

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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** 50370</p> <p>Based on observations, interviews and record reviews, the facility failed to accurately document the Comprehensive Assessments for 4 of 30 sampled residents (Residents #13, #49, #76, and #26), related to diagnoses, vision, and oxygen use.</p> <p>The Findings included:</p> <p>1) Record review for Resident #13 revealed that the resident was admitted to the facility on [DATE] with a re-admission on 06/14/24 with diagnoses of Generalized Anxiety Disorder; Mood Disorder Due To Known Physiological Condition; Major Depressive Disorder; Adjustment Disorder with Anxiety and Dementia.</p> <p>The order summary report showed orders for 3 psychotropic medications, Buspirone HCl 15 milligrams (mg) tablet two times daily for Anxiety, Clonazepam 0.5 mg tablet every 8 hours for anxiety, and Depakote Delayed Release 125 mg, give 3 tablets three times daily for Mood Disorder.</p> <p>Review of Section I of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #13 had diagnoses of Coronary Artery Disease, Hypertension, Non-Alzheimer's Dementia, Anxiety Disorder, and Schizophrenia.</p> <p>Review of Resident #13's psychiatry assessments dating back to re-admitted (06/14/24) revealed diagnoses of Depression, Anxiety Disorder, Schizoaffective Disorder, however, no documentation of Resident #13 being diagnosed with Schizophrenia.</p> <p>During an interview conducted on 05/08/25 at 3:09 PM with Staff O, MDS Registered Nurse (RN), who stated she has worked at the facility for 5 years. She stated the nurses are responsible for entering the physician orders and she is responsible for entering the diagnoses for the residents. Staff O stated that during morning clinical meetings she receives new information for the residents including any new diagnoses and then inputs them into the resident's medical record. Staff O noted that the MDS is then updated with the new diagnosis on the next quarterly or annual MDS for that resident. At this time, a side-by-side record review of Resident #13's MDS and medical diagnoses was conducted with Staff O, who acknowledged that Resident #13 was coded for Schizophrenia in the MDS while there was no medical report (psychiatry notes) or record indicating Resident #13 had such a diagnosis.</p> <p>2) Resident #49 was admitted on [DATE] with the diagnoses that included Non-Pressure Chronic Ulcer of the Left Lower Leg, Psychotic and Mood Disturbance, Congestive Heart Failure, and Heart Failure.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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>A review of the most current Minimum Data Set (MDS) assessment, dated 04/21/25, under Section C, revealed no Brief Interview of Mental Status(BIMS) score for Resident #49.</p> <p>Section B for vision revealed Resident #49 had adequate vision. Section O for oxygen revealed a no response.</p> <p>A review of Physician orders dated 10/25/24 revealed Oxygen at 1 to 4 Liters via nasal cannula as needed for oxygen saturation of less than 90 %. Oral and pharyngeal suction every day and evening shifts for Advanced Dementia (unable to clear oral secretions).</p> <p>A review of care plan dated 01/20/25 revealed Resident #49 had impaired vision as evidenced by the following: diagnosis of legal blindness, blurry/hazy/cloudy vision, double vision, side vision deficit, visual loss .</p> <p>An additional review of care plan dated 2/6/25 , originally initiated on 10/20/24 revealed Resident #49 was on respiratory therapy related to shortness of breath.</p> <p>Record review of Resident #49's oxygen saturation results in Point Click Care (PCC) revealed oxygen was delivered via nasal cannula on the following dates: 01/27/25, 02/23/25, 03/05/25, 03/26/25, 4/23/25 and on 05/ 01/25.</p> <p>During the continuing interview with the MDS Coordinator, she was informed that resident #49 had a care plan focus for impaired vision which was contradictory to the MDS assessment of adequate vision, she did not respond.</p> <p>The MDS Coordinator was also informed that Resident #49 has oxygen concentrator, oxygen suction machine, mask and oxygen nasal cannula tubing which was observed being used by resident during the past few days of the survey. Staff MDS Coordinator stated she will update the oxygen assessment in MDS.</p> <p>3) Resident #76 was admitted on [DATE] with diagnoses that included Post Traumatic Stress Disorder (PTSD), Wedge Compression Fracture of Second Lumbar Vertebra , Type 2 Diabetes Mellitus, Benign Prostatic Hyperplasia, and Major Depressive Disorder.</p> <p>A review of the most current Minimum Data Set (MDS) assessment, dated 04/21/25, under Section C, revealed a Brief Interview of Mental Status(BIMS) score of 4 indicating Resident #76 had severely impaired cognition. Section I did not include the diagnosis of PTSD.</p> <p>During an interview conducted on 05/06/25 at 11:11 AM with Staff C, Certified Nursing Assistant (CNA), who when asked if she knew Resident #76's triggers, responded, Resident does not have PTSD triggers.</p> <p>In an interview with Staff S, CNA on 05/06/25 at 4:16 PM who has been working in the facility for 4 months, when asked about Resident #76's triggers, she stated, I think he is afraid to fall.</p> <p>In an interview with Staff D, Licensed Practical Nurse (LPN), on 05/06/25 at 4:18 PM , when asked about triggers for the resident, she responded, I know he does not like cold, and likes to stay in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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>In an interview with Staff T, registered Nurse (RN), on 05/06/25 at 4:22 PM , who when asked about Resident #76s triggers, responded, I know resident forgets things, and has to be reminded by Staff. He does not want to remember a certain time in his life every year.</p> <p>During an interview conducted with the MDS Coordinator on 5/8/25 at 11:45 AM, when asked where in MDS assessment , Post Traumatic Stress Disorder (PTSD) is documented, she added ,In Section I. She added that in Section D, MDS Staff will also document the mood triggers for any depressive mood or any mental illness. When she was asked about PTSD triggers, she responded, I do not think we have any PTSD triggers.</p> <p>She was informed that Resident #76 did not have a documentation of a PTSD diagnosis under Section I. The MDS Coordinator added that she is not the only MDS Coordinator in the facility. When asked where are the other MDS Coordinators she responded, 'They are not here today.</p> <p>4) Resident #26 was admitted on [DATE] with diagnoses that included Chronic Cough, Dysphagia, Essential Primary Hypertension and Type 2 Diabetes Mellitus.</p> <p>A review of the most current Minimum Data Set (MDS) assessment, dated 04/21/25, under Section C, revealed a Brief Interview of Mental Status(BIMS) score of 12 indicating Resident #26 had moderate cognitive impairment. Section B revealed adequate vision, and clear speech.</p> <p>A review of initial care plan dated 10/10/24 and quarterly updated on 01/09/25 revealed that Resident # 26 had impaired communications . The interventions included to anticipate and meet needs per physical and nonverbal indicators of discomfort and distress.</p> <p>During a continuing review of nursing care plan with an initial date of 07/14/24 and reevaluation date of 12/10/24, it revealed a focus on impaired vision as evidenced by visual loss due to Glaucoma, Cataract and Open Angle with Borderline Findings.</p> <p>During an interview conducted with the MDS Coordinator on 5/8/25 at 11:45 AM, she stated she has been working in the facility for 5 years, and when asked about identifying vision, hearing, and speech impairment of residents, responded, when residents have hearing problems, you provide them with reading materials. When residents have visual problems or blind people, you get visual consultations.</p> <p>When the MDS Coordinator was asked where the above impairments are documented, she responded, Under Section B of the MDS assessment. She added that Social Services Staff also document and complete some areas of the MDS assessments, clarifying that both Social Services and MDS Departments have to complete their assigned tasks for the completion of resident's MDS assessment. When asked how often the MDS staff assess and verify the impairments and treatments receive by residents for accuracy of MDS assessments, she responded I do frequent rounds, and I check the Physician orders as often as possible.</p> <p>In an interview conducted on 05/08/25 at 3:22 PM with the Social Services Director, when asked regarding Resident #26's vision, she stated, This resident has adequate vision. She was informed that Resident #26's care plan had a focus for impaired vision.</p> <p>49060</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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** 49060</p> <p>Based on observations, interviews, and record review, the facility failed to follow their Fall policy including implementation of fall interventions for 1 of 3 residents reviewed for accidents (Resident #70), and failed to prevent and have an effective response for a resident who eloped for 1 of 1 resident reviewed for elopement (Resident #259).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, Elopements and Wandering Residents, date implemented 11/28/17, included in part the following: Elopement occurs when a resident leaves the premises or a safe area without authorization and/or any necessary supervision to do so. The facility is equipped with door locks/alarms to help avoid elopements. Unannounced drills at least twice yearly to be done across all shifts and as needed depending on the ongoing identified wandering/exit seeking behaviors. The facility may complete an after action review process to help us develop an actionable after action report (AAR). The process will include a roundtable discussion that includes leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements in an official AAR. The AAR, at a minimum, should determine a) what was supposed to happen; b) what occurred; c) what went well; d) what the facility can do differently or improve upon; and e) a plan with timelines for incorporating necessary improvement.</p> <p>Review of the facility's policy titled, Fall Prevention Program with an implemented date of 11/28/17 included in part the following: Fall refers to unintentional change in position coming to rest on the ground, floor, or other lower level. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred. When any resident experiences a fall, the facility will: c. Complete an incident report and notify MD and responsible parties. e. Implement immediate intervention within the first 24 hours. H. Monitor staff compliance and resident response.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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>1. On 05/07/25 around 12:00 PM, the surveyor team was made aware by the Administrator that Resident #259 had left the facility early this morning unauthorized, unaccompanied and an investigation was started. Review of the facility's investigation revealed that on 05/06/25 at 11:00 PM Resident #259 was in bed sleeping. On 05/07/25 at 1:00 AM and 2:00 AM Resident #259 was observed sleeping in bed. At approximately 3:15 AM, the nurse heard an alarm going off and immediately went to see what was happening. The nurse went and checked all residents and found that Resident #259 was not in his bed. The nurse notified all the staff on duty, and everyone began to search inside the facility and then outside of the facility. The search was extended to the back and west side of the facility, and to the neighboring areas. At 3:48 am, the DON/Risk manager was called for notification, and she advised the nurse to call police to assist with the search. At approximately 3:57 am, the police officers were at the facility receiving report and description of the resident. Three minutes later (4:00 am) officers in facility received notification that police officers had located the resident walking down the road on [NAME] Boulevard based on the description provided. At approximately 04:15 am Resident #259 was escorted back to the facility with the police officer unharmed. Full body assessment done with no findings. He was moved to a room closer to the nurse's station and began a safety check every 30 minutes. Resident #259 was asked why he left without notifying staff and he responded, he was taking a walk. The facility also put the following corrective actions in place: Room changed closer to nursing station. [NAME] 30 minutes safety check in process until further notice. Elopement assessment completed as he is now at risk. Wander guard bracelet in place on his person. Elopement information in circulation to raise awareness. Elopement care plan initiated. Will initiate one to one sitter at night until discharge from the facility. An in-service was conducted to all staff regarding responding to alarms. Another BIMS score was done today 5/7/25 at 11:00 AM which showed a score of 14, which indicated he was cognitively intact.