

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER North Beach Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 NE 170th Street North Miami Beach, FL 33160	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, interview and record review, the facility failed to ensure drugs and biologicals used in the facility are properly stored, accurately accounted and dispensed in accordance with professional standards as evidenced by: Packages with medications for return to pharmacy left unattended at the Nurses stations; medication and treatments carts left unattended and unlocked. Discrepancies identified on the Controlled Drugs Disposition Records for South Wing Cart two. Discontinued medication observed on North Wing Medication Cart One. Date discrepancies for Ophthalmic treatments on Medication Carts. Medications left unattended during medication administration observation for Resident # 15 and sharing medications between residents intercepted by surveyor. There were 94 residents residing in the facility at the time of the survey. The findings included. Observation on 02/08/26 at 6:02 AM revealed three bags of medication on top of the counter at South Unit nursing station unattended. On 02/08/26 at 6:12 AM Staff B, Registered Nurse (RN) stated, I placed the medication in bags and left them on top of the nursing station for the pharmacy to pick up. Staff B, RN Further stated: it's ok to leave the medication unattended since it was in a bag. Tour of the South Unit on 02/08/26 at 6:03 AM revealed the South Wing Medication Cart Two with medical equipment on top unlocked and unattended. On 02/08/26 at 6:13 AM Staff C, Licensed Practical Nurse (LPN) approached the South wing Medication Cart Two and was asked about facility's protocol for medication storage Staff C, LPN stated: The medication carts should be locked when not attended. Observation on 02/08/26 at 6:05 AM revealed two unattended unlocked Treatment carts (one on the South Wing and one on the North Wing). On 02/08/26 at 6:15 AM Staff C, LPN was made aware of identified concern and revealed the Treatment carts are to be locked. During an interview on 02/08/26 at 7:04 AM Staff A, RN Weekend supervisor stated The medication and treatment carts should be locked at all times for the safety of the residents because some residents can open the cart and take medicine out. When returning medication to pharmacy we are to scan medication then placed in bag close it and keep it in the medication room. On 02/08/2026 at 6:43 AM a cart check and narcotic count was conducted for South Cart Two with Staff C, Licensed Practical Nurse (LPN) who worked the overnight shift. Several open undated over-the-counter medications found on the medication cart and the following narcotic accounting (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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and Staff K, RN revealed Resident # 59's discontinued medication Azithromycin 250 mg ordered 1/1/26 for ten days had one tablet remaining in the packet found in the top drawer of the medication cart. Several over the counter medications were noted with no open dates. Staff K, RN revealed the Azithromycin 250 mg medication was discontinued and the remaining one tablet should have been removed from the cart for disposal. Staff E, LPN revealed over-the-counter medication noted with no open date eye drops should be dated and eyedrops discarded 28 days after they are opened. On 02/08/2026 at 8:10 AM an observation of the North Wing Nurses Station an unattended grey plastic package labelled Pharmacy Returns was observed on the counter at the nurses' station. (Photographic evidence). Interview on 02/08/2026 at 8:16 AM Staff A, RN, Weekend Supervisor revealed the package should not be left at the desk. It should be in the med room. On 02/08/2026 at 8:20 AM, with Staff N, RN the following concerns were identified during a medication administration and cart review of North Wing Medication Cart Two revealed Over the Counter (OTC) Ophthalmic Solution for Resident #97 had two open dates (12/29/2025 and opened on 1/1/26) and OTC Ophthalmic Solution for Resident #79 had no open date. Photographic evidence. On 02/08/2026 at 8:56 AM, during medication administration observation conducted by Staff N, RN for Resident # 15 the following medications were prepared to be administered via Gastronomy Tube (G-tube) Losartan potassium 50 milligram (mg) one tablet, Sertraline 50 mg one tablet, Bactrim 800-160 mg one tablet, Baclofen 10 mg one tablet; Staff N, RN entered Resident # 15's room and placed the prepared medication on the overbed table and walked away leaving the medications unattended while she went to put on a disposable gown. Photographic evidence. On 02/08/2026 at 10:08 AM Staff N, RN was observed preparing to withdraw insulin to be administered for Resident #55. The surveyor requested to review the insulin and upon review it was noted the Novolog insulin belonged to another resident and the surveyor intervened. When asked why she was about to share residents' medication. Staff N, RN explained Resident # 55's Novolog insulin was not available. Staff N, RN was asked about the facility's policy when a resident's medication is not available on the cart, Staff N, RN was unable to provide an answer. The Assistant Director of Nursing was notified and assisted Staff N, RN with retrieving the insulin from the Emergency Kit. On 02/10/26 at 3:20 PM the Director of Nursing revealed medications are to be in a sealed bag in the medication room before return to pharmacy and the medications and treatments carts are to remain locked while unattended. Review of the facility's Pharmacy Services Policies: Administering Medications. Updated 04/28/2025 Policy Statement indicated: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: 24.Medications ordered for a particular resident may not be administered to another resident, unless permitted by State law and facility policy, and approved by the Director of Nursing Services. (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. Controlled Substances. Dispensing and Reconciling Controlled Substances Revised November 2022. 