

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER St Augustine Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 51 Sunrise Blvd Saint Augustine, FL 32084	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on kitchen and nourishment room observations, staff interviews and a review of the facility's policies and procedures, the facility failed to follow proper sanitation and food handling practices to prevent the potential outbreak of foodborne illnesses for residents receiving food services from the facility, by failing to ensure food items were properly labeled and dated, and cleanliness of essential kitchen equipment was maintained in sanitary condition. Unsanitary food handling and storage practices have the potential to affect all residents receiving food services from the facility. The findings include: A tour of the kitchen was conducted on 5/18/2026 at 10:05 AM. During the tour, one open bag of thickener powder was observed in the dry storage room, two open boxes of frozen beef patties were observed in the freezer, and one box of pasteurized eggs was observed in the refrigerator with no labels or date markings. One expired carton of fat-free chocolate milk (dated 5/8/26), two expired cartons of whole milk (dated 5/9/26 and 5/12/26), and nine half empty cartons of whole milk were observed sitting in separate crates inside the refrigerator. (Photographic evidence obtained) A follow-up visit to the kitchen on 5/19/2026 at 9:30 AM revealed four whole milk cartons sitting in a tin pan spilled/half full and two expired whole milk cartons (dated 5/13/26) sitting in a separate crate inside the refrigerator. At 11:30 AM, during the second kitchen tour, food residue and debris were observed stuck on and above the safety guard of the mixer, and the microwave hood was filled with dried food splatter and residue. (Photographic evidence obtained) On 5/20/2026 at 10:13 AM, another observation was made of two expired whole milk cartons (dated 5/12/26 and 5/13/26) sitting in a separate crate inside the refrigerator. The same observations of food residue and debris observed on 5/19/2026 at 11:30 AM, were observed stuck on and above the safety guard of the mixer. On 5/20/2026 at 10:24 AM, Dietary Aide (DA) Q stated dietary aides were responsible for receiving and stocking food deliveries. When food items were opened, used, and placed back in the refrigerator, they should be labeled with a start and end date and discarded after three days. Milk found half empty was to be thrown out. Expired milk was saved in the cooler for the delivery truck. All staff in rotation were responsible for cleaning kitchen equipment every shift. Kitchen staff stocked the nourishment room but DA Q was not sure who was responsible for cleaning the nourishment rooms, including the refrigerators and documenting on temperature logs. On 5/20/2026 at 10:31 AM DA I stated morning shift DAs were responsible for receiving and stocking food deliveries. Open and used food items were to be sealed, labeled with an open date and discarded after three days if not used. Expired milk and milk found half empty was to be discarded. When asked who is responsible for cleaning kitchen and food service equipment, DA I stated large items were identified on the cleaning schedule and other items such as microwaves and oven trays were the responsibility of the last staff that used the equipment. Small kitchen items were cleaned daily and larger items were cleaned weekly. Certified Nursing Assistants (CNAs) kept the nourishment rooms clean and completed the temperature logs in those rooms. CNAs and maintenance cleaned the nourishment room refrigerators. Kitchen staff stocked the nourishment rooms. On 5/20/2026 at 10:40 AM, [NAME] H stated the AM kitchen staff were responsible for receiving and stocking food deliveries. Open and used food items were labeled, dated and discarded after three days. Expired milk was discarded. Milk found half empty was pulled (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 105315	Facility ID: 105315 If continuation sheet Page 1 of 6

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and placed in a separate bin and was labeled to return to delivery. When asked who was responsible for cleaning kitchen and food service equipment, [NAME] H stated the equipment was cleaned after each use and deep cleaned weekly. Nursing and housekeeping staff kept the nourishment rooms clean. Housekeeping staff cleaned the nourishment room refrigerators. Kitchen staff stocked the nourishment room refrigerators, checked dates, and removed expired items. [NAME] H was not sure who was responsible for documenting temperatures on the nourishment room logs. On 5/20/2026 at 10:49 AM, Certified Dietary Director (CDM) G stated the morning DA was responsible for receiving and stocking food deliveries. The facility's policy for date marking food items was to cover, add a date, and discard after three days. Expired milk was discarded. Milk that was found half empty was separated, labeled and stored for pick up to receive credit from the company. When asked who was responsible for cleaning kitchen and food service equipment, CDM G replied, Staff follow a weekly cleaning schedule. Kitchen equipment is cleaned after each use. Housekeeping keeps the nourishment rooms clean. Dietary staff stock nourishment rooms three times daily and check for expired food items. Nursing staff document temperatures on the nourishment room logs. A tour of the nourishment rooms on 5/20/2026 between 11:30 AM and 12:00 PM, revealed residue build-up and unclean surfaces inside the refrigerators in two of two nourishment rooms observed. (Photographic evidence obtained) On 5/20/2026 at 1:30 PM, Licensed Practical Nurse (LPN) D stated housekeeping staff were responsible for cleaning the refrigerators in the nourishment rooms, food service equipment should be cleaned after each use, and opened food items should be marked and discarded after three days. Reference: FDA Food Code 2022. https://www.fda.gov/media/184685/download?attachment; (Accessed on 5/21/2026) Annex 5 - C. Intervention Strategies for Achieving Long-term Compliance. 