STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105229	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sands at South Beach Care Center, The	42 Collins Avenue Miami Beach, FL 33139

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure privacy of delivered mail for one resident (Resident #1) out of three residents that receive personal mail. As evidenced by mail addressed to Resident #1 was opened without his consent. This has the potential to affect 176 residents residing in the facility at the time of this survey. The findings included: Record review of the Mail/Package Screening Policy and Procedure (reviewed dated January 2025); Policy Statement-To prevent contaminated mail/packages from circulating through the facility, mail, express shipping packages and messenger deliveries are subject to our established screening and handling precautions; Policy Interpretation and Implementation-1) To aid in preventing the spread of contaminated materials, the following delivery precautions have been established: a) Mail, express packages and messenger deliveries must be delivered to the administrative office; 5) To prevent the spread of contaminated mail to our resident population and upon written consent from the resident, the resident's incoming mail (e.g. letters) will be opened before delivery to the resident. Our facility will open only private mail addressed to the resident. Mail from federal or state agencies will not be opened and 6) Should a resident refuse to consent to having his/her private mail opened, the administrative office will forward such mail to the resident's representative of record. Review of the Resident Rights Policy and Procedure (revised January 2025); 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: h. Privacy in sending and receiving mail. Review of the Demographic Face Sheet for Resident #1 documented the resident was admitted on [DATE] with diagnoses to include diabetes mellitus, morbid severe obesity, hypertension, insomnia, atrial fibrillation, mixed anxiety and depressed mood. Review of the Minimum Data Set (MDS) Annual Assessment for Resident #1 dated 5/09/25 revealed the resident had no cognitive impairment, he was able to make his own decisions and make his needs known and required independent assistance for ADLs (Activities of Daily Living). On 6/03/25 at 9:04 AM observation and interview with Resident #1, revealed the resident sitting up in bed on his cellular telephone. He stated, I received a [state agency] letter and it was opened when given to me. I told them to respect my privacy and not to do it again. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/03/25 at 11:54 AM, interview with the Director of Social Services. She stated, He told us we are not allowed to open his package. We deliver the package to the residents and encourage them to open it, so that we can see if there is something harmful in it. On 6/03/25 at 12:04 PM, interview with the Recreation Therapy Director. He stated, My department oversees setting up the resident council meetings. The meetings are held every Thursday of the month. We always address the mail. We remind the residents of the mail and package delivery schedule from Monday to Friday by activity staff and the Social Service Department delivers the packages. I get the mail every day from the receptionist, and she gives it to me. Then I give it to my staff, and they do a daily delivery of mail to the residents. We do not open the residents' mail. He addressed me one time about his mail being opened. I'm not sure how the mail was opened. I asked [] the receptionist to ask why the mail was opened with the resident. I left and he spoke to [] the receptionist. On 6/03/25 at 12:18 PM, interview with the Administrator. He stated, Anything that comes in for the resident, first it goes to the receptionist and if it is for residents, we put it in the Admissions office including packages. We keep it safe there and activities will come and deliver them. The mail is put in the Admissions office and not opened. If they need help with opening the mail, we try to get consent to open it for them. He had an incident that happened a few months ago. [] the receptionist opened the letter because it had [state agency name] on it and bought it to my attention. I apologized to him and gave the letter to him. I told [] the receptionist to be careful when opening the mail. Sometimes she opens the mail when she sees [] state agency name on it. On 6/03/25 at 12:28 PM, interview with Receptionist. She stated, I get all the mail. If there is mail for the Administrator, I put it on his desk. I do not open the mail. I did not open any mail for a resident.

