

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER FT Lauderdale Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 East Commercial Blvd Fort Lauderdale, FL 33308	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to provide a safe, clean, comfortable and homelike environment for 9 out of 100 rooms and elevator areas. The findings included: 1). On 06/30/2025 at 2:20 PM, an observation revealed that room [ROOM NUMBER] and 51 had no toilet tissue. Further observations revealed room [ROOM NUMBER]'s floor, near the bathroom door, was laden with dirt and had numerous dark gray spots. 2). On 06/30/2025 at 2:45 PM, an observation revealed that there were food crumbs on the floor of room [ROOM NUMBER], near the resident, and the paint was scuffed and peeling off the lower bathroom door. 3). On 06/30/2025 at 2:51 PM, an observation revealed that room [ROOM NUMBER] had multiple flies on the residents' bed and furniture. During the observation, the resident expressed the need to get rid of all the flies. 4). On 06/30/2025 at 3:05 PM, an observation revealed that the soap dispenser of bathroom [ROOM NUMBER] was broken and placed above the toilet on a PVC pipe and unreachable. 5). On 06/30/2025 at 3:15 PM, an observation revealed that the wardrobe drawers (6) of room [ROOM NUMBER] could not fully close and one of the handles was positioned incorrectly. 6). On 06/30/2025 at 3:20 PM, an observation revealed that in the bathroom of room [ROOM NUMBER], 1 of 2 toilet paper rolls was placed on a PVC pipe above the toilet, and unreachable. 7). On 06/30/2025 at 3:40 PM, an observation revealed that the elevator carpeting and the carpeting in front of the elevators on the 1st and 3rd floor were laden with dirt and had black stains. 8). On 06/30/2025 at 3:45 PM, an observation revealed that the lower bathroom shower tiles of room [ROOM NUMBER], were lifted from the wall. The cover of a side light on the room wall was positioned incorrectly. 9). On 06/30/2025 at 4:00 PM, an observation revealed the bathroom sink of room [ROOM NUMBER] was clogged. A tour of the facility was conducted on 06/30/2025 at 4:30 PM with the Assistant Director of Nursing, in which she acknowledged the findings.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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