS) score of 03 out of 15 to suggest severe cognitive impairment. Section E for Behavior documented verbal behavioral symptoms occur 1 to 3 days and rejection of care occurs 4 to 6 days. Section P- Restraints and Alarms/P0200-Alarms: An alarm is any physical or electronic device that monitors resident movement and alerts; Item E-Wander/elopement alarm coded 0=Not used.</p> <p>Interview on 06/02/25 at 02:00 PM with Staff A, MDS Coordinator stated: The [Wander Alert Device] are coded under section P in the MDS. I code them once the MDS is completed and if the resident is wearing the device at the time of the assessment. [Residents #5 and #6] were miscoded and it was an oversight .</p> <p>Review of the facility's policy and procedure dated March 2022 indicate it is the policy of Miami Jewish Health to adhere to the following procedures related to the proper documentation and utilization of a resident's Minimum Data Set (MDS) to ensure a comprehensive and accurate assessment of all residents will be completed in the format and in accordance with time frames stipulated by the Department of Health and Human Services Center for Medicare and Medicaid Services. This assessment system will provide a comprehensive, accurate, standardized.</p>		