</p> <p>Record review for Resident #259 revealed that the resident was admitted to the facility on [DATE] with diagnoses that included: Hydrocephalus, Dementia, Hypertension and presence of Cerebrospinal Fluid Drainage Device. On 05/02/25 a Brief Interview for Mental Status (BIMS) conducted with a score of 14 of 15, which indicated that he had an intact cognitive response.</p> <p>On 05/05/25 an Elopement Risk Assessment/Evaluation was conducted for Resident #259 which revealed he was not at risk for elopement.</p> <p>Review of the Physician's Orders showed that Resident #259 had orders dated 05/02/25 for Levetiracetam 1000 milligrams (mg) tablet give two times daily for Seizures and Nicotine Patch 24 Hour 7 mg/24 hour apply 1 patch transdermal daily for Smoking Cessation for 3 Weeks and remove per schedule, 05/03/25, end date: 05/24/25.</p> <p>During an interview conducted on 5/7/25 at 12:00 PM with Resident #259, who was asked if he had left the facility and he responded that he had gone for a walk and was not told that he could not leave the facility or the property. When he was asked if he returned to the facility with a staff member or own his own, Resident #259 was reluctant to answer and said he did not recall that anyone accompanied him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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>During an interview conducted on 05/07/25 at 3:30 PM with Staff J, Registered Nurse (RN), who stated she has been working at the facility for less than 3 months, usually works the 11-7 shift, and volunteered today to work the 3-11 shift. She stated she worked last night at the [NAME] wing, assigned to Resident #259. She stated depending on what she is doing, if she is finished with the medication pass, she does her rounds every 2 hours and starts on her documentation. She stated Resident #259 did not have any medications scheduled for administration during the night and the last time she saw him was around 2:00 AM. Staff J also noted she did not see Resident #259 walking in the hallway or passing by the nurses' station during the night. She was at the nurses' station when she heard a beep, beep noise and at first, she thought it was a call light going off; however, no lights appeared to be on. Then, she thought that it might be a resident with a wander-guard who got too close to the emergency exit door. The alarm did not appear to get louder and it was not continuous. She then stated that she went into the hallway and noticed the noise was louder from the back end of the facility (near Resident #259's room) and immediately started to check in the rooms for residents. She called the other nurse that was at the nurses' station for assistance, she looked in Resident #259's room and noticed that the resident was not in the room, or the bathroom. Staff J acknowledged not knowing the code for the emergency exit door to stop the alarm noise. By that time, all the staff were assisting her to look for the resident inside the building and then a few of the staff went outside and searched in the back and front of the facility, basically all around the facility towards the hotel. At this time, Staff J stated that they did not see Resident #259 and the Director of Nursing (DON) was called and she advised to contact the police for assistance in locating the resident. She stated she spoke with the resident when he returned to the facility and he stated, I was just taking a walk. Staff J was asked if she received elopement education and participated in drills to which she replied that she has received training; however, does not recall doing any drills for elopement. Then Staff J was asked if there's a different alarm noise for when there's a wander-guard near the door or when the door is pushed open and she stated did not know.</p> <p>An interview was conducted on 05/07/25 at 3:30 PM with the Administrator near the [NAME] emergency exit door closest to Resident #259's room on the night of the elopement. He stated that if you press lightly on the door it will beep, beep, etc. for 15 seconds, then the light on the top of the door will turn from red to green; if the door is opened, it will then make a continuous beeping sound until the code is entered on the keypad. Only certain staff personnel have the code, usually one of the nurses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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>During an interview conducted on 05/08/25 at 7:17 AM with Staff K, Certified Nursing Assistant (CNA), who stated she has worked at the facility for over [AGE] years. She has been working the 11-7 shift for the last [AGE] years, usually assigned at the [NAME] wing and on that night (05/06-05/07/25) she was assigned to Resident #259. She stated that at the beginning of her shift she makes her rounds and checks on the residents. Staff K confirmed that Resident #259 is able to make his needs known, can walk around independently and does not require any walking device. When she saw Resident #259 at around 11:15 PM, he was trying to get out of bed to go to the bathroom, and she assisted with changing his brief and went back to bed and covered him with the blanket. She returned at 1:00 AM and saw him in bed with the covers on him. Between 2:00 and 2:15 AM, she again saw Resident #259 was in bed half covered and thought maybe he went to the bathroom, she left him half covered because he appeared to be sleeping. Around 3:00 AM, she was assisting another resident when she heard the nurse talking outside of the room by the nurses' station that Resident #259 was not in his room, she went out of the room to see what was going on, and that's when she heard the continuous beeping of the alarm. At this time, she assisted in the search for Resident #259 inside the facility and then outside (front and back of the facility). Staff K stated all staff have the emergency codes printed on their ID badge, code green is for elopement and at night they do not use the overhead speaker. She stated she has participated in the Mock drills in the past; the beep, beep sound means that someone touched the door, if continue to touch the door for 15 seconds the beep, beep will continue, and it will change sound when the door is opened to a continuous loud beeping. Staff K was asked what she would do if she heard the change of sound from beep, beep to continuous beeping, she replied, she would look outside first because it would mean someone opened the door.</p> <p>An interview was conducted on 05/08/25 at 8:54 AM with the DON. She stated she received a few phone calls that night from the nurses including Staff J, RN. The DON stated Staff J was calling to let her know that they were looking for Resident #259 and then the DON advised Staff J to call the police for assistance in locating the resident and then notify the family. Then the DON stated while she was on her way to the facility, the staff called her that the police had found Resident #259. She stated she went to see the resident around 4:25 AM but was sound asleep. She then spoke with the staff who stated they heard the alarm towards the back of the facility on the [NAME] wing and Staff J provided a statement in which she believed that the resident went out using the emergency exit door located in the back of the [NAME] wing. The DON also stated that Staff J stated she immediately responded and searched the rooms and did not see him in his room so she got all other staff members to go on search, started the search in the facility and then went outside. The DON was asked how often and who runs elopement drills, in which she responded that drills are done by maintenance, managers, herself and the social worker; and the drills are done quarterly, and as needed. The DON confirmed that Beep, beep for 15 minutes is a warning that someone is by the door and continuously beeping suggest that the door was pushed open, the alarm continues to beep until the code is entered to stop it. At this point, the DON acknowledged that the nurses should have responded accordingly and more education and drills will be conducted.</p> <p>41837</p> <p>2. Record review for Resident #70 revealed the resident was originally admitted to the facility on [DATE] with a most recent readmission on 12/13/24 with diagnoses that included in part the following: Cerebral Infarction, Glaucoma, Muscle Weakness (Generalized), Seizures, Other Lack of Coordination, Anxiety Disorder, Contracture Left Elbow, Contracture Left Wrist, and Contracture Left Ankle. The Minimum Data Set, dated dated [DATE] documented in Section C a Brief Interview of Mental Status score of 7 indicating severe cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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>Review of facility incident log revealed Resident #70 had an unwitnessed fall on 04/13/25.</p> <p>The Fall Risk Evaluation for Resident #70 completed 09/29/24 documented a score of 12 indicating at risk.</p> <p>The Fall Evaluation Morse for Resident #70 completed 04/14/25 documented a score of 75 indicating a high risk for falling.</p> <p>The Health Status Note for Resident #70 dated 04/13/25 at 2:00 AM documented, during midnight round at 12:53 AM, writer observed resident laying down on the floor. Writer questioned resident regarding the incident and how she found herself lay down by her bedside. Resident stated I am trying to go back to the dining room for the party. Writer oriented resident mentioned that it passed midnight it is bedtime, the dining room is close at this time, she can go back when it open at 0800 AM. Resident insisted that she must go right now, despite multiple tries to orient resident back to reality she is constantly ignoring me and started using profanity. Writer transferred resident back to bed assisted by two nursing assistants. Physical, and neuro assessment performed, no physical injury, no abrasion, no bruises noted, she was able to squeeze my hands when asked to, pupil reacted to light, she was able to move her upper/lower extremities w/o difficulty. Vitals are within normal range. Resident was changed she remains clean and dry and made comfortable in bed. All safety precautions maintained, by keeping the bed low to the ground, wheels are locked, head of bed placed at 45 degrees to facilitate a comfortable breathing pattern. Staff will continue with frequent rounds and continue to educate resident on fall prevention and encouraged resident to continue using the call light for assistance.</p> <p>The Health Status Note for Resident #70 dated 04/13/25 at 11:03 AM documented post fall follow up, resident observed in bed no s/s of pain noted, denies pain or any discomfort, appeared to be stable, consumed up to 80 % of her breakfast. Safety measures maintained and reinforced. Assigned nurse will continue with care.</p> <p>The Health Status Note for Resident #70 dated 04/13/25 at 2:50 PM documented, received resident in bed alert and verbally responsive. S/P fall in progress no C/O pain or discomfort. Resident is able to move all extremities. Routine meds administered as prescribed and well tolerated. Kept clean and dry. Bed is in lowest position. Call light within reach.</p> <p>The incident report for Resident #70 dated 04/13/25 for un-witnessed fall/observed on floor documented the Physician was notified on 04/14/24 at 10:14 AM (more than 24 hours post incident).</p> <p>Review of the Care Plan for Resident #70 dated 05/24/24 with a focus on I am at risk for a fall related to injury. The goal was for the resident to have a reduction in falls</p> <p>and related injuries through next review date. The interventions included in part the following: Floor mats at bedside dated 04/13/25.</p> <p>Review of the Physician's Orders for Resident #70 revealed no orders for floor mats at the bedside.