

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: 105229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Sands at South Beach Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 observation, interviews and record review, the facility failed to provide food at an appropriate temperature per resident's request for Resident (#104) out of 37 sampled residents. There were 186 residents residing at the facility at the time of the survey. During the initial screening observation on 07/21/2025 at 9:26 AM Resident #104 was in the hallway in a wheelchair, no distress noted, stated the food here is not so good, the food is cold by the time I get around to eating it, When I asked the staff, particularly the Certified Nursing Assistants to heat my food up, they always say we are too busy to eat your food up and the microwave is too far away in the recreation room. Receiving cold food is a daily occurrence, especially breakfast, the eggs are always cold. I mentioned it months ago to the kitchen staff, but nothing has changed, I eat my food in the room, and I am of sound mind, I am fully aware of what I am talking about and am sure the staff will deny everything I am talking about. Observation and Interview on 07/22/2025 at 7:53 AM Resident #4 in the room eating breakfast, sitting on the side of his bed, stated carrots at lunch yesterday were cold and unappetizing and I like vegetables. Today's breakfast is lukewarm, I did not ask anyone to reheat my breakfast, they are not going to do it anyway. The food observed on the resident's breakfast tray include eggs, pancakes, bacon, cereal, juice and milk. Review of the medical records for Resident #104 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Other specified disorders of muscle, Type 2 diabetes mellitus without complications Record review of Resident # 104's Quarterly Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental status Score 15, on a 1-15 scale indicating the resident is cognitively intact. Section GG for Functional Status documented the resident is independent for eating. Interview on 07/22/2025 at 8:01 AM Staff A, Certified Nursing Assistant (CNA) revealed he was assigned to Resident #104 today and mostly worked on the second-floor unit and did not serve the resident's breakfast tray today. Staff A reported the resident did not ask to reheat his food this morning. If a resident requests to have their food reheated, the nurse would be notified and take the food to the pantry to be reheated in the microwave for at least a minute and return the food to the resident. Interview on 07/23/2025 at 11:10 AM, Staff B, CNA on the second-floor unit, stated: I have never been assigned to this resident, I may have helped him in the past if the call light is on because I work in the hallway where his room is. I do not recall the resident ever asking me to heat up his food for him. Interview on 07/23/2025 at 11:12 AM, Staff C, CNA on the second floor unit, stated: I am not assigned to this resident but have worked with him in the past, He has asked me to heat up his food in the past, usually it is his lunch, when he asks, I take his lunch tray to the dining room pantry and reheat the food for him. The times [Resident #104] asked me to reheat his lunch was when he was sleeping and lunch was served on the floor. After he wakes up from his nap and is ready to eat, he would ask me to reheat his lunch. Interview on 07/23/2025 at 11:20 AM, Staff Registered Nurse (RN), stated: today the resident is out on a medical appointment at the hospital, I have worked with this resident several times. As far as I can recall this resident has never asked me to reheat his food because it is cold or complained to me about his food being cold. The resident goes out frequently on (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

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: 105229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Sands at South Beach Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medical appointments and may have requested staff reheat his lunch on his return to the facility, if lunch is served prior to him returning to the facility. Interview on 07/23/2025 at 11:24 AM Social Services Director stated: The resident has never complained to me about any issues with his food. He did request to see a dentist regarding his dentures, and an appointment has been set up for him. Review of the facility policy and procedure titled Food and Nutrition Services revision date 10/2017 states: Each resident is provided with a nourishing, palatable, well balanced et that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.		