

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>48906</p> <p>Based on observations, interviews, and record review the facility failed to keep residents' health care information private on two out of four medication carts as evidenced by computer screens left open and unattended on the first-floor South medication cart and third floor medication cart with residents' information visible There were 77 residents resided in the facility at the time of survey.</p> <p>The findings included:</p> <p>On 09/18/24 at 10:26 AM the computer screen on the first south medication cart was left unattended with residents' health care information visible. The Surveyor signaled for Director of Nursing to approach. Staff A, Registered Nurse and Director of Nursing both approached the cart at the same time and were notified that screen was left open. At that time Staff A, Registered Nurse closed the screen. The Director of Nursing stated, Screens should not be left open and unattended.</p> <p>On 9/19/24 at 10:56 AM, this Surveyor walked onto the third floor and observed Staff F, Licensed Practical Nurse speaking with a resident near the elevator; a medication cart was observed near the nursing station down the hallway with residents' information visible on the computer screen. (see photo) Staff F, Licensed Practical Nurse approached the cart and stated, I left to assist a resident and left the computer screen open.</p> <p>Record review of Policy entitled, Protected Health Information (PHI), Safeguarding Electronic 2001 Revised January 2024 Policy Statement: Electronic protected health information (e-PHI) is safeguarded by administrative, technical and physical means to prevent unauthorized access to protected health information. Policy Interpretation and Implementation: 3. All business associates are required to comply with security standards established by our Business Associate Agreement relative to e-PHI.</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: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	
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** 48906</p> <p>Based on observation, record review and interview, the facility failed to keep furniture in good repair for one Resident (Resident #60) out of six sampled and the ceiling in good repair on third floor as evidenced by a nightstand with a broken door and four ceiling tiles with water stains and active dripping water and failed to clean three out of three the lint traps in The Laundry room as evidenced by three lint traps observed filled with lint despite staff signed that it was cleaned. There were 77 residents residing in the facility at the time of survey.</p> <p>The findings Included:</p> <p>1) On 9/16/24 at 9:58 AM The nightstand in Resident #60's room had a broken door (photo evidence)</p> <p>On 9/16/24 at 1:26 PM; the Assistant Director Of Nursing (ADON) stated: When I make rounds, and I see something that needs repair I notify maintenance personnel via text. Surveyor asked if the ADON was aware of the broken door on Resident #60's nightstand. The ADON replied, No.</p> <p>On 9/16/24 at 1:26 PM The ADON checked Resident #60's nightstand with the surveyor and stated, I will inform maintenance now.</p> <p>On 9/17/24 at 2:45 PM Nightstand door was repaired.</p> <p>Record review of demographic sheet for Resident #60 revealed an admitted [DATE] with Diagnosis that included: Persistent Mood Disorder.</p> <p>Record review of Quarterly Minimum Data Set (MDS) with reference date 7/30/2024 Section C (Cognitive Status) revealed a Brief Interview for Mental Status (BIMS) score of 9 on a scale of 0-15 indicating moderate cognitive impairment. Section GG (Functional status) revealed independent for eating and partial /moderate assistance for Chair/bed-to-chair transfer.</p> <p>Record review of Care Plan initiated on 4/23/2024 for assistance with Activities of Daily Living (ADL) functions with a Goal of needs will be met by staff .</p> <p>On 9/17/24 at 11:39 AM, while the surveyor was seated at the nursing station on the third-floor water was dripping from the ceiling tile. Four water stains were observed on the ceiling on the third floor. (photo evidence) The ADON was standing in the hallway and was made aware. The ADON then placed a Caution Wet Floor sign at site and placed a call to maintenance and housekeeping.</p> <p>On 9/17/24 at 11:44 AM housekeeping staff arrived and mopped floor.</p> <p>On 9/17/24 at 12:39 PM, these observations related to the leaks referred to the Life Safety Surveyor.</p> <p>On 9/19/24 at 1:00 PM further observation of the ceiling tiles on third floor revealed dark stains. (photo)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	