1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility 1) failed to have available disposable towels at the hand washing sink in the kitchen for the dietary staff, 2) failed to ensure food is being stored under sanitary condition and resident's food items were dated and labeled in the freezer and outdated food was discarded in a timely manner and 3) failed to ensure the hydration cart containing an ice cooler and ice scoop were handled in a sanitary manner to prevent contamination. This has the potential to affect 88 out of 94 residents who eat orally residing in the facility at the time of the survey. The findings included: Record review of the Foods Brought by Family/Visitors Policy and Procedure (revision date March 2022); Policy Statement-Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents; Policy Interpretation and Implementation: 5) Food brought by family/visitors that is left with the resident to consume later is labeled and stored in a manner that is clearly distinguishable from facility-prepared food; b) Containers are labeled with the resident's name, the item and the use by date and 6) The nursing staff will discard perishable foods on or before the use by date. Review of the Infection Control Policy and Procedure (revision date October 2018); Policy Statement-This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections; Policy Interpretation and Implementation: 1) This facility's infection control policies and practices apply equally to all personnel, residents and the general public and 2) The objectives of our infection control policies and practices are to: b) Maintain a safe, sanitary and comfortable environment for residents. 1) Observation during the initial kitchen tour on 2/08/2026 at 6:27 AM revealed at the hand-washing sink, no available disposable towels for the dietary staff to dry their hands. Interview and observation with Staff L, Dietary Aide on 2/08/26 at 6:28 AM revealed they did not place more disposable towels in the dispenser and would need to put more in. Interview with the Certified Dietary Manager on 2/10/26 at 9:33 AM. She stated: The dietary staff is supposed to wash their hands upon entering the kitchen. The hand-washing soap, hand towels and warm water should be available for them. 2) Observation of the freezer used to store resident's foods located in the closed dining room with the Director of Nursing (DON) on 02/08/26 at 09:11 AM revealed the freezer contained outdated resident's food and the food was not labeled. The food item was a pasta dish dated 1/18/26 and had ice particles on it. A frozen pizza was noted with a room number that was not visible and was not labeled with a name. Photographic evidence submitted. Interview with the DON on 02/08/26 at 09:13 AM. She revealed the foods in the refrigerator and freezer for residents should be labeled and dated, she would be throwing away both items in the freezer and would be educating the staff on proper food storage. 3) During an observation on the North nursing unit on 2/10/2025 at 11:54 AM revealed Resident # 64 in a wheelchair go over to the Hydration cart, that was located across from the nursing station getting a paper cup off the nourishment cart and attempting to open the ice cooler and picking up the ice scooper. Second observation on the North nursing unit on 2/10/2026 at 12:18 PM revealed Resident # 55 using a rolling walker go over to the Hydration cart, that was located across from the nursing station with a paper cup, picked up the ice scoop from its holder and opened the ice cooler to put ice in her paper cup. The residents were not observed to sanitize their hands before or after obtaining the ice and were not wearing gloves. Interview with the Regional Educator on 2/10/26 at 12:21 PM revealed the residents are not supposed to get their own ice but the staff are to assist the residents by giving them ice when they request it. She stated: We are going to put a lock on the ice coolers. Review of the Demographic Face Sheet for Resident # 64 documented the resident was admitted on [DATE] with a diagnosis of hemiplegia and dementia. Review of the Demographic Face Sheet for Resident # 55 documented the (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident was admitted on [DATE] with a diagnosis of dementia and diabetes mellitus. Interview with the DON on 2/11/26 at 12:18 PM. She stated, We immediately pulled the ice chests off the floor. We removed the ice, sanitized the ice chests and did not put them back out until locks were installed and put them behind the nursing station. There is a code to get in the ice chest now and the staff have the code. The expectation is for the resident to ask the staff to give them a cup and put ice in it. Not for them to open the ice chest and place ice in a cup themselves.		