</p> <p>On 05/05/25 at 10:19 AM an observation was made of Resident # 70 lying in bed with 2 floor mats, one behind the bed and the other on the resident's left side of bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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>On 05/05/25 at 1:25 PM a second observation was made of Resident #70 lying in bed with only one floor mat next to the bed.</p> <p>During an interview conducted on 05/05/25 at 10:19 AM Resident #70's daughter said her mother had a fall a couple of weeks ago and she is afraid her mother will fall again, this is one of her biggest fears. She came in yesterday (Sunday 05/04/25) and there were no floor mats on side of bed, so she pulled one out from behind the resident's bed and put it on the floor next to the bed by herself.</p> <p>During an interview conducted on 05/06/25 at 2:14 PM with Staff A, Registered Nurse, who stated he has worked at the facility for just over 1 year. When asked if a resident has a care plan intervention for floor mats at bedside when would the resident have the floor mats at the bedside, Staff A RN stated they would just leave the floor mats on the floor next to each side of the bed all the time.</p> <p>During an interview conducted on 05/07/25 at 10:35 AM with the Infection Preventionist (IP) who stated she has worked at the facility since 2020. When asked if a resident has an unwitnessed fall what do they do, who do they notify and where do they document the information. The IP stated they would do neuro checks and notify the physician and the family and the notification of physician and family would be documented in the notes. When asked about floor mats at the bedside, the IP stated they would be placed on each side of the bed while the resident was in bed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy for urinary catheter care and failed to follow care plan interventions for catheter care, for 1 of 3 sampled residents (Resident #26).</p> <p>The findings included:</p> <p>Record review revealed Resident #26 was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Aphasia, Contracture of the Right Hand, Chronic Kidney Disease, and Neurogenic Bladder.</p> <p>A review of quarterly Minimum Data Set (MDS) assessment, dated 03/17/25, under Section C, revealed a Brief Interview of Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>A review of the Nurse Practitioner progress notes dated 04/22/25, revealed Resident #26 had an indwelling urinary catheter draining clear light-yellow urine under genitourinary examination; right hemiplegia, non-ambulatory, and decreased upper and lower extremity strength under neurologic examination; alert, oriented x 2, with poor eye contact, judgement, insight impaired, and flat affect under psychological examination.</p> <p>Review of the quarterly care plan, dated 12/17/24, revealed a focus on an indwelling urinary catheter related to Obstructive Uropathy. The goal included Resident #26 will remain free from catheter -related trauma through review date. The interventions included: catheter urinary drainage; catheter care every shift; secure catheter to leg to prevent migration and abrupt dislodgement every shift.</p> <p>During an observation on 05/06/25 at 10:00 AM, Resident #26's urinary catheter tube was not secured or clipped to resident's leg to prevent tube migration to prevent migration or accidental dislodgement of the urinary catheter.</p> <p>During another observation on 05/07/25 at 9:10 AM, Resident #26's urinary catheter tube was not secured or clipped to resident's leg to prevent tube migration.</p> <p>During an observation on 05/07/25 at 12:13 PM, Staff W, Certified Nursing Assistant (CNA), and Staff X, CNA stated they will perform urinary catheter care for Resident #26. They both performed hand washing, donned on gloves and assembled supplies needed for the urinary catheter care. They did not don on gowns.</p> <p>Staff W, CNA told Resident #26 what she was planning to do and loosened Resident #26's brief and exposed the urinary catheter tube. It was observed that the urinary catheter tube was not secured using a visible blue clip to prevent migration and accidental dislodgement. Both Staff stated that the urinary catheter tube was not secured to Resident #26's leg to prevent moving and accidental dislodgement. After the catheter care and brief changing were completed, they did not secure the catheter tube onto Resident #26's leg.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In another observation on 05/08/25 at 9:09 AM, Resident #26's catheter tubing was not secured to the resident's leg.</p> <p>In an interview with the Director of Nursing (DON) on 05/08/25 at 2:00 PM, when asked if Nurses follow the urinary care plan, she responded, Nurses are educated to follow the interventions on the care plan.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40153</p> <p>Based on observations, interviews and record review, the facility failed to identify a significant weight loss in a timely manner and failed to prevent further significant weight loss for 1 of 4 residents sampled for nutrition (Resident #35).</p> <p>The findings included:</p> <p>A review of the facility's policy titled, Weight Assessment and Interventions revised in September 2008 showed the following: The nursing staff will measure Resident weights on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly thereafter. Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the Dietitian, and verbal notification must be confirmed in writing. The Dietitian will respond within 24 hours of receipt of written notification. The threshold for significant unplanned and undesired weight loss will be based on the following criteria:</p> <p>1 month-5% of weight loss is significant, and greater than 5% is severe.</p> <p>3 months-7.5% of weight loss is significant; greater than 7.5% is severe.</p> <p>6 months-10%/ of weight loss is significant; greater than 10% is severe.</p> <p>A review of the facility's policy titled, Weight-Height Monitoring Policy reviewed on 09/14/24, showed the following: Residents with weight loss monitor to weight weekly and the Dietitian will review and record all weight in the electronic system tandem with restorative.</p> <p>A record review showed Resident #35 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes, End Stage Renal Disease, Anemia, and dependence on Dialysis. The Minimum Data Set (MDS) dated [DATE] revealed Resident #35 with a Brief Interview of Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact.</p> <p>In an observation conducted on 5/5/25 at 1:13 PM, Resident #35 was eating his lunch meal. The meal ticket noted a Mechanical Soft Liberal Renal Diet with No Concentrated Sweets. Resident #35 ate 80% of his lunch meal.</p> <p>In an observation conducted on 5/6/25 at 12:30 PM, Resident #35 was in his room eating his lunch meal. He was observed eating about 75% of his meal.</p> <p>A review of the weight log for Resident #35 showed the following weights:</p> <p>4/17/2025, a weight of 137.2 pounds.</p> <p>3/6/2025, a weight of 148.4 pounds.</p> <p>2/13/2025, a weight of 148.4 pounds.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>1/16/2025, a weight of 147.6 pounds.</p> <p>1/6/2025, a weight of 149.6 pounds.</p> <p>12/30/2024, a weight of 148.0 pounds.</p> <p>12/23/2024, a weight of 146.0 pounds.</p> <p>12/15/2024, a weight of 152.0 pounds.</p> <p>12/13/2024, a weight of 148.0 pounds.</p> <p>12/6/2024, a weight of 146.0 pounds.</p> <p>11/29/2024, a weight of 144.0 pounds.</p> <p>This showed Resident #35 had a 7.5% severe weight loss from 3/6/25 to 4/17/24.</p> <p>A Nutrition Risk assessment dated [DATE] revealed the following: Resident #35's Body Mass Index (BMI) showed a score of 20.1 which is in the normal range. The Resident is at 84% of his Ideal Body Weight and needs to be elevated for wound healing and Hemodialysis. A ProStat (protein supplement) of 30 milliliters was recommended 3 times a day for wound healing. It showed to continue monitoring the intake of meals to meet estimated needs and monitor skin integrity and weight.</p> <p>A review of the monthly nutrition progress noted dated 2/13/25 showed the following: The Resident's weight is relatively stable, and it was recommended that the protein supplement be decreased to once a day.</p> <p>The Mini Nutritional assessment, which was conducted on 3/6/25, showed that Resident #35 was at risk for malnutrition, with a score of 10. A score between 0 and 7 indicates malnutrition.</p> <p>A care plan note dated 3/27/25 revealed that Resident #35's weight was 148 pounds, and a 2-pound weight gain was noted in the last 3 months. The Resident's Ideal Body Weight is around 160 pounds based on his height of 71 inches.</p> <p>Further review of the Nutrition progress notes or assessments did not show that the Clinical Dietitian addressed the Severe 7.5% weight loss that was identified on 4/17/25.</p> <p>The care plan initiated on 12/4/24 for Resident #35 showed the following: Resident #35 has nutritional problems or potential for nutritional problems related to Hemodialysis and multiple medical diagnoses. The Resident will maintain adequate nutrition stats as evidenced by maintaining weight within the usual weight range of 147-152 pounds. It further revealed that the Clinical Dietitian will evaluate and make diet changes as needed. This care plan showed that Resident #35 was on Megace (appetite stimulant) from 12/24/24 and was discontinued on 2/21/25.</p> <p>The documented percentage of meal eaten for the last 30 days showed Resident #35 ate mostly 75% of meals.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>In a phone interview conducted on 5/7/25 at 11:00 AM with the current Clinical Dietitian, she said she started working for the facility about a week ago. Residents who are on nutritional support, have stage 2 pressure ulcers, significant weight loss, and are on Dialysis would be considered at high nutritional risk. When asked about the facility weight policy, she stated residents' weights are taken on admission, 72 hours, weekly for 4 weeks, and monthly thereafter. The facility has a weekly weight binder that is later recorded in the electronic system, and a weight alert will be displayed on the dashboard, letting staff know of any significant weight triggers or changes. This is based on previous weights recorded or the time frame of 30/90/180 days. The electronic system will show a trigger for any residents who have lost weight. There is also a report she can pull to see any weight changes in all residents. According to the Clinical Dietitian, a significant weight loss is considered for the following ranges: 5% weight loss in 30 days, 7.5% in 90 days, and 10% weight loss in 180 days. For any residents with significant weight loss she will intervene as soon as possible between 24 to 48 hours. A note will be written in the progress notes section talking about the weight variances, the root cause, the plan, and the interventions in place. She will also place the residents on a weekly weight. The Clinical Dietitian stated that the former Clinical Dietitian should have addressed the severe weight loss after it was noted on 4/17/25 and could not give an answer as to why it was not. The Clinical Dietitian said that the weights on Resident #35 are also taken during Dialysis and that she will need to review the communication sheets to verify the weight loss reported.</p> <p>An interview was conducted on 5/7/25 at 11:22 AM with the Dietary Technician who reported starting her position in the facility about one month ago. She reviews significant weight losses and emails the list to the Clinical Dietitian as needed. She reviews the weight log twice a week, and the staff will also leave a list of residents who have lost weight in her mailbox.</p> <p>A new weight was taken on 5/8/25 at 12:00 PM as requested by this Surveyor, and it showed that Resident #35 was 128 pounds. The Resident lost an additional severe weight loss of 6.7% in less than a month. Resident #35 was now at 80% of his Ideal Body Weight range.</p> <p>In an interview conducted on 5/8/25 at 12:08 PM with Staff N, a Certified Nursing Assistant (CNA) stated that she takes the weight once a month for dialysis residents. It is done upon admission, 72 hours after admission, and once a month thereafter. The dialysis team takes the weights of Resident #35 before and after the dialysis treatment. She has a weight book from the 1st of the month to the 10th of the month that is later given to the current Clinical Dietitian. If she sees any weight loss, she will report it to the Charge Nurse and the Restorative Nurse.</p> <p>In an interview conducted on 5/8/25 at 12:12 PM, Staff M, CNA, stated that Resident #35 eats between 75% and 100% of his meals. He can eat on his own and does not need assistance from staff.