

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Fountain Manor Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 390 NE 135th St 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on observation, interview, and record review the facility failed to ensure the safety of a vulnerable Resident (Resident #32) out of 29 sampled residents. As evidenced by disposable shaving razors were observed at the resident's bedside. There were 133 residents residing in the facility at the time of the survey.</p> <p>The findings Included:</p> <p>On 11 /12/24 at 09:05 AM and on 11/12/24 at 01:00 PM shaving razors observed on Resident #32's bedside table.</p> <p>On 11/14/24 at 09:10 AM three (3) shaving razors were observed on the resident's bedside table.</p> <p>Review of Resident #32's medical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Paranoid schizophrenia and Bipolar disorder.</p> <p>Review of the Physician's Orders Sheet for November 2024 revealed Resident #32 had orders that included daily medications for Schizophrenia and a medication three times a day for Anxiety.</p> <p>Review of Resident # 32's Schedule 5 Day Minimum Data Set (MDS) dated [DATE] indicated in Section C for Cognitive Patterns a Brief Interview for Mental status Score of 15 out of 15 indicating the resident is cognitively intact. Section GG for Functional Status documented Partial moderate assistance for activities of daily living.</p> <p>Record review of Resident # 32's Care Plans Reference date 07/04/2024 revealed: Resident is noted with self-care deficit, resident needs assistance with his activities of daily living (ADL) due to a Diagnosis of Altered Mental Status, Parkinson's Disease, Chronic Diarrhea, Schizophrenia, Bipolar Disease, Insomnia, Anxiety, and Cancer of Skin. Interventions include-Obtain all equipment necessary for ADL care and place items close to resident, assist with dressing, grooming, and hygiene needs daily to keep resident clean and neat</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/14/24 at 09:42 AM Certified Nursing assistant (CNAs) (Staff A) revealed; the resident requires supervision for his ADLs, he loves to shave himself and he is supervised when he is shaving, the resident always get razors from somewhere and takes it to his room every time; whenever she sees razors in his room she takes it away and store it properly in the storage area. Staff A went to the resident's room during the interview with the surveyor and removed the 3 razors on Resident #32's bedside table.</p> <p>On 11/14/24 at 09:45 AM Licensed Practical Nurse (LPN) (Staff B) revealed the resident goes down to central supply and ask for his razors himself; the razors are stored in the supply room. We are constantly checking on this resident because he is all over the place and always collecting different items, we check his room often during the shift and are always removing items that are not supposed to be in his room.</p> <p>On 11/14/24 at 11:00 AM Resident #32 refused to be interviewed.</p> <p>Interview on 11/15/24 at 09:34 AM; the Director of Nursing (DON) was informed of the razors observed on Resident #32's bedside table.</p> <p>Review of the facility's policy and procedure titled Hazardous Areas, Devices and Equipment revision date July 2017 states: All Hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate hazards to the extent possible.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on observation, interview and record review the facility failed to follow infection control standards for one (Resident #103) out of 29 sampled residents. As evidenced by Resident# 103's nebulizer and oxygen tubing were not protected in a bag/covering on the residents bedside table.</p> <p>The findings Included:</p> <p>During observation on 11/12/24 at 08:43 AM, Resident #103 was asleep in bed and the nebulizer and tubing were not in a protective bag/covering on the bedside table.</p> <p>Review of the medical records for Resident #103 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Chronic respiratory failure with hypoxia. Chronic Obstructive Pulmonary disease.</p> <p>Review of the Physician's Orders Sheet for November 2024 revealed, Resident #103 had orders that included but not limited to: Ipratropium-Albuterol solution via nebulization three times a day for Chronic Obstructive Pulmonary disease.</p> <p>Record review of Resident #103 's Admission Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental Status score 15 out of 15 scale indicating the resident is cognitively intact.</p> <p>Record review of Resident #103 's Care Plans Reference date 10/11/2024 revealed: Resident has pulmonary condition and has potential for difficulty breathing, with history of respiratory failure with hypoxia, COPD, history of pneumonia. Resident will be maintained at their respiratory baseline with a patent airway and unlabeled Respiration's through next review date. Interventions include administer respiratory treatment per MD order, oxygen via nasal cannula as ordered .</p> <p>Interview on 11/14/24 at 09:49 AM, Registered Nurse (Staff C) stated: I saw the nebulizer at the resident's bedside laying on top of the bedside table on Tuesday (11/12/24) in the morning during my rounds and I threw the nebulizer and the tubing away, the respiratory supplies have to be stored in a bag with the date the supplies were last changed.</p> <p>Review of the facility's policy and procedure titled Infection Prevention and Control Program revision date October 2018 indicate: An infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p>