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on observation, interview, and record review, the facility failed to demonstrate effective plans of action were implemented to identify and correct quality deficiencies related to repeated deficient practices under F761-Labeling/Storage of Drugs and Biologicals. As evidenced by the facility failed to ensure medications and medication carts were properly secured and stored to prevent unauthorized access. There were 94 residents residing in the facility at the time of the survey. Findings include: Review of the facility's survey history revealed that during the previous survey dated February 13, 2025, the facility was cited under F761 for Labeling/Storage of Drugs and Biologicals. On 02/04/2026 at 3:33 PM, an interview with the Administrator revealed that the facility has a Quality Assurance and Performance Improvement (QAPI) program and a Quality Assessment and Assurance (QAA) Committee that meets monthly on the third Tuesday and as needed, with the last meeting held on January 27, 2026. He explained that the committee includes all required members, including the Medical Director, Administrator, DON, ADON, department heads, and regional directors. The committee monitors and tracks quality issues through daily staff reports, audits, rounds, and data trending, prioritizing high-risk concerns to ensure resident safety. They use root cause analysis and the 5 Whys method to revise interventions when necessary. The committee tracks corrective actions through monthly meetings, PIP data, audits, and follow-up, and communicates updates to staff through education, town halls, and daily discussions. The Administrator noted that the QAA Committee actively monitors medication storage, infection control, environmental safety, nutrition, and other key areas to ensure improvements are occurring and resident outcomes are protected. Review of the policy and procedure titled Quality Assurance /Quality Assurance Performance Improvement QAPI/QAA Goals/Purpose Statement: revealed that Our purpose is to provide excellent quality resident/patient care and services. Quality is defined as meeting or exceeding the needs, expectations and requirements of the patients cost- effectively while maintaining good resident/patient outcomes and perceptions of patient care. NBRC has a Performance Improvement Program which systematically monitors, analyses and improves its performance to improve resident/ patient outcomes. It recognizes that the value in healthcare is the appropriate balance between good measures, excellent care and services and cost. We will monitor our operations for compliance with federal and state regulations.		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to accommodate one (Resident #51) out of one resident's choice for food preferences reviewed. There were a total of 94 residents residing in the facility at the time of this survey. The findings included: Record review of the Resident Rights Policy and Procedure (Revised October 2025) documented: Policy Statement-Employees shall treat all residents with kindness, respect and dignity. Policy Interpretation and Implementation-1) Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to a) a dignified existence; b) be treated with respect, kindness and dignity and e) self-determination. Review of the Resident Food Preferences Policy and Procedure (Revised July 2017) documented: Policy Statement-Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent. Policy Interpretation and Implementation-2) Staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes and 3) Dietitian/Designee will document the resident's food and eating preferences in the care plan. Initial observation and interview with Resident # 51 on 2/08/26 at 8:46 AM revealed the resident sitting on the side of the bed, eating breakfast, The resident did not eat the scrambled eggs. She stated, I have told them I don't eat eggs and they keep giving it to me. Review of the meal ticket on 2/08/26 listed liked foods are fortified foods, shakes and eggs were not listed as a dislike. Photographic evidence submitted Second observation and interview with Resident #51 on 2/09/26 at 8:11 AM revealed the resident sitting up in bed, eating breakfast. The resident's breakfast food tray consisted of Oatmeal, Scrambled Eggs, 1 slice of Toast, Orange Juice and Coffee. She stated, They gave me eggs again. I will not eat it because I had a bad experience with them. Photographic evidence submitted Third observation and interview with Resident #51 on 2/10/26 at 8:33 AM revealed the resident sitting up in bed, eating breakfast. The resident's breakfast food tray consisted of Oatmeal, Egg Omelet, Chopped Sausage Link, 1 slice of Toast, Orange Juice and Coffee. She stated, I got eggs again. Photographic evidence submitted Record review of the Demographic Face Sheet for Resident #51 documented the resident was admitted on [DATE] with a diagnosis of chronic kidney