</p> <p>In an interview conducted on 5/8/25 at 12:15 PM with Resident #35, he stated that his appetite is not so good today and that sometimes he does not eat all the food on the tray because he does not like the food choices. He further said that he likes nutritional supplements and would drink them if they were given. He likes both vanilla and chocolate flavors.</p> <p>A review of the Dialysis communication sheets showed that the following weights were recorded:</p> <p>On 5/7/25, a pre-weight of 157.7 pounds and post-weight of 154.3 pounds.</p> <p>On 5/5/25, a pre-weight of 157.3 pounds and post-weight of 154 pounds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/2/25, a pre-weight of 157.96 pounds and post-weight of 154 pounds.</p> <p>On 4/30/25, a pre-weight of 156.2 pounds and post-weight of 154 pounds.</p> <p>On 4/18/25 a pre-weight of 156.2 pounds and post-weight of 154 pounds.</p> <p>On 3/7/25 a pre-weight of 156.2 pounds and post-weight of 154 pounds.</p> <p>In an interview conducted on 5/8/25 at 12:30 PM with the Administrator, he stated that he had received calls in the past from staff letting him know of some issues with the scales, with one showing an error message. He even used one of the scales to weigh himself, which did not show an accurate reading. He decided to reach out to an outside company to come and calibrate all the facility ' s scales. They came out last week to calibrate the two Hoyer lift scales and the two stationary scales.</p> <p>In an interview conducted on 5/8/25 at 12:45 PM with the facility's Director of Nursing (DON), she stated that the dialysis team is the one that takes the weights of the dialysis residents before and after treatments. This Surveyor expressed concerns about the discrepancies in the weights taken by the facility team and the dialysis team during Dialysis. The DON said the dialysis team uses the facility's scales to take the residents' weights. She has observed the team taking the weights on some residents but not each time during their dialysis treatments. In this interview, this Surveyor expressed concern that the clinical team did not address the severe weight loss and that no further interventions or nutritional supplements were considered to prevent the further weight loss identified on 5/7/25.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370</p> <p>Based on observations, record reviews and interviews, the facility failed to follow the Physician orders regarding oxygen therapy for 8 of 8 sampled residents (Residents #25, #49, #50, #99, #20, #29, #22, and #44). The facility also failed to correctly document oxygen therapy on Minimum Data Set (MDS) assessment for 3 of 8 sampled residents (Residents #49, #50, and #99).</p> <p>The Findings included:</p> <p>1) Resident # 25 was admitted to the facility on [DATE] with diagnoses that included Heart Failure, Presence of Cardiac Pacemaker, Acute Kidney Failure, Type 2 Diabetes Mellitus and Chronic Obstructive Pulmonary Disease.</p> <p>A review of the annual Minimum Data Set (MDS) assessment, dated 03/06/25, under Section C, revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating Resident #25 had good mental cognition. Section O revealed no oxygen therapy .</p> <p>An additional review of records revealed Resident #25 recently received oxygen via nasal cannula on these dates and times: on 04/30/25; on 05/02/25; on 05/05/25 and 05/06/25.</p> <p>A review of Pulmonary progress notes dated 3/19/25 revealed Resident #25's problems included shortness of breath and unspecified cough. Additional notes revealed Resident #25's dependence on supplemental oxygen.</p> <p>During an observation on 05/05/25 at 9:48 AM, Resident #25 was observed sitting opposite an oxygen concentrator with an inspection date of 10/2023. The oxygen tubing connected to the concentrator was not dated, and the concentrator was off. When he was asked if he is currently receiving an oxygen therapy, he responded, I use it while I am in bed.</p> <p>A review of the Physician Orders revealed an order dated 4/22/24 for oxygen at 1 to 4 Liters via nasal cannula as needed to keep oxygen saturation above 93 %.</p> <p>A record review of the nursing care plan did not include goals, plans and interventions for oxygen therapy.</p> <p>2) Resident #49 was admitted to the facility on [DATE] with diagnoses that included Thyroid Disorder, Cardiomegaly, Dementia, Pneumonia and Heart Failure.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], under Section C, revealed an empty space on a Brief Interview of Mental Status (BIMS), indicating no score for mental cognition. Section O revealed Resident #49 does not receive oxygen therapy.</p> <p>A review of Physician order dated 10/25/24 revealed oxygen at 1 to 4 Liters via nasal cannula as needed for oxygen saturation less than 90 %.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An additional review of records revealed Resident #49 received oxygen via nasal cannula on these dates: 05/01/25, 4/23/25, 3/26/25, 3/5/25, 2/23/25.</p> <p>During an observation on 05/05/25 at 09:56 AM, Resident #49 was observed with a nasal cannula infusing at 2 Liters per minute, connected to a concentrator with an inspection date of 10/2023. Closer observation revealed the oxygen tubing was not dated. Additional observation revealed a suction machine on top of the bedside table. The nebulizing tubing and mask connected to another small machine were both undated and not contained.</p> <p>In an Interview with Staff J, RN on 05/07/25 at 3:21 PM who has been working in the facility for less than 3 months, who when asked regarding oxygen therapy care for residents, stated, We provide oxygen therapy with physician's orders.</p> <p>When asked regarding dating oxygen tubing, she responded that it is changed every Sunday during the night shift and as needed. She stated that Staff put the date on the oxygen tubing when it was changed.</p> <p>In an interview with MDS Coordinator on 05/08/25 at 11:57 AM, who when asked if Resident #49 was receiving oxygen therapy per MDS assessment done on 4/20/25, responded, No, Resident #49 was not on oxygen therapy. When asked how she verifies that residents receive oxygen, she responded, I check the doctors' orders.</p> <p>3) Resident # 50 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Degenerative Disease of Basal Ganglia, Cerebral Infarction, Hypertension, Type 2 Diabetes Mellitus, Multiple Fractures of Ribs, Right Side, and Dysphagia.</p> <p>A review of the most recent Minimum Data Set (MDS) assessment, dated 03/12/25, under Section C, revealed no score for Brief Interview of Mental Status (BIMS) indicating unknown mental cognition. Section O revealed a no response to oxygen therapy, indicating Resident #50 does not receive oxygen therapy.</p> <p>A further review of nursing care plan initiated on 7/25/24 and quarterly reviewed on 10/31/24 revealed a focus on oxygen therapy at 2 Liters per minute as needed to maintain oxygen saturation of 92 %. The interventions included changing oxygen tubing every week on Sundays, during night shift.</p> <p>During an observation on 05/05/25 at 9:56 AM, Resident #50 was wearing a nasal cannula on both nares while being fed by a CNA. Further observation revealed the oxygen tubing was not dated.</p> <p>4) Resident #99 was admitted to the facility on [DATE] with diagnoses that included Traumatic Subdural Hemorrhage with Loss of Consciousness, Spinal Stenosis of the Lumbar Region with Neurogenic Claudication, and Obstructive Sleep Apnea.</p> <p>A review of the recent Minimum Data Set (MDS) assessment dated [DATE],</p> <p>Section O for oxygen therapy revealed a no response, indicating Resident #99 was not receiving oxygen therapy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Physician order dated 3/23/25 revealed to change oxygen tubing weekly when in use, and label tubing with a date every Sunday.</p> <p>A review of Nursing care plan revealed no focus, goals and interventions for oxygen therapy.</p> <p>A review of May 2025 MAR revealed a check mark, and Nurses initials on 05/04/25, indicating the oxygen tubing was changed, and labeled with a date.</p> <p>During an observation conducted on 05/05/25 at 10:05 AM, it revealed a mask connected to a machine by an undated tube. Further observation revealed the mask was not securely contained but placed on top of the bedside table. An oxygen concentrator with an undated tubing was also observed.</p> <p>During an observation on 05/06/25 at 10:06 AM, there was no oxygen sign at Resident #99's door.</p> <p>In an interview with the MDS Coordinator on 05/08/25 at 12:02 PM, who when asked why some Residents have inaccurate MDS assessment for oxygen therapy, responded, Each MDS Coordinator has different set of residents to assess, so she cannot answer for the assessments performed by other MDS Coordinators. When asked if they conduct MDS review for accuracy of assessments, she responded, I will update all MDS assessments of all residents with oxygen therapy today.</p> <p>41837</p> <p>5) Record review for Resident #20 revealed the resident was originally admitted to facility on 02/01/19 with most recent readmission on 08/18/24 with diagnoses that included in part the following: Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Morbid (Severe) Obesity Dependence on Supplemental Oxygen, Sleep Apnea, and Respiratory Failure Unspecified. The Minimum Data Set, dated dated [DATE] documented in Section C a Brief Interview of Mental Status score of 10 indicating a moderate cognitive response.</p> <p>Review of the Physicians orders for Resident #20 revealed in part the following:</p> <p>An order dated 08/18/24 Oxygen at 2 liters per minute via nasal canula continuously maintain oxygen saturation at 92%.</p> <p>An order dated 08/18/24 Oxygen: Change O2 tubing every 72 hours when in use.</p> <p>An order dated 08/28/24 Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 3 ml inhale orally every 6 hours as needed for Shortness of Breath or Wheezing via nebulizer.</p> <p>In summary there was no order to change nebulizer tubing.</p> <p>Review of the Treatment Administration Record for Resident #20 for the month of April 2025 and May 2025 documented the oxygen tubing was changed only on Sundays, not every 72 hours.</p> <p>Review of the Medication Administration Record for Resident #20 documented for the month of April 2025 and May 2025 the resident was wearing oxygen continuously.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Care Plan for Resident #20 with a focus on the resident on Oxygen Therapy via nasal cannula at 2L/M continuously with humidifier due to COPD. Resident #20 is also using a C-PAP machine. The goal was for the resident to have decreased episode of respiratory distress by next review date. The interventions included in part the following: Change O2 tubing every week when in use every night shift every Sunday. Change neb tubing every week every night shift every Sunday.</p> <p>On 05/05/25 at 09:48 AM an observation was made of Resident # 20 sitting up in bed wearing oxygen connected to an oxygen concentrator that had a service label on the concentrator of 09/26/23, the nebulizer tubing was in a plastic bag on nightstand with no date on the nebulizer tubing or on the plastic bag.</p> <p>6) Record review revealed Resident #22 was admitted [DATE] with diagnoses that included in part the following: Dementia, Chronic Obstructive Pulmonary Disease, Generalized Anxiety Disorder, and Major Depressive Disorder Recurrent Moderate. The Minimum Data Set, dated dated dated [DATE] documented in Section C that the Brief Interview of Mental Status was not attempted due to the resident is rarely/never understood.</p> <p>Review of the Physician's Orders for Resident #22 revealed in part the following:</p> <p>An order dated 03/13/25 for Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally two times a day for Shortness of Breath and 1 vial inhale orally every 6 hours as needed for Shortness of breath.</p> <p>There was no order to change nebulizer tubing.</p> <p>On 05/05/25 at 9:30 AM an observation was made of Resident #22 sitting up in bed with 2 nebulizer masks in 2 separate plastic bags one dated 04/03/25, the other was dated 04/21/25.</p> <p>7) Record review for Resident #29 revealed the resident was originally admitted on [DATE] with most recent readmission on 08/06/24 with diagnoses that included in part the following: Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Paroxysmal Atrial Fibrillation, Anxiety Disorder, and Vascular Dementia. The Minimum Data Set, dated dated dated [DATE] documented in Section C a Brief Interview of Mental Status score of 13 indicating a cognitive response.