4. Establish First-In-First-Out (FIFO) Procedures. Page 555. Product rotation is important for both quality and safety reasons. First-In-First Out (FIFO) means that the first batch of products prepared and placed in storage should be the first one sold or used. Date marking foods as required by the Food Code facilitates the use of a FIFO procedure in refrigerated, ready-to-eat, TCS foods. The FIFO concept limits the potential for pathogen growth, encourages product rotation, and documents compliance with time/temperature requirements. A review of the facility's policy and procedure titled Food Receipt and Storage (effective date: 8/23/2017), revealed: Purpose: Foods should be received and stored properly to prevent foodborne illness. Standard: Foods should be checked for freshness when received and stored in accordance with FDA Food Code recommendations. Process: .Storage of Foods: .i. refrigerated and frozen items should be checked to be sure the item is still cold or frozen and packages are intact.k. open food items should be covered, labeled, and dated; open dry goods should be kept in tightly sealed containers. A review of the facility's policy and procedure titled Cleaning Schedules (effective date: 8/10/2018), revealed: Purpose: To prevent the spread of bacteria that may cause foodborne illnesses. Process: e. the FNS (Food and Nutritional Services) Manager should supervise adherence to the cleaning schedule and inspect the kitchen weekly for cleanliness.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interviews, record reviews and a review of the facility's policies and procedures, the facility failed to provide a notice of transfer/discharge and a copy of the actual transfer/discharge form to the Long-Term Care (LTC) Ombudsman's Office for four (Residents #3, #55, #29 and #93) of nine residents reviewed for transfer/discharge. Appropriate notification to the LTC Ombudsman's office provides added protection to residents from being inappropriately transferred or discharged . It provides residents with access to an advocate who can inform them of their options and rights, and it ensures that the LTC Ombudsman's office is aware of facility practices and activities related to transfers and discharges. The findings include:1. A review of Resident #3's medical record revealed an admission date of 2/9/2026 with diagnoses including End-Stage Renal Disease (ESRD). She was transferred to an acute-care hospital on 4/1/2026 and returned to the facility on 4/14/2026. The resident's medical record included no evidence of the facility having notified the LTC Ombudsman's office. There was no Nursing Home Transfer and Discharge Notice (CMS Form 3120) in the record.2.A review of Resident #55's medical record revealed an admission date of 5/16/2025 with diagnoses including neurocognitive disorder (condition affecting cognitive abilities like memory, attention, learning, language and problem-solving) . He was transferred to an acute-care hospital on 4/19/2026 and returned to the facility on 4/21/2026. The resident's medical record included no evidence of the facility having notified the LTC Ombudsman's office. There was no Nursing Home Transfer and Discharge Notice (CMS Form 3120) in the record.3.A review of Resident #29's medical record revealed an admission date of 1/20/2021 with diagnoses including squamous cell carcinoma (cancer) of skin on scalp and neck. She was transferred to an acute-care hospital on 4/16/2026 and returned to the facility on 4/23/2026. The resident's medical record included no evidence of the facility having notified the LTC Ombudsman's office. There was no Nursing Home Transfer and Discharge Notice (CMS Form 3120) in the record.4.A review of Resident #93's medical record revealed an admission date of 1/10/2026 with diagnoses including ESRD. He was transferred to an acute-care hospital on 4/13/2026 and returned to the facility on 4/24/2026. The resident's medical record included no evidence of the facility having notified the LTC Ombudsman's office. There was no Nursing Home Transfer and Discharge Notice (CMS Form 3120) in the record.On 5/20/2026 at 9:35 AM, an interview was conducted with the Social Services Director (SSD) who was asked to explain the facility's process for completing transfer/discharge forms and who to notify of transfers/discharges. She stated notification was provided to the resident, the resident's representative, the Primary Care Provider (PCP - resident's physician), the home health agency as needed, and sometimes the Department of Children and Family Services (DCFS) was notified if the discharge was deemed unsafe. She was asked to explain the facility's process for notifying the LTC Ombudsman of transfers and discharges. She stated her process was to send a monthly log to the LTC Ombudsman's office via email. She was asked to provide confirmation that the log was received by the LTC Ombudsman's office. She stated she printed a copy of the email confirmation displaying the date and time that the monthly transfer/discharge log email was sent. The SSD provided the monthly log and the email confirmation sent on 5/12/2026. On 5/21/2026 at 2:40 PM, an interview was conducted with the Administrator who was asked to explain the facility's process for notifying the LTC Ombudsman of resident transfers and discharges. He stated the task was assigned to the SSD. She was expected to send transfer/discharge notification to the LTC Ombudsman at least weekly and daily if needed. He confirmed that she was not processing the notifications appropriately. A review of the facility's policy and procedure titled Resident/Guest Transfer and Discharge (including AMA - Policy #: NM.II-18 (effective date: 5/26/2025, superseded: 6/26/2019), revealed:Process:1.All non-emergency transfers or discharges should be handled by the Social Services Designee.Procedures should include:d) Provide resident/guest with a statement of right to appeal the action to the state agency designated (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for such appeals, along with name, address, and phone number of the State Long-Term Care Ombudsman. (In Florida, fax a copy of the discharge notice to the local Ombudsman council within 5 business days after signature by the resident/guest/legal representative).		