disease, atrial fibrillation and severe protein-calorie malnutrition. anemia, diabetes mellitus, neuropathy, chronic obstructive pulmonary disease, osteoarthritis, depression, insomnia, anxiety disorder and major depressive disorder. Review of Resident # 51's Minimum Data Set (MDS) Significant Change assessment dated [DATE] documented the resident was able to make her needs known, required independent assistance for Activities of Daily Living (ADL), setup assistance for eating and was prescribed a Therapeutic Diet. Review of Resident # 51's Physician's Order Sheets (POS) for December 2025, January 2026 and February 2026 documented the resident was on a Regular Diet, Mechanical Soft texture, thin consistency with Fortified Foods for Nutrition. Review of Resident # 55's Nutrition care plan (written 3/06/2025) indicated the resident has potential for nutritional problem related to nutrition related comorbidities conditions associated with chronic kidney disease, hypertension and malnutrition. At risk for and history of significant weight loss; Goal: Resident will maintain adequate nutritional status as evidenced by maintaining weight within +/- 10% of current body weight, no signs or symptoms of malnutrition, and consuming at least 50% of most meals daily through review date; Interventions: Diet: Provide diet as ordered; Offer and provide alternate as needed; Honor food preferences; Encourage adequate intake at meals. Interview with the Certified Dietary Manager on 2/10/26 at 12:14 PM. She stated, I take food preferences upon the resident's admission and as needed. Fourth observation and interview with Resident #51 on 2/11/26 at 8:26 AM revealed the resident sitting up in bed, eating breakfast. The resident's food tray consisted of Oatmeal, Chopped Meat, 1 slice of Toast, Orange Juice and Coffee. No eggs were served today. (continued on next page)		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	She stated, They didn't give me eggs today. I guess because something was said to them. I like oatmeal they should give me two bowls of it. Review of the meal ticket revealed it was updated on 2/10/26 and the listed liked foods were fortified foods, shakes; Dislikes: Eggs. Review of the 4 cycle menus dated February 8-12, 2026, documented eggs were on the menu to be served for breakfast every day of the week except for Thursday, February 12, 2026. Interview with the Director of Nursing on 2/11/26 at 11:48 AM. She stated: The expectation is that residents should be able to choose their food options. Interview with the Certified Dietary Manager on 2/11/26 at 12:41 PM. She stated: I went to see the resident on yesterday and she basically said there are certain foods she doesn't like. Like eggs, salty foods and no salt on the tray. There are alternatives for resident who don't eat eggs, like waffles, pancakes, French toast, turkey sausage patty, sausage links, corn beef hash, fortified oatmeal, grits and cold cereal. She does have the right to change her mind and to have her choices.		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations, interviews, and record review, the facility failed to secure confidential information for residents on two (South and North) out of two units as evidenced by: 1) Residents' medical information left visible and unattended at the front desk. 2) Residents' personal information visible and unattended on the North unit. 3) Residents' medical information posted on the wall of the South unit. 4) Paperwork with residents' information visible and unattended at the North unit nursing station. 4) An open computer screen with residents' medical information visible and unattended on the South unit medication cart #2. 5) An open computer screen and 2 binders with residents' medical information were left visible and unattended on the South unit nursing station. There were 94 residents residing in the facility at the time of survey. The findings included. 1) Observation on 02/08/26 at 6:57 AM revealed paperwork left unattended with residents' medical information on top of the copy machine at the front desk (photo evidence). Interview on 02/08/26 at 7:04 AM, Staff A, Registered Nurse (RN) weekend supervisor was apprised of the identified concern and stated: This information is not supposed to be visible. Residents' information is to be filed away for residents' privacy. 2) Observation on 02/08/25 at 8:19 AM a copy of the Midnight Census for 02/07/2026 was left on North Nurse's station counter. (Photo evidence) 3) On 02/08/26 at 8:36 AM an observation was made of a posting in a highly visible area at the South Wing nursing station, that contained residents' medical information (photo evidence). On 02/10/26 at 9:02 AM the Director of Nursing (DON) was made aware of identified concern and removed the posting. The DON stated: To protect health information staff are to place any medical information in a private area that is not visible to any outside person. 