</p> <p>Review of the physician's orders for Resident #29 revealed in part the following:</p> <p>An order dated 08/23/24 O2@ 2L/min PRN to maintain Saturating greater than 92%</p> <p>An order dated 01/14/25 Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally every 6 hours for COPD</p> <p>In summary there were no orders to change nebulizer tubing.</p> <p>Record review for Resident #29 revealed no documentation of nebulizer tubing being changed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Care Plan for Resident #29 dated 08/13/24 with a focus on the resident is at risk for respiratory distress due to history of shortness of breath (SOB)/COPD / Dyspnea/ Hypoxia and the resident uses oxygen therapy as needed. The interventions included in part the following: Change neb tubing every 72 hours when in use on night shift Sunday. Change oxygen tubing weekly or as indicated.</p> <p>On 05/05/25 at 09:20 AM an observation was made of Resident #29 in bed not wearing oxygen, nebulizer mask was in a plastic bag on the nightstand with no date on the nebulizer tubing or the plastic bag it was in.</p> <p>During an interview conducted on 05/06/25 at 2:14 PM with Staff A, Registered Nurse, who stated he has worked at the facility for just over 1 year. When asked about oxygen tubing and nebulizer mask tubing being changed, he said the night shift does that on Sundays.</p> <p>On 05/06/25 at 2:30 PM a side-by-side observation was made with Staff A RN who acknowledged the nebulizer masks for Residents # 29, #22 and #20 were dated over a week ago.</p> <p>49060</p> <p>8) During the facility initial tour on 05/05/25 at 9:49 AM, Resident #44 was observed in her room in her Geri chair and not wearing a nasal cannula for oxygen therapy. Further observation revealed that there was no oxygen concentrator and no oxygen tubing in the resident's room.</p> <p>On 05/06/25 at 11:15 AM observed Resident #44 in bed and not wearing a nasal cannula for oxygen therapy as ordered.</p> <p>On 05/07/25 at 2:07 PM observed Resident #44 in bed and not wearing a nasal cannula for oxygen therapy as ordered.</p> <p>Resident #44 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses which included: Dementia, Type 2 Diabetes Mellitus, Dysphagia, Hypertension and Encephalopathy. Section C of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #44 had a Brief Interview for Mental Status of 00, which indicated that she was rarely understood. The order summary report showed an order for Oxygen at 2 Liters (L) continuous via nasal canula dated 10/17/23.</p> <p>Review of the Care Plan dated 04/20/25 documented a focus that Resident #44 is on Oxygen Therapy via nasal cannula at 2 L via nasal cannula continuously for shortness of breath, with interventions that included change oxygen tubing every week on a Sunday during night shift, check for proper fit of cannula or mask as needed, check rate of Oxygen flow every shift, notify doctor as needed for changes or complications and provide oxygen as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on 05/08/25 at 2:44 PM with Staff I, Registered Nurse (RN), who stated she has worked at the facility for 2 years. She stated she is not sure if Resident #44 is on Oxygen therapy. Then, a side-by-side review of Resident #44's physician's orders with Staff I revealed that Resident #44 has an order for continuous oxygen 2 L via nasal canula. Then Staff I and this surveyor went to Resident #44's room, and she was asked if the resident was currently receiving oxygen therapy and she replied no. Further observation by Staff I revealed that there was no oxygen concentrator and no oxygen tubing in the room. She then acknowledged that the resident should have the oxygen by the bedside.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837</p> <p>Based on observations, interviews and record review the facility failed to provide pharmaceutical services that assure the accurate acquiring, receiving and dispensing and administering of all medications as well as drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled to include removing discontinued medications timely for 4 of 9 residents reviewed for controlled medications (Residents #56, #13, #68, and #308).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, Medication Reconciliation with an implemented date of 11/28/17 included in part the following: Obtain and transcribe any new orders in accordance with facility procedures. Obtain clarification as needed. Verify medications received match the medications orders. Provide pharmacy consultant access to all medication areas and records for completion of pharmacy services activities.</p> <p>Review of the facility's policy titled, Controlled Substance Storage, dated May 2022, included the following: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations.</p> <p>Procedures: The director of nursing, in collaboration with the consultant pharmacist, maintains the facility's compliance with federal and state laws and regulations in the handling of controlled substances. Controlled substance inventory is regularly reconciled to the Medication Administration Record (MAR).</p> <p>1. Record review for Resident #56 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Encephalopathy, Other Abnormalities of Gait and Mobility, and Unspecified Dementia. The Minimum Data Set, dated dated [DATE] documented in Section C a Brief Interview of Mental Status score of 7 indicating severe cognitive impairment.</p> <p>Review of the Physician's orders for Resident #56 revealed an order dated 03/31/25 for Clonazepam 0.5mg give 1 tablet by mouth every 24 hours as needed for Panic Attack for 7 days and was discontinued on 04/07/25.</p> <p>On 05/07/25 at 2:00 PM a review of the controlled medication Clonazepam 0.5mg for Resident #56 was conducted with Staff A Registered Nurse (RN). The controlled medication form listed Clonazepam 0.5mg 1 tablet orally once a day for 7 days. The medication was still in the med cart.</p> <p>During an interview conducted on 05/07/25 at 2:05 PM with Staff A RN who acknowledged the order for the Clonazepam on the bingo card did not match the order in Resident #56's medical record and the medication was discontinued on 04/07/25. When asked about the process when receiving a controlled medication from the pharmacy. Staff A RN stated he checks the medication label on the bingo card and on the control sheet both match the order in the resident's chart. Staff A RN stated the medication should have been removed from the medication cart.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on 05/07/25 at 2:23 PM with the Director of Nursing who was asked about the medication order of Clonazepam for Resident #56, and she acknowledged the order in the resident's record was for PRN and the label on the medication bingo card and the label on the Medication Monitoring/Control Record both listed the medication at routine. The DON stated the receiving nurse is supposed to verify the label on the medication bingo card and the label on the Medication Monitoring/Control Record should both match the order in the resident's record. The DON also acknowledged the order in the resident's record was discontinued on 04/07/25 and should have been removed from the med cart at that time.</p> <p>49060</p> <p>2. Record review for Resident #13 revealed that the resident was admitted to the facility on [DATE] with a re-admission on 06/14/24 with diagnoses of Generalized Anxiety Disorder; Mood Disorder Due To Known Physiological Condition; Major Depressive Disorder; Adjustment Disorder with Anxiety and Dementia.</p> <p>Review of the Physician's order dated 08/08/24 showed that Resident #13 had an order for Clonazepam (a psychotropic medication) 0.5 milligrams (mg) tablet to be given every 8 hours for anxiety (at 0000 (12:00 AM), 0800, 1600 (4:00 PM).)</p> <p>On 05/07/25 at 5:30 PM, a side-by-side review of Resident #13's Medication Monitoring/Control Record sheet for Clonazepam 0.5 mg tablet was conducted with Staff P, Licensed Practical Nurse (LPN). The review revealed that Clonazepam 0.5 mg medication packet was received by a nurse on 04/25/25 containing a total of 42 tablets. From 04/26/25 to 05/07/25, one (1) tablet of Clonazepam 0.5 mg was removed from the controlled substance box 3 times daily and at the time of the observation, 6 tablets remained in the packet, which matched the amount remaining on the Medication Monitoring/Control Record sheet. According to the Medication Monitoring/Control Record sheet:</p> <p>on 04/27/25 at 12:13 AM, the amount on hand of Clonazepam 0.5 mg was 38 tablets, given 1 tablet, remaining 37 tablets.</p> <p>on 04/27/25 at 0800 AM, the amount on hand was 37 tablets, given 1 tablet, remaining 36 tablets</p> <p>on 04/27/25 at unable to read the time, the amount on hand was 36, given 1 tablet, remaining 35 tablets.</p> <p>on 04/28/25 at 0008 (12:08 AM), the amount on hand of Clonazepam 0.5 mg was 34, given 1 tablet, remaining 33 tablets. No additional documentation was recorded for the discrepancy (the amount on hand should have been 35).</p> <p>on 04/28/25 at 0900, the amount on hand was 33, given 1 tablet, remaining 32 tablets</p> <p>on 04/28/25 at 1625 (4:25 PM), the amount on hand of Clonazepam 0.5 mg was 32 given 1 tablet, remaining 31 tablets.</p> <p>3. Record review for Resident #68 revealed that the resident was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus with Diabetic Nephropathy, Major Depressive Disorder, Metabolic Encephalopathy and Ventricular Tachycardia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician's order dated 08/08/24 showed that Resident #68 had an order for Tramadol (a controlled substance for pain) 50 milligrams (mg) tablet to be given daily for nonacute pain.</p> <p>On 05/07/25 at 5:30 PM, a side-by-side review of Resident #68's Medication Monitoring/Control Record sheet for Tramadol 50 mg tablet was conducted with Staff P, Licensed Practical Nurse (LPN). The review revealed that the medication packet was received by a nurse on 04/10/25 containing a total of 29 tablets and at the time of the observation (05/07/25), 6 tablets remained in the packet, which matched the amount remaining on the Medication Monitoring/Control Record sheet. According to the Medication Monitoring/Control Record sheet Resident #68 was administered Tramadol 50 mg from 04/10/25 to 05/07/25.</p> <p>Continued review of the Medication Monitoring/Control Record sheet revealed the following:</p> <p>on 04/15/25 one (1) tablet of Tramadol 50 mg was removed from the controlled substance box and not recorded as wasted</p> <p>on 04/26/25 the amount on hand of Tramadol 50 mg was 15 tablets, given 1 tablet, remaining 14 tablets</p> <p>on 04/27/25 the amount on hand of Tramadol 50 mg was 14 tablets, given 1 tablet, remaining 13 tablets</p> <p>on 04/28/25 the amount on hand of Tramadol 50 mg was 13 tablets, given 1 tablet, remaining 13 tablets</p> <p>on 04/29/25 the amount on hand of Tramadol 50 mg was 13 tablets, given 1 tablet, remaining 12 tablets</p> <p>on 04/29/25 the amount on hand of Tramadol 50 mg was 12 tablets, given 1 tablet, remaining 11 tablets</p> <p>on 05/06/25 the amount on hand of Tramadol 50 mg was 6 tablets, given 1 tablet, remaining 5 tablets</p> <p>on 05/06/25 the amount on hand of Tramadol 50 mg was 5 tablets, given 1 tablet, remaining 4 tablets.</p> <p>Review of Resident #68's April and May Medication Administration Record (MAR) revealed that the Tramadol 50 mg removed from the controlled substance box on 04/15/25 was not documented on the resident's MAR as being administered.</p> <p>Continued review of the April and May MAR revealed that on 04/29/25 and on 05/06/25 Tramadol 50 mg was documented as administered once, while two Tramadol 50 mg tablets were removed from the controlled substance box on those days. Furthermore, no other documentation was found as to why Resident #68 was administered Tramadol 50 mg twice on those days instead of daily as per physician's order.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on 05/08/25 at 9:20 AM with Staff I, Registered Nurse (RN), who stated she has worked at the facility for 2 years. She stated she first reviews the physician's order, removes the medication from the controlled substance box, administers the medication to the resident and then documents in the MAR and in the Medication Monitoring/Control Record sheet. A side-by-side review of both residents' (Resident #13 and Resident #68) Medication Monitoring/Control Record sheets and MARs was conducted with Staff I, who was unable to explain the discrepancies.