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>On 9/19/24 at 1:05 PM during an observation of the third-floor ceiling the Maintenance Director stated, I was made aware of the leaking from the ceiling on the third floor and the tiles were changed. I am not sure why the tiles are now discolored. I will check and see if the tiles were replaced.</p> <p>On 9/19/24 at 2:46 PM the Corporate Owner handed the surveyor two invoices for roof repairs dated 8/6/24 and 7/12/24 along with the phone number for Corporate Maintenance personnel; and stated: We have worked on repairs after being made aware of water leaks.</p> <p>On 9/19/24 at 1:36 PM, the Corporate Maintenance Director (via telephone) stated: I changed two of the ceiling tiles on the third floor.</p> <p>On 9/19/24 after QAPI meeting when asked for any policy pertaining to furniture and ceiling in good repair The Nursing Home Administrator stated, There is no policy about furniture or roof and there was a Performance Improvement Plan (PIP) in place, and she forgot to mention that during the QAPI meeting.</p> <p>PIP dated 7/10/24 reviewed by team was determined insufficient.</p> <p>2)On 9/19/24 at 10:12 AM a tour of the Laundry room was done with the Housekeeping Director. Upon entering the clean room there were three dryers. The Lint Log was signed every two hours and last signed on 9/19/2024 at 10:00 AM. All three lint traps were filled with lint. (see photo)</p> <p>On 9/19/2024 at 10:25 AM Staff G, Laundry aide stated, I signed before cleaning the lint trap. I last cleaned the lint traps at 8:00 AM. I sign before I clean so I don't forget to sign. I was going to sign but got distracted when I heard you all come in.</p> <p>On 9/19/2024 at 10:38 AM The Housekeeping Director stated, Staff are supposed to be cleaning lint trap every two hours and sign after it is cleaned. I check the lint traps each afternoon to make sure they are clean for fire prevention.</p> <p>Record review of Policy entitled, Departmental (Environmental Services)-Laundry and Linen 2001 Revised January 2024 Level I Purpose: The purpose of this procedure is to provide a process for the safe and aseptic handling, washing and storage of linen. General Guidelines: 12. Lint trap cleaning of dryers should be performed every one to two hours and the frequency should be documented on a log on a daily basis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	
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** 48906</p> <p>Based on observation, record review and interview, the facility failed to provide an environment that is free from potential accident and hazards for one resident (#13) out of 12 residents sampled as evidenced by observations of bilateral side rails in the upward position with foam padded top railing for Resident #13. There were 77 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On 9/16/24 at 10:05 AM Resident #13 was observed in bed, the bilateral half-length side railings were in an upward position with a green colored sponge on the top railings.</p> <p>On 9/16/24 at 1:17 PM The Director of Nursing (DON) observed the railings with the surveyor and stated, I will follow up to see if that is sufficient padding.</p> <p>Record review of Resident#13 demographic sheet revealed an admitted [DATE] with Diagnosis that included: Seizure.</p> <p>Record review of an End of PPS Part A Stay Minimum Data set (MDS) dated [DATE] Section C (Cognitive status) revealed a Brief Interview for Mental Status score was undetermined and Section GG (functional status) revealed dependent for Activity of Daily Living and Section N (Medications) revealed Resident#13 was taking Opioid, Antiplatelet, Hypoglycemic, and Antiplatelet medications.</p> <p>Record review of a Care Plan initiated on 6/10/2016 revealed Resident#13 had the potential for injury related to diagnosis of Seizure with goal of remain. Interventions included: Pad side rails as necessary and Pad side rails for safety.</p> <p>Record review of physician's order sheet revealed an order dated 6/26/24 for Keppra Tablet 500 Milligrams (Levetiracetam) directions give one tablet by mouth two times a day for seizure and Bilateral Half Side rails with pads for Seizure Precaution every shift.</p> <p>On 9/16/24 at 3:26 PM The DON stated. The padding is present as a precaution for Seizure and is not a potential hazard because Resident#13 does not move during a seizure. There is no risk for entrapment for Resident #13.