4) A tour of the North unit on 02/08/26 at 11:22 AM revealed paperwork with a resident's confidential information visible and unattended at the North unit nursing station. (photo evidence). The Administrator was made aware and he removed the paperwork. 5) On 02/09/26 at 12:05 PM an observation was made of an open computer screen with residents' medical information visible and unattended on the South Wing Medication Cart #2 (photo evidence). 6) On 02/09/2026 at 01:45 PM a staff member left the computer and two binders with patients' information visible and unattended at the South wing nursing station. (Photo evidence) Interview on 02/11/2026 at 2:20 PM the Director of Nursing (DON) stated Health Insurance Portability and Accountability Act (HIPAA) protect the privacy and security of individuals' health information while they are under our care. This includes ensuring that any resident information is kept confidential and not visible to unauthorized individuals. Examples of maintaining HIPAA compliance include not leaving resident information visible on computer screens, locking computer screens and medication carts before stepping away, and only discussing resident information with appropriate staff involved in the resident's care. Interview on 02/11/2026 at 2:35 PM, Staff A, Registered Nurse/Weekend Supervisor stated: HIPAA is used to protect resident privacy and keep their health information confidential. Staff should not leave (continued on next page)		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	any documents with resident names or personal information visible on counters or in public areas. When giving report or discussing resident care, conversations should be kept private so others who are not involved in the resident's care cannot hear protected information. Review of the facility policy titled Protected Health Information (PHI) Management and Protection of 04/2024 indicated: 1. It is the responsibility of all personnel who have access to resident and facility information to ensure that such information is managed and protected to prevent unauthorized release or disclosure.		

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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** Based on observations, interviews and record reviews, the facility failed provide needed care and services for one (Resident #89) out of two sampled residents, who had diabetic ulcer as evidenced by observations of Resident #89 in bed with heels lying flat on the bed. There were two residents with diabetic ulcers residing in the facility at the time of survey. The findings included. On 02/08/26 at 6:14 AM an observation was made of Resident # 89 in bed with a dressing on the left foot that did not cover the heel, and both heels were resting directly on the mattress (photo evidence). No pillow or offloading/floating devices present. An additional observation on 02/10/26 at 8:30 AM revealed Resident #89 in bed with both heels resting directly on the bed. No pillow or offloading/floating devices present. Record review of Resident # 89's clinical records revealed the resident was admitted on [DATE] with diagnosis that included but not limited to Type 2 Diabetes Mellitus with peripheral angiopathy with gangrene and Peripheral Vascular Disease. Record review of a Quarterly Minimum Data Set (MDS) reference dated 12/30/25 revealed Resident # 89 had moderate cognitive impairment, dependent for putting on/taking off footwear and transfers, required partial moderate assistance for rolling left, and had a diabetic foot ulcer. Record review of a Care Plan initiated on 12/30/25 revealed Resident # 89 had the potential for skin impairment, pressure ulcers related to impaired mobility, requires staff assist to turn and reposition, incontinence of bowel, incontinence of bladder, diagnosis of Diabetes Mellitus, Peripheral Vascular Disease, Peripheral Artery Disease and receives anticoagulants; goal included resident will remain free from pressure ulcer development thru the next review date and interventions that included: Float heels while in bed. During an interview on 02/10/26 at 1:06 PM, the Wound Care Registered Nurse (RN) stated, [Resident # 89] is at risk for pressure ulcer due to impaired mobility and heels are to be floated. On 02/10/26 at 1:17 PM Staff J, Licensed Practical Nurse (LPN) was interviewed about interventions to prevent pressure ulcers and stated, [Resident # 89] has a skin impairment on the heel, and the heels are to be floated with a pillow. I overlooked it. On 02/10/26 at 3:24 PM during an interview with the Director of Nursing it was revealed that staff are to either use soft boots or a pillow to float residents' heels to prevent pressure injuries. Record review of the facility's policy titled, Prevention of Pressure Ulcers/Injuries dated 2001 revised July 2017 revealed Purpose: The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors. Preparation: Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable.		