</p> <p>During an interview conducted on 05/08/25 at 2:44 PM with the Director of Nursing (DON), who stated pharmacy comes in monthly and conducts audits for all medications including controlled substance drugs. In addition, the DON stated that routine, random audits of the medications, monthly or quarterly, are conducted by the unit managers or herself; however, if a resident or family member has a concern with a medication not being administered, then the audits are conducted daily. The DON was then asked if reconciliation of the controlled substance medications is conducted and she stated the nurses reconcile the controlled drugs every change of shift. The DON also stated the nurses are to sign the Medication Monitoring/Control Record sheet when the medication is removed from the controlled substance box, administer the medication to the resident and then document in the MAR as administered. At this time, a side-by-side review of both residents' (Resident #13 and Resident #68) Medication Monitoring/Control Record sheets and MARs was conducted with the DON. She acknowledged that there are discrepancies with the reconciliation of the controlled substance medications.</p> <p>50370</p> <p>4. A record review revealed Resident #308 was admitted to the facility on [DATE] with diagnoses that included Displaced Oblique Fracture of Base of the Neck of Left Femur, Muscle Weakness, and Other Abnormalities of Gait and Mobility.</p> <p>A review of the most current Minimum Data Set (MDS) assessment, dated 05/02/25, under Section C, revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating Resident #308 had good mental cognition.</p> <p>A review of Physician orders for Resident # 308 revealed an order dated 04/18/25 for Tramadol Hydrochloride 50 mg oral tablet every 6 hours as needed for non-acute pain.</p> <p>A review of the Control Drug Record for Resident #308 for Tramadol 50 mg every 6 hours as needed documented the drug was signed out and given on 04/25/25 at 5:30 AM.</p> <p>A review of Medication Administration Record for Resident #308 for 04/25/25 did not have any documentation for Tramadol 50 mg one tablet being administered on 04/25/25 at 5:30 AM.</p> <p>During an interview conducted on 05/08/25 at 11:16 AM with Staff L, Registered Nurse (RN) who was asked how she verifies that a controlled medication was administered in the MAR, responded, I will see a check mark, the Nurse's initials and the time the medication was given parallel to the medication's name. When asked what marks indicate that the medication was not administered, she stated, I will see a blank box or an x in a designated box parallel to the medication name and the date.</p> <p>When Staff L, RN was shown Resident #308's MAR for Tramadol 50 MG (milligram), with a start date Of 04/18/25 revealed an x on 04/25/25 box. When Staff L, RN was asked what it means, she responded, Tramadol was not administered to Resident #308 on that date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted with the DON on 05/08/25 at 11:55 AM who was asked when a controlled drug is being administered, how do Nurses document, responded, The Nurses document on the Controlled Drug Record and in the resident's Medication Administration Record.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40153</p> <p>Based on observations, interviews and record review, the facility failed to monitor behaviors and side effects accurately for Residents on Psychotropic medications (Residents #29, #48, #63, and #10), and failed to monitor side effects for a resident on anticoagulant (Resident #29) for 5 of 5 residents sampled for Unnecessary Medications.</p> <p>The findings included:</p> <p>A review of the facility's policy titled Use of Psychotropic Drugs, dated 12/17/2017, showed the following: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s). The attending Physician will assume leadership in medication management by developing, monitoring, and modifying the medication regime in collaboration with residents, their families and/or representatives, other professionals, and the interdisciplinary team. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice and the resident's Comprehensive Plan of Care.</p> <p>1. Record review revealed Resident #10 was readmitted to the facility on [DATE] with diagnoses of Psychotic disturbances, Dementia, and Major Depressive Disorder. The Quarterly Minimum Data Set, dated [DATE] revealed that Resident #10 was cognitively severely impaired. A review of the Physician's order showed an order for Remeron Oral Tablet (Mirtazapine), 15 milligrams, at bedtime for depression, which was dated 12/3/24.</p> <p>The Care plan dated 2/5/25 showed to monitor for the following: itching, picking at skin, hypotension, gait disturbance, cognitive impairment, behavioral impairment, decline in appetite, and abnormal involuntary movements. Monitor for the effectiveness of psychotropic drugs such as targeted symptoms/behaviors are controlled and observed for any adverse drug-related symptoms.</p> <p>A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) did not show that any of the behaviors or side effects were monitored or recorded by the nursing team regarding Resident #10.</p> <p>A review of the Psychiatrist's note dated 4/25/25 showed that staff to monitor, document, and report worsening symptoms of depressive symptoms:</p> <p>feelings of sadness/depressed mood</p> <p>hopelessness</p> <p>poor concentration</p> <p>loss of interest/lack of pleasure</p> <p>sleep disturbances</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>tiredness and decreased energy</p> <p>change in weight and appetite</p> <p>feelings of worthlessness/guilt</p> <p>In an interview conducted on 5/6/25 at 3:25 PM with Staff E, a Licensed Practical Nurse (LPN), she stated that Resident #10 is monitored for side effects such as seizures, falls, sleepiness, withdrawal, and dizziness. They monitor behaviors and document in the MAR and TAR in the electronic system.</p> <p>In an interview with the Pharmacist on 5/7/25 at 10:45 AM, he stated that the facility staff should monitor behaviors and side effects for residents on psychotropic medication. He could not show this Surveyor that the behaviors or side effects were completed for Resident #10.</p> <p>41837</p> <p>2. Record review for Resident #29 revealed the resident was originally admitted on [DATE] with most recent readmission on 08/06/24 with diagnoses that included in part the following: Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Atrial Fibrillation, Anxiety Disorder, and Vascular Dementia. The Minimum Data Set, dated dated dated [DATE] documented in Section C a Brief Interview of Mental Status score of 13 indicating a cognitive response.</p> <p>Review of the Physician's orders for Resident #29 revealed in part the following:</p> <p>An order dated 08/06/24 for Mirtazapine (antidepressant) Oral Tablet 30 MG give 1 tablet orally at bedtime for Depression.</p> <p>An order dated 08/06/24 for Eliquis (anticoagulant) 5 MG Tablet give 1 tablet orally two times a day for AFib.</p> <p>An order dated 04/16/25 Bupropion HCl (antidepressant) Tablet 75 MG give 1 tablet by mouth two times a day related to Depression</p> <p>Record review for Resident #29 including the MAR/TAR for month of May 2025 revealed no monitoring of side effect or behaviors for psychotropic medications and no monitoring of side effects for anticoagulant.</p> <p>Review of the Care Plan for Resident #29 dated 08/13/24 with a focus on the resident is ordered to receive psychotropic medications which increase risk for: hypotension, gait disturbance, cognitive impairment, behavioral impairment, ADL decline, decline in appetite, abnormal involuntary movements. Drug Class: Antidepressant (Bupropion, Mirtazapine). The goal was for the resident to receive the lowest dose possible of the prescribed medication to ensure maximum functional ability both mentally and physically through next review date. The interventions included to monitor the resident for effectiveness of psychotropic drug(s) (i.e. targeted symptoms/behaviors are controlled).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Care Plan for Resident #29 dated 08/13/24 with a focus on the resident is at risk for abnormal bleeding or hemorrhage because of anticoagulant usage (Xarelto). The goal was for the resident to have a reduction of complications associated with anti-platelet/anticoagulant therapy through the next review date. The interventions included to: monitor for and report to nurse any of the following signs of bleeding: bleeding gums, nose bleeds, usual bruising, tarry, black stool or pink/discolored urine.</p> <p>Interview conducted on 05/07/25 at 9:59 AM with the Consultant Pharmacist who was asked if a resident is receiving a psychotropic medication does he check to see if the facility is monitoring for behaviors and side effects, he said yes and he verifies this by running an audit report. The report does not show him the monitoring it will only show the resident and the drugs they are monitoring the behaviors/side effects for. When asked if he checks if the facility monitors for side effects if a resident is receiving anticoagulant, he said he does not and that is up to nursing to monitor.</p> <p>49060</p> <p>3. Record review revealed Resident #48 was admitted to the facility on [DATE], a re-admission on 04/14/25 with diagnoses of Dementia, Type 2 Diabetes Mellitus, Psychosis, Depression, and Anxiety Disorder. Section C of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #48 had a Brief Interview for Mental Status (BIMS) of 05, which indicated that she was severely cognitively impaired.</p> <p>Review of the Physician's Orders showed that Resident #48 had orders dated 04/14/25 for Aripiprazole (an antipsychotic medication) Oral 2 milligrams (mg), to give 1 mg daily for Mood Disorder; and Mirtazapine (a psychotropic medication) 7.5 mg to be given at bedtime for Depression.</p> <p>Review of the Care plan dated 03/28/25 documented a focus that Resident #48 had orders to receive psychotropic medications which increased risk for: hypotension, gait disturbance, cognitive impairment, behavioral impairment, ADL decline, decline in appetite, abnormal involuntary movements. The interventions included administer medications as prescribed by the physician, monitor for effectiveness of psychotropic drug(s) (Targeted symptoms/behaviors are controlled), and observe for any adverse drug-related symptoms.</p> <p>Continued review of the Care Plan documented a focus that Resident #48 had behavior problems on 03/29/25 (combative and getting out of bed without assistance), on 04/02/25 combative and refused medications, 04/04/25 combative during care, threaten staff, 04/07/25 and 04/08/25 combative, 04/09/25 calling out for husband, 04/15/25 combative with periods of confusion, 04/16/25 remains combative.</p> <p>Record review of Resident #48's psychiatry consultations dated 04/02/25 and 04/22/25 recommended for staff to monitor, document, and report worsening symptoms of psychosis, depression and anxiety.</p> <p>Review of the April Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed Resident #48 was not monitored for behavior and no interventions in place. In addition, there was no documentation for monitoring side effects for psychotropic medications.</p> <p>4. Record review revealed Resident #63 was admitted to the facility on [DATE] with diagnoses of Metabolic Encephalopathy, Generalized Anxiety Disorder, Major Depressive Disorder, and Psychotic Disorder with Hallucinations. Section C of the MDS revealed Resident #48 had a BIMS of 12, which indicated that she was moderately cognitively impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician's Orders showed that Resident #63 had orders dated from 10/18/24 to 02/19/25 for the following psychotropic medications: Memantine 5 mg tablet to be given two times daily for Dementia, Zonisamide 25 mg capsule given at bedtime related to Psychotic Disorder, Donepezil 5 mg tablet given at bedtime for Dementia, and Buspirone 10 mg tablet give three times daily for anxiety.</p> <p>Continued review of the order summary report revealed an order for behaviors - monitor the following: itching, picking at skin, restlessness (agitation), hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggression, refusing care; and to document: 'Y' if monitored and none of the above observed; 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and document findings and interventions.