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observations, record review, interviews and review of the facility's policies and procedures, the facility failed to ensure that one (Resident #109) of four residents reviewed for impaired skin integrity, received care and treatment in accordance with professional standards of practice. Resident #109's wound dressing was not changed for 24 days. Failure to change a wound dressing for 24 days can result in a bacterial infection, increased pain, additional tissue damage and/or the dressing fusing to healing skin. The findings include: On 5/19/26 at 11:18 a.m., an observation was made of Resident #109 in her room on the Memory Care unit. A dressing was observed on her right lower extremity (RLE) which was dated 4/25/26. Resident #109 was unable to remember what occurred or why she had the dressing on. On 5/20/26 at 11:18 a.m., an observation was made of Resident #109 in her room. The same 4/25/26 dressing was observed on her RLE. (Photographic evidence obtained) A review of the resident's medical record revealed an admission date of 8/19/19 with diagnoses including mild protein calorie malnutrition, anemia and dementia. A physician's order dated 4/25/26 was found in the record which noted a skin tear - Apply antibiotic ointment and cover with dressing if needed to minor cuts or skin tears until healed once a day as needed. A review of the resident's Annual Minimum Data Set (MDS) assessment, dated 3/23/26, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15 possible points, indicating severe cognitive impairment. A pressure-reducing device for the bed was noted. A review of a 4/25/26 progress note revealed the resident was walking and struck her leg on her roommate's bed, not realizing she was bleeding. The area was cleansed and a dressing was applied. On 5/20/26 at 2:04 p.m., an interview was conducted with Licensed Practical Nurse (LPN) A who was accompanied to Resident #109's room to observe the RLE dressing. LPN A confirmed that the dressing was dated 4/25/26. She tried to remove the dressing but was unable to. The resident removed the dressing, which was soiled, and handed it to the nurse. (Photographic evidence obtained) The wound was observed with beefy-red tissue exposed. LPN A notified the Unit Manager (UM) of the concern. The UM reviewed the physician's orders and found the as needed order written on 4/25/26. The UM stated there was a communication glitch; the wound should have been reported to the wound care nurse. The UM stated there was a note for the skin tear to the RLE on 4/25/26 and the wound should have been observed daily. Dressings were changed if dislodged, loose or soiled or as ordered. The UM stated the dressing should be replaced weekly. When she was asked how often skin checks were performed and showers were provided, the UM stated Resident #109 received her showers on the 3-11 shift on Tuesdays and Thursdays. Skin checks were performed weekly by the nurse and daily by the assigned certified nursing assistant (CNA) during provision of care. On 5/20/26 at 2:30 p.m., an interview was conducted with CNA E who was asked to describe Resident #109's care needs. CNA E stated the resident required assistance to the bathroom and set up/cueing for dressing. The resident required minimal assistance. CNA E stated she observed the resident's RLE dressing but did not check the date written on it. She stated if a dressing was observed and the date was old, the nurse should be told about it. A review of the May 2026 Medication Administration Record (MAR)/Treatment Administration Record (TAR) revealed that a skin audit was performed on the 7-3 shift on 5/5/26, 5/12/26 and 5/19/26. (Photographic evidence obtained) A review of the facility's policy and procedure titled Dressings - Clean (dated 12/20/16), revealed that physicians' orders should specify the type of wound, frequency of dressing change, and the type of dressing or products to be used. A review of the facility's Protocol for CNA & Licensed Nurse Skin Inspections (revised 10/1/10), revealed: Intent: To identify any skin concerns in residents immediately and implement early interventions. Procedure for CNA Daily Inspections: -CNAs will conduct a body inspection on all assigned residents. -Results of inspection will be documented on the body audit sheet or in Smart Charting bedside appropriate resident's name. -Any skin concern identified by the CNA will be reported to assigned Licensed Nurse immediately. -CNA will document the Nurse it was reported to on the body audit sheet or report changes recorded in Smart Charting. -All body audit sheets will be shared with (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the assigned Licensed Nurse and Licensed Nurse will submit to the DON (Director of Nursing)/designee. -The body audit sheets will be reviewed by the Treatment Nurse/designee for new skin concerns and findings will be presented at the QA (Quality Assurance) Skin Sub-committee. Treatment Nurse/designee will review for appropriate measures taken and report at morning meetings.Procedure for Licensed Nurse Weekly Inspections:-Designated Licensed Nurse will conduct body inspection on all residents on a weekly basis, per schedule. (DON will ensure that a weekly schedule is developed and implemented.)-Any skin concerns identified by Licensed Nurse will be reported to designated Treatment Nurse immediately for evaluation and treatment orders. If the Treatment Nurse is not available, nurse identifying concern should evaluate wound and notify MD for initial treatment orders.-Any skin concerns identified will be presented at the morning meeting.-Weekly results will be reviewed at the QA Skin Sub-committee meeting.		