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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. Based on observations, interviews, and record review, the facility failed to ensure residents' environment remained free of accident hazards on one (North unit) out of two units as evidenced by: 1) The facility's staff failed to lock a housekeeping cart containing hazardous chemicals. 2) The facility's staff failed to keep a closet door that locks on the inside and contained wound care supplies remained locked. There were 3 housekeeping carts in the facility at the time of survey and 94 residents residing in the facility at the time of survey. The findings include.1) An observation on 02/08/26 at 10:08 AM revealed an unlocked, unattended housekeeping cart on the North Unit (photo evidence). On 02/08/26 at 10:10 AM Staff H, Housekeeping staff was made aware of identified concern and stated, "The housekeeping cart it supposed to locked for the safety of the residents because chemicals are kept in the housekeeping cart. During the laundry tour on 02/11/26 at 1:13 PM, the Housekeeping Director revealed housekeeping carts should be kept locked to protect residents because there are chemicals in the housekeeping carts. 2) An observation on 02/08/26 at 7:36 AM revealed a room marked Laundry Closet was unlocked and contained wound care supplies and including hydrocortisone cream (photo evidence). On 02/08/26 at 7:45 AM, the Director of Nursing (DON) was made aware of identified concern and revealed the door locked from inside and should remain locked. Record review of the facility's Policy and Procedure titled, Safety and Supervision of Residents revised July 2017 indicated: Policy Statement: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Policy Interpretation and Implementation Facility-Oriented Approach to Safety Our facility-oriented approach to safety addresses risks for groups of residents.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility's staff failed to position an indwelling urinary catheter tubing in accordance with professional standards of care for two (Resident#1 and Resident#62) out of two sampled residents, who had an indwelling urinary catheter as evidenced by: 1.The facility's staff positioned Resident#1's indwelling urinary catheter tubing in a manner causing back flow of urine and 2. The facility's staff positioned Resident#62's suprapubic urinary catheter tubing in a manner causing back flow of urine. This increased the risk of catheter-associated urinary tract infections and other serious medical issues. There were four residents with indwelling catheters and one resident with a suprapubic catheter residing in the facility at the time of survey. On 2/08/2026 at 6:18 AM an observation revealed Resident #62 was in bed, the indwelling urinary catheter tubing was kinked preventing the free flowing of the urine noted in the tubing. Furthermore, no urine was observed in the collection bag (photo evidence). On 02/08/2026 at 6:22 AM Staff D, Certified Nursing Assistant, was notified about identified concern. During an interview on 02/08/2026 at 6:30 AM Staff B, Registered Nurse revealed, Catheter tubing should be straightened out to allow urine to flow. On 02/08/26 at 7:04 AM The RN, Weekend supervisor was asked about facility protocol for catheter tubing positioning and stated, The urinary catheter tubing are to be changed positioned straight for the free flow of urine and to prevent back flow to prevent infection. Observation on 02/10/26 at 10:01 AM revealed Resident #62 was in bed; the indwelling catheter tubing was noted coiled and contained urine. Review of Resident #62's clinical records revealed the resident was admitted on [DATE] with diagnosis that included: Other Mechanical complication of other urinary catheter and Urinary Tract Infection. Record review of an admission Minimum Data Set (MDS) reference dated 1/23/26 revealed Resident # 62 is cognitively intact and was dependent for toileting, had an indwelling catheter (including suprapubic catheter and nephrostomy tube) and Urinary tract infection (UTI) in the last 30 days. Record review of a care plan initiated on 01/22/26 revealed Resident #62 had a suprapubic catheter related to: Neurogenic bladder and had history of recurrent UTI with a goal to be free from signs and symptoms of UTI with interventions that included: Monitor urinary catheter for impairment of drainage flow (kinks). Observation on 02/08/26 at 8:21 AM revealed Resident #1 in bed the indwelling urinary catheter tubing was coiled and preventing the flow of urine contained in the tubing. There was no urine in the collection bag (photo evidence). On 02/08/26 at 8:25 AM Staff Z, Licensed Practical