</p> <p>Review of the Care plan dated 03/18/25 documented a focus that Resident #63 had orders to receive psychotropic medications which increased risk for: hypotension, gait disturbance, cognitive impairment, behavioral impairment, ADL decline, decline in appetite, abnormal involuntary movements. The interventions included administer medications as prescribed by the physician, monitor for effectiveness of psychotropic drug(s) (Targeted symptoms/behaviors are controlled), and observe for any adverse drug-related symptoms.</p> <p>Review of the May MAR and TAR revealed Resident #63 was monitored for behaviors, however, there are only check marks which indicated administered. As per the order to monitor behavior a Y or N were to be documented and progress notes to follow with interventions. In addition, there's no monitoring of the side effects of the psychotropic medications.</p> <p>During an interview conducted on 05/06/25 at 3:44 PM with Staff D, Licensed Practical Nurse (LPN), who stated she has worked at the facility for [AGE] years. She stated they monitor behaviors and side effects for residents that are taking psychotropic medications. She also stated the documentation is recorded on the computer under the MAR and TAR because they no longer document in the paper charts. Staff D was accompanied by Staff P, LPN, who stated she has worked at the facility for [AGE] years and she agreed that the documentation is recorded on the computer.</p> <p>An interview was conducted on 05/07/25 at 10:10 AM with the consultant Pharmacist. He stated that if a resident is on a psychotropic medication the resident is to be monitored for behaviors and side effects. A side-by-side review of the monthly behavior report that he runs from the facility revealed that residents are monitored for behaviors of psychotropic medications. He then stated the report lets him know that behavior monitoring is in place; however, he does not know how the facility is doing the monitoring. He also stated that he does not need to see whether the resident is having behaviors because he does his recommendations according to the CMS regulations.</p> <p>50370</p> <p>5. Resident #76 was admitted on [DATE] with diagnoses that included Post Traumatic Stress Disorder (PTSD), Wedge Compression Fracture of Second Lumbar Vertebra , Type 2 Diabetes Mellitus, Benign Prostatic Hyperplasia without Lower Urinary Tract Symptoms, and Major Depressive Disorder.</p> <p>A review of the most current Minimum Data Set (MDS) assessment, dated 04/21/25, under Section C, revealed a Brief Interview of Mental Status(BIMS) score of 4 indicating Resident #76 had severely impaired cognition. Section I did not include the diagnosis of PTSD.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician's Orders for Resident #76 revealed an order dated 09/30/24 for Escitalopram Oxalate Tablet 10 MG, 1 tablet by mouth one time a day for Depression.</p> <p>A review of recent Medication Administration Record (MAR) did not include monitoring for side effects of Escitalopram which might include insomnia and frequent falls. There was no documentation in MAR regarding observation of behaviors related to PTSD triggers.</p> <p>During an interview conducted on 05/06/25 at 11:11 AM with Staff C, Certified Nursing Assistant (CNA), who when asked if she knew Resident #76's triggers, responded, Resident does not have PTSD triggers. When asked about falls, she responded, she does not remember when.</p> <p>In an interview with Staff S, CNA on 05/06/25 4:16 PM who has been working in the facility for 4 months, who when asked about Resident #76's triggers, she stated, I think he is afraid to fall. We asked how many times resident fell , she responded, I do not know.</p> <p>In an interview with Staff T, Registered Nurse (RN) on 05/06/25 4:22 PM , who when asked about Resident #76s triggers, responded, I know resident forgets things, and has to be reminded by Staff. He does not want to remember a certain time in his life every year.</p> <p>When asked if Staff document behaviors and side effects related to antidepressant and other psychotropic medications, she responded' Yes, we do. When asked where Staff document behavior monitoring , she responded, In resident's MAR.</p> <p>During an interview conducted with the Director of Nursing (DON) on 05/08/25 at 1:21 PM, who when asked if Staff monitor behavior of residents on antidepressant, responded, We document them in Medication Administration Record (MAR). When asked if there are correlations with frequent falls and insomnia episodes of Resident #76 with the antidepressive medications, she responded, We have drug evaluations done by the Pharmacy Consultants. We also read Physician progress notes for additional information regarding monitoring for the side effects of medications. If there are falls , we write incident reports. She added that Resident #76 is getting support from the facility Staff and his family.</p> <p>When asked how many times the resident had a fall , she responded, I do not know but Resident #76 had a fall on 1/18/24, 3/19/24, 4/23/24, 5/26/24, 6/9/24, 7/6/24, 11/11/24, 1/24/25, 3/15/25. When asked if they could be related to his medications and the medications' side effects, she responded, Maybe, but physician is aware of what is happening to the resident, and so is the resident's family.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents are free of any significant medication error related to expired insulin, for one of 5 sampled residents (Resident #68).</p> <p>The findings included:</p> <p>Review of facility's policy titled, Insulin Pen Policy, with an implementation date of [DATE], revealed that insulin pens should be disposed of after 28 days or according to the manufacturer's recommendations.</p> <p>Record review for Resident #68 revealed the resident was admitted to the facility on [DATE] with diagnoses that included Obstructive Sleep Apnea, Hypertension, Type 2 Diabetes Mellitus with Diabetic Neuropathy.</p> <p>Review of the Physician's Orders for Resident #68 revealed an order dated [DATE] for Novolog Flex Pen 100 Units (U) per ml (Milliliter) solution per sliding scale:</p> <p>If 0 - 149 = 0 U; ,d+[DATE]=2 U; ,d+[DATE]=4 U; ,d+[DATE]=6 U; ,d+[DATE]=8 U; ,d+[DATE]=10 U, subcutaneously before meals for Diabetes Mellitus (DM).</p> <p>During a medication administration observation on [DATE] at 4:43 PM with Staff P, LPN, she stated she obtained a blood sugar of 202 for Resident #68, and she will give 4 units of Novolog insulin based on the sliding scale. She took the flex pen out of the first drawer of Medication Cart 2 on the [NAME] Wing.</p> <p>When Staff P, LPN, showed the Novolog Flex pen to the surveyor, it revealed an opened date of ,d+[DATE] and an expiration date of ,d+[DATE]. When Staff P, LPN was asked regarding the expiration date, she stated the Novolog Flex pen had an expiration date of ,d+[DATE].</p> <p>When asked if she will use the insulin to the resident, she stated, Yes, because in this facility, insulin expires in 35 to 45 days. When asked what kinds of insulin expire in 35 to 45 days, she responded, All insulin we use. She proceeded to get the medications ready . The surveyor stopped her and asked again about the expiration date. She looked at the Novolog Flex pen and reread the date written on it, ,d+[DATE]. When asked if she had given insulin doses to Resident #68 after ,d+[DATE], she responded, Yes.</p> <p>When asked if she had another Novolog Flex pen available for this resident, Staff P, LPN left the [NAME] Wing and returned after 10 minutes and told this surveyor that she found an Insulin Flex pen inside the emergency medication cart. She labeled the new Novolog flex pen with the open date and the expiration date before administering the required insulin units to Resident #68.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Pharmacist Consultant on [DATE] at 10:08 AM, when asked about the effects of expired short acting insulin for a resident, he responded, There would be no harm, but the medications would be less effective or not as effective. When asked if the administration of expired insulin would contribute to hyperglycemia, he responded, It is possible.</p> <p>When asked about medication cart audits, he responded, I review and perform medication carts audits once a month, and Nurses are instructed to check their medication carts as often as possible.</p> <p>When he was asked about the expiration dates of commonly used insulin flex pens in the facility, he responded, The insulin when opened and kept in room temperature have the following expiration dates: Humulin R will expire in 31 days, Admelog will expire in 28 days, and Novolog will expire in 28 days.</p> <p>Review of the [DATE] Medication Administration Record (MAR) for Resident #68 revealed the resident received Novolog insulin on [DATE] three times; on [DATE] three times; on [DATE] two times; on [DATE] three times; and on [DATE] two times.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837</p> <p>Based on observations, interviews and record review the facility failed to secure medications at the bedside for 2 of 30 sampled residents (Residents #19 and #68).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, Medication Storage with an implemented date of 11/28/17 included in part the following: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy offsite and/or medications rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, seclusion, and safekeeping. All drugs and biologicals will be stored in locked compartments under proper temperature controls. During medication pass, medication must be under the direct observation of the person administering medications or locked in the medication storage cart.</p> <p>1 Record review for Resident #19 revealed the resident was admitted to the facility on [DATE] with most recent readmission on 04/20/25 with diagnoses that included Type 2 Diabetes Mellitus. The Minimum Data Set, dated dated [DATE] documented in Section C a Brief Interview of Mental Status (BIMS) score of 15 indicating a cognitive response.</p> <p>Review of the Physician's Orders for Resident #19 revealed no order for Mupirocin ointment 2% or an order to self-administer medication.</p> <p>On 05/05/25 10:20 AM an observation of Resident #19 in wheelchair in doorway to room, on dresser across from bed was a tube of Mupirocin ointment 2%.</p> <p>On 05/06/25 10:20 AM a second observation was made in Resident #19's room on dresser across from bed was a tube of Mupirocin ointment 2%.</p> <p>During an interview conducted on 05/06/25 at 2:14 PM with Staff A Registered Nurse (RN) who stated he has worked at the facility for just over 1 year. When asked about medications at the bedside, he said no, the residents cannot have medications at the bedside unless they have been assessed to have the meds at the bedside.</p> <p>On 05/06/25 at 2:30 PM a side-by-side observation was made with Staff A RN who acknowledged the prescription medication Mupirocin ointment 2% was on Resident #19's dresser in plain sight. Staff A RN immediately removed the medication.</p> <p>49060</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During observational room rounds conducted on 05/05/25 at 9:25 AM of Resident #68's room, observed 4 over the counter (OTC) large bottles of Calcimate Plus with Magnesium and Vitamin D-3 800 milligrams (mg) caplets, Magnesium Citrate 200 mg gummies, Probiotic gummies, and High-Metabolite Immunogens 500 mg capsules. The OTC medication bottles were unsecured, in plain sight and accessible to residents, staff members and visitors. Photographic evidence obtained.</p> <p>During a brief interview with Resident #68 on 05/05/25 at 9:25 AM, this surveyor asked Resident #68 about the OTC supplement bottles on her bedside table, the resident replied that her daughter brought them in since she was taking them when she was home. She stated she has not been able to take the supplements yet because she cannot reach them. She was asked if she knew if the doctor had ordered the supplements for her to take daily and she stated no.</p> <p>On 05/05/25 at 1:51 PM, Resident #68 was observed to have the 4 (OTC) large bottles sitting on her bedside table unsecured, in plain sight and accessible to other residents, staff members and visitors.