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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 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 reviews facility failed to keep residents' information confidential on the second floor, as evidenced by observations of open unattended computer screens with residents' information on the facility's back medication cart and Station II nursing station desk. There were 79 residents residing on the second floor at the time of the survey. The findings included: Observation on 06/3/25 at 10:09 AM of a blood glucose check conducted by Staff A, Licensed Practical Nurse (LPN), noted that at 10:15 AM Staff A, LPN returned to the medication cart, verified the physician's order and prepared the insulin for administration, locked the medication cart and entered the resident's room leaving a medication bag labeled with the resident's name and physician order visible on top of the medication cart. Further observation revealed Staff A, LPN, had also left the computer screen open with residents' information visible. During an interview on 6/3/25 at approximately 10:25 AM, Staff A, LPN was asked about the protocol for protecting resident information, Staff A, LPN stated: I usually close the computer screen, but I was nervous. There is a lock key on the screen that I am supposed to press to close the screen immediately. On 6/3/25 at 12:15 PM, the Director of Nursing (DON) walked away leaving the computer screen at the south nursing station open with residents' information visible; after stating she would print information requested by the surveyor. The DON returned at 12:25 PM with the requested information. The DON was informed of the privacy concerns related to the computer screen being left open. The DON acknowledged the concern and stated, it was a mistake. Record review of a policy titled Protected Health Information (PHI), Safeguarding Electronic revised January 2024, reviewed January 2025 revealed Policy Statement: Electronic protected health information (e-PHI) is safeguarded by administrative, technical and physical means to prevent unauthorized access to protected health information.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to implement a nutritional care plan for one (Resident #4) out of three sampled residents who receive enteral feedings, as evidenced by an observation revealed Resident #4 receiving Glucerna 1.2 calorie feeding despite a Nutritional Care Plan with an intervention to provide tube feeding and water flushes as ordered: Jevity 1.5 calorie. There were 18 residents receiving enteral feedings in the facility at the time of survey. The findings included: On 6/3/25 at 8:45 AM Resident #4 was observed in bed with eyes closed a tube feeding bottle labeled Glucerna 1.2 was hanging and in progress at 45 milliliters per hour (ml/hr.) and a water flush at 45 ml, amount infused: 328 ml (photographic evidence). The bottle, syringe bag and water flush bag were dated 6/3/25, with Resident #4's name, and rate 50 ml, no time was written. Record review of Resident #4's physician orders revealed an order dated 5/30/25 directions: Jevity 1.5 or equivalent Isosource 1.5 at 50 ml/hr. for 20 hours on at 2:00 PM off at 10:00 AM one time a day. On 6/3/25 at approximately 9:30 AM, Staff A, Licensed Practical Nurse (LPN) was asked about Resident #4's current physician order for enteral feedings. Staff A, LPN stated: Jevity 1.5. The surveyor then notified Staff A, LPN that Glucerna was in progress. During an interview on 6/3/25 at 10:35 AM; The Registered Dietitian (RD) revealed: Upon first admission [Resident #4] was eating by mouth and losing weight. After a hospitalization, [Resident #4] returned with a feeding tube and gained some weight; but went to the hospital again. [Resident #4] is diabetic, but she was not recommended for Glucerna because of compromised kidney function evidenced by abnormal labs, therefore Jevity was recommended to help protect the kidneys. Record review of Resident#4's demographic sheet revealed the resident was admitted on [DATE] and readmitted on [DATE] with diagnosis that included: Gastrostomy, Acute Kidney Failure, and Dysphagia following Cerebral Infarction. Record review of a Significant Change/Medicare/ 5 Day Minimum Data Set (MDS) reference dated 4/20/25 revealed Resident #4 had a Brief Interview of Mental Status score 00, indicating severe cognitive impairment, had a feeding tube and dependent for all Activities of Daily Living, Record review of a care plan initiated on 1/03/25 and revised on 4/29/25 revealed Resident # 4 was at risk for altered nutrition/hydration related to: diagnoses that included: Dysphagia, acute kidney failure, enteral feeding with a goal to not show signs and symptoms of dehydration through next review date. Interventions included: provide tube feeding and water flushes as ordered: Jevity 1.5 at 50 ml/hr. for 20 hours. Record review of a Nutrition Assessment for readmission dated 6/2/25 revealed; Enteral Feeding Formula: Jevity 1.5 at 50 ml/hr. for 20 hours. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a basic metabolic panel dated 6/2/25 revealed Resident#4 had a blood urea nitrogen (BUN) level of 63, (the normal range is 7 - 25) which indicated the level was high which further indicated compromised kidney function. Interview on 6/3/25 at 11:50 AM Staff A, Licensed Practical Nurse (LPN) stated, I am the nurse for [Resident#4.] The current order for this resident feeding is Jevity 1.5 at a rate of 45 ml/hr. and water flush at a rate of 45 ml/hr. The Glucerna feeding was in progress at 45 ml/hr. but was hung on the previous shift. My mistake was I did not check the feeding to ensure accuracy when I rounded this morning. Interview on 6/3/25 at 12:00 PM, the Director of Nursing (DON) stated: Every morning the department heads check all the enteral tube to make sure the feedings are correct. The floor nurse is supposed to check and verify that it is according to the physician's order. I also do random rounds and check the feeding. On 5/2/25 at 12:15 PM Staff B, RN Unit Manger stated, This morning I inserted the IV and visualized the feeding was in place and in progress, but I didn't verify if it was according to the order. Record review of a policy titled Care Plans, Comprehensive Person-Centered revised January 2025 revealed Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.