Nurse (LPN) was informed of the identified concern and revealed the tubing is to allow the free flow of urine to prevent back flow that can cause an infection. Record review of Resident #1's demographic sheet revealed the resident was admitted on [DATE] and readmitted on [DATE] with diagnosis that included sequelae of cerebral infarction. Record review of physician orders revealed Resident#1 had orders dated 2/4/26 and 2/7/26 for urinary catheter insertion for 24-hour urine collection one time only for 24-hour urine collection for one day. Record review of admission Minimum Data Set (MDS) reference dated 01/20/26 revealed Resident #1 had severe cognitive impairment and was dependent for toileting and hygiene. Record review of the Electronic Health Record revealed Resident #1 had no care plans pertaining to an indwelling urinary catheter. Further review revealed Resident #1 was care planned for self-care deficit with dressing, grooming, bathing related to: needs assistance with personal care tasks and mobility skills. An interview on 02/10/2026 at 3:23 PM, the Director of Nursing (DON) revealed, indwelling catheter tubing should not be kinked to allow free flow of urine to prevent any retention of urine that could lead to a urinary tract infection. Interview on 02/11/2026 at 2:37 PM the Infection Preventionist revealed indwelling catheter tubing should not be kinked to allow free flowing of urine and prevent UTIs. Record review of facility's policy titled Catheter Care, Urinary dated 2001 revised August 2022 revealed: Purpose: The purpose of this procedure is to prevent urinary (continued on next page)		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	catheter-associated complications, including urinary tract infections. Preparation: Review the resident's care plan to assess any special needs of the resident. Assemble the equipment and supplies as needed. Maintaining Unobstructed Urine Flow. Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks unless specifically ordered, do not apply a clamp to the catheter. Position the drainage bag lower than the bladder at all times to prevent urine from flowing back into the urinary bladder.		

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observations, record review and interviews the facility failed to ensure staffing information on the North Wing and South Wing were readily available in a readable format to residents and visitors at any given time. The findings included: Record review of the Posting Direct Care Daily Staffing Numbers Policy and Procedure (no written date available) documented: Policy Statement: Our facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents; Policy Interpretation and Implementation: 1) Within two hours of the beginning of each shift, the number of licensed nurses (Registered Nurses-RN, Licensed Practical Nurses-LPN) and the number of unlicensed nursing personnel (Certified Nursing Assistants-CNA, Nursing Assistants-NA) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format and 2) Directly responsible for resident care means that individuals are responsible for residents' total care or some aspect of the residents' care. Shift staffing information is recorded on a form for each shift. The information recorded on the form shall include the following: b) The current date (the date for which the information is posted); c) The resident census at the beginning of the shift for which the information is posted; e) The shift for which the information is posted; f) Type (RN, LPN or CNA) and category (licensed or non-licensed) of nursing staff working during that shift who are paid by the facility (including contract staff); g) The actual time worked during that shift for each category and type of nursing staff and h) Total number of licensed and non-licensed nursing staff working for the posted shift. 1) Observation on 02/08/26 at 6:02 AM of the South Wing Nurses' Assignment board revealed the assignment board was dated 02/7/26 and indicated current shift was 3-11 PM. 2) Observation of the North Wing Nurses' board on 2/08/26 at 6:05 AM revealed the board blank and Staff L, Registered Nurse (RN) was writing in the date, census, 11 pm-7am shift, the names of the nurses on duty and the Certified Nursing Assistants (CNAs) on duty. Photographic evidence submitted. Interview with Staff A, Registered Nurse (RN) on 2/08/26 at 6:06 AM. She stated, I had it up there on the board, but I wiped it off for the next shift. Staff A, RN confirmed the information should have stayed there and not been taken off. Interview with the Director of Nursing on 2/11/26 at 12:14 PM. She stated, The expectation concerning the staffing board is that it should be updated every shift and be accurate.		