</p> <p>Record review for Resident #68 revealed that the resident was admitted to the facility on [DATE] with diagnoses Type 2 Diabetes Mellitus. Section C of the Minimum Data Set (MDS) revealed that Resident #68 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated that she had an intact cognitive response. The order summary report showed an order for Meropenem (antibiotic medication) Solution Reconstituted 1 gram intravenously every 8 hours for Urinary Tract Infection (UTI) for 7 days starting on 05/01/25.</p> <p>Continued review of the order summary report revealed Resident #68 had no orders for the supplements: Calcimate Plus with Magnesium and Vitamin D-3 800 mg, Magnesium Citrate 200 mg, or High-Metabolite Immunogens 500 mg. In addition, there was no order for self-administration of medications.</p> <p>Review of the Care Plan dated 04/01/25 revealed no focus on Resident #68 to be able to self-administer medications.</p> <p>An interview was conducted on 05/08/25 at 2:44 PM with Staff I, Registered Nurse (RN), who has worked at the facility for 2 years and was the assigned nurse for Resident #68 for the 7-3 shift. She stated that if a resident has medications at the bedside, she is to confiscate them and hold them for the family to pick up. Staff I was not often assigned to the [NAME] wing; however, she was not aware Resident #68 can self-administer her medications and that she had supplements at the bedside table.</p> <p>During an interview conducted on 05/08/25 at 2:56 PM with Resident #68, who stated the nurse came into her room and took all the supplement bottles she had on the table, and she was not sure why. Resident #68 stated she is not getting those supplements at the facility, like Vitamin D-3 and the probiotic, and she needs them since she is currently on an antibiotic.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>40153</p> <p>Based on observations, review and record review, the facility failed to provide food in a form designed to meet individual needs for the Pureed diet observed during 1 of 2 visits to the main kitchen. This has the potential to affect the 20 out of 98 residents on a Pureed diet.</p> <p>The findings included:</p> <p>The International Dysphagia Diet Standardization Initiative, dated January 2019, showed the following: Pureed food should have a smooth texture with no lumps, and it should not be formed or sticky.</p> <p>In an observation conducted on 5/5/25 at 7:55 AM in the central kitchen during the breakfast tray line, the following was noted: A half-size 6-inch deep stainless steel steam table container with pureed pancakes. Staff G, Cook, was getting ready to start the tray line for the breakfast meal. Closer observation showed that the pureed pancakes did not have a smooth consistency and were noted to be lumpy and grainy. This Surveyor tested the pureed food consistency using a spoon, which showed that it was firm and sticky on the spoon.</p> <p>In an interview conducted on 5/5/25 at 8:00 AM with Staff G, she stated that she has a new blender to mix up the food for the Pureed consistency and said she will put it through the blender again for the correct consistency. She then got the new blender from the back of the kitchen.</p> <p>In a phone interview conducted on 5/8/25 at 9:20 AM with Staff H, the Speech Language Pathologist stated that the pureed food consistency should have a uniform texture, smooth and not lumpy. It should resemble the texture of food like pudding, apple sauce, and humus.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40153</p> <p>Based on observations and interviews, the facility failed to store, prepare, distribute, and serve food according to professional standards for food service safety and sanitary conditions and to prevent foodborne illnesses for 2 of 2 visits to the main kitchen.</p> <p>The findings included:</p> <p>In an observation conducted on 5/5/25 at 7:30 AM during the initial tour of the main kitchen, the following were noted:</p> <p>The Dietary Service Manager was noted to have no facial hairnet protection while walking around the food production area.</p> <p>Staff F, Diet Aide, was noted to have no facial hairnet protection while walking around the food production area.</p> <p>Three rolls of raw ground beef, 5 pounds each, were noted inside the sink with no running water flow. In this observation, Staff G [NAME] stated that the raw ground beef was thawing for lunch today.</p> <p>The reach-in refrigerator was noted to have a metal container of cooked vegetables that was partially opened and exposed.</p> <p>A dirty, used rag was noted in a red bucket with no sanitizing solution.</p> <p>Empty food boxes and dirty used gloves were noted on top of the food production area on top of a clean pot.</p> <p>The reach-in refrigerator was noted to have two plates of a chef salad that were not dated or labeled.</p> <p>In an observation conducted on 5/6/25 at 12:30 PM, the Dietary Service Manager was noted to have no facial hairnet protection while walking around the food production area.</p> <p>In an observation conducted on 5/7/25 at 11:45 AM, the Dietary Service Manager was noted using a facility-calibrated thermometer to measure the temperature of the cooked foods for the lunch tray line. He was observed putting the thermometer inside the different food containers without gloves.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 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** 50370</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow the Enhanced Barrier Precautions (EBP) guidelines for 2 out of 23 residents reviewed (Resident #93 and Resident #26).</p> <p>The findings included:</p> <p>A review of facility policy titled, Catheter Care, implemented on 12/17/17 revealed the procedure for female catheter care is as follows: labia will be separated to expose the urinary meatus; wipe from front to back with moistened towel, with a new moistened cloth, starting at the urinary meatus moving out, then wipe the catheter.</p> <p>1) Record review for Resident #26 revealed the resident was admitted to the facility on [DATE] with diagnoses that included Hemiplegia, Hemiparesis, Muscle Weakness, Aphasia, Type 2 Diabetes Mellitus Dysphagia, and Chronic Kidney Disease.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment for Resident # 26 dated 03/17/25, under Section C revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderate cognitive impairment.</p> <p>A review of Nursing care plan initiated on 12/17/24 revealed a focus on Enhanced Barrier Precautions related to indwelling catheter. The interventions included Staff must wear gown and gloves for high contact care areas which include changing briefs and urinary catheter .</p> <p>During observation conducted on 05/07/25 at 12:08 PM, Staff W, and Staff X, both Certified Nursing Assistants (CNAs) stated We will perform urinary catheter care for Resident #26. Both Staff CNAs gathered supplies after washing their hands, then donned on gloves, but did not don on gowns.</p> <p>Staff W, CNA, loosened Resident #26's brief and exposed the urinary catheter tubing. Resident #26 moaned as soon as the urinary catheter tube was touched and lifted from the perineal area. With gloved hands, Staff W, CNA started wiping the outside part of urinary catheter tube first, before wiping the part closer to the urinary meatus, inner vagina, vaginal folds and the rest of the front perineum.</p> <p>Staff W, CNA, used the same set of gloves during wiping, spraying of the hand-held soap to wet cloth towels, dipping cloth towels into the water basin, and drying both the front and back perineal areas. Staff W, CNA changed her gloves before applying the A and D ointment to the back areas.</p> <p>Staff X, CNA assisted with stabilizing Resident #26 when she was turned to the right side for the cleaning of the back area. When the urinary catheter care was completed, Staff W removed Resident #26's brief and replaced it with a fresh one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with Staff W, CNA who when asked what EBP means, responded, EBP is when Staff use gloves and gown for residents with tube feeding and urinary catheter. When asked why she did not don on a gown, she responded I forgot. When asked where are the post signage and EBP supplies for Resident #26, she responded, Resident #26's closet door has a EBP post, and the supplies are located on top of Resident #26's bedside table. Staff W, CNA pointed to plastic bags with blue gowns inside Resident #26's room.</p> <p>In an interview with Staff X, CNA, on 05/07/25 at 1:00 PM, who when asked why she did not don on a gown before performing urinary catheter care, responded, I forgot.</p> <p>41837</p> <p>2. Record review for Resident #93 revealed the resident was originally admitted to the facility on [DATE] with most recent readmission on 06/01/24 with diagnoses that included in part the following: Muscle Weakness (Generalized), Dysphagia, Expressive Language Disorder, and Adult Failure to Thrive. The Minimum Data Set, dated dated dated [DATE] documented in Section C a Brief Interview of Mental Status was not attempted due to the resident is rarely/never understood.</p> <p>On 05/05/25 at 10:10 AM observation of Resident #93 receiving tube feeding. There was no Enhanced Barrier Precaution (EBP) sign posted in room or on door.</p> <p>During an interview conducted on 05/05/25 at 10:34 AM with Staff A, Registered Nurse (RN), who stated he has worked at the facility for just over 1 year. When asked about Enhanced Barrier Precautions (EBP) he said he does not have any residents on EBP on his assignment today. When asked what the criteria for someone to have EBP is he said he would have to check on that. The RN never got back to the surveyor. The RN was assigned to care for Resident #75 who a had dialysis access port.</p> <p>During an interview conducted on 05/05/25 at 10:19 AM with Staff B Certified Nursing Assistant (CNA), who stated she has worked at the facility for [AGE] years. When asked about Enhanced Barrier Precautions (EBP) she said she does not have any residents assigned to her on EBP. When asked if she knew why a resident would have EBP or what the criteria is for EBP, she said she did not know.</p> <p>During an interview conducted on 05/05/25 at 10:25 AM with Staff C, Certified Nursing Assistant, who stated she has worked at the facility for [AGE] years. When asked about Enhanced Barrier Precautions (EBP) she said she does not have any residents on EBP. When asked what the requirement was for a resident to be on EBP, she said I think if they have falls.</p> <p>During an interview conducted on 05/06/25 at 2:14 PM with Staff A, Registered Nurse (RN), who was asked about Enhanced Barrier Precautions (EBP) and which type of residents would have the EBP or meet criteria for EBP, he said he forgot to check on that. When asked if he has any residents on EBP he said, I don't think so. When asked about if he has any residents receiving dialysis or tube feeding he said yes. Staff A RN said he thinks you need to do hand hygiene, wear gloves and a gown when taking care of those residents. When asked where the gowns are kept, he said they should be in an isolation cart in the hallway. When asked about EBP signs, he said they should be on the front door of the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Broward Oaks Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7751 W Broward Blvd Plantation, FL 33324	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/06/25 at 2:30 PM a side-by-side observation was made with Staff A RN who acknowledged there was no EBP sign in the room or on the door for Resident #93 who had a PEG tube. And the EBP signage for Resident #75 (who receives dialysis) was on the closet door and was unable to be seen when the room door was opened all the way as it covered the signage.</p> <p>During an interview conducted on 05/06/25 at 4:51 PM with the Infection Preventionist who stated she has worked at the facility since 2020. When asked about Enhanced Barrier Precautions (EBP) the IP stated EBP is implemented for all resident with any device put there that you were not born with such as a PEG tube , dialysis port, trach, colostomy and any wounds. The IP stated the staff have to wear gown and gloves while performing resident care for those residents, and an order and care plan should be in place. There should be an EBP sign on the resident's closet door.</p> <p>On 05/06/25 at 5:10 PM a side- by-side observation was conducted with the Infection Preventionist (IP) who acknowledged there was no EBP signage on the door or in the room for Resident #93. The IP stated she had overheard the surveyor interview with Staff A RN regarding EBP and immediately educated the staff member.</p>		