</p> <p>Record review of policy entitled, Hazardous Areas, Devices and Equipment 2001 Revised January Policy Statement: All hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. Policy Interpretation and Implementation: 1. As part of the facility's overall safety and accident prevention program, hazardous area and objects in the resident environment will be identified and addressed by the safety committee. Identification of Hazards: 1. A hazard is anything in the environment that has the potential to cause injury or illness. Assessment and Analysis of Hazards: 2. Any element of the resident environment that has the potential to cause injury and that is accessible to a vulnerable resident is considered hazardous.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906</p> <p>Based on observation, record review and interview, the facility failed to ensure that psychotropic medications were used only to treat a documented condition for one resident (#74) out of six sampled as evidenced by a psychotropic medication ordered for Resident #74 for the diagnosis of Schizophrenia and no supporting documentation for that diagnosis.</p> <p>The findings included:</p> <p>On 09/16/24 at 1:24 PM Resident#74 was seated in wheelchair in the room.</p> <p>Record review of demographic sheet for Resident #74 revealed an admitted [DATE] with Diagnosis that included: Psychosis and Anxiety Disorder.</p> <p>Record review of The Admission Minimum Data Set (MDS) with reference date of 8/21/2024 Section A(Identification) A1500. Preadmission Screening and Resident Review (PASRR) revealed Resident #74 was not currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Section I (Active Diagnosis) Anxiety disorder, Psychotic disorder Section N(Medications) revealed Antipsychotic, Antianxiety, and Antipsychotics were received on a routine basis only since admission.</p> <p>Record review of Care Plan for Potential for discomfort and side effects related to the use of psychotropic medications: Resident has a diagnosis of anxiety/psychosis initiated on 8/15/2024 revealed a Goal of Resident will be free of any discomfort or adverse side effects x 90 days and interventions that included: Administer medication as ordered and psych consult as needed.</p> <p>Record review of physician's order sheet revealed an order dated 9/13/2024 for Seroquel Oral Tablet 50 milligram (mg) directions: Give 50 mg by mouth at bedtime for schizoaffective disorder.</p> <p>On 9/19/24 at 9:17 AM The Pharmacy Consultant stated, Resident started taking Seroquel Oral Tablet 50 MG by mouth at bedtime for schizoaffective disorder.</p> <p>Record review of a Psychiatric Note dated 9/13/2024 revealed no diagnosis of Schizophrenia.</p> <p>Record review of Policy entitled, Psychotropic Medication Use 2001 Revised January 2024 Policy Statement: Residents will not receive medications that are not clinically indicated to treat a specific condition. Policy Interpretation and Implementation: 4. Residents who have not used psychotropic medications are not prescribed or given these medications unless the medication is determined to be necessary to treat a specific condition that is diagnosed and documented in the medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	
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** 48906</p> <p>Based on observation, record review and interview, the facility failed to store medications properly on two out of four medication carts and one out of four medication rooms as evidenced by an observation of partially crushed pills inside a pill crusher bag in the pill crushing machine on top of the third floor medication cart, an observation of an open drawer on the first floor south medication cart while unattended, and an observation of four expired tracheostomy kits in the first floor medication room. There were 77 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On [DATE] at 11:15 AM two surveyors entered the third-floor nursing unit from the elevator and down the hallway a medication cart was observed unattended with a plastic pill crusher bag inside the pill crusher machine on top of the medication cart in the hallway. Both surveyors walked to the nursing station and observed the Assistant Director of Nursing seated at the nursing station, speaking on the phone. The Assistant Director of Nursing asked for surveyors to give her a minute to finish the call. The nursing station was located laterally and behind the medication cart. The Assistant Director of Nursing was asked for the nurse assigned to the medication cart. The Assistant Director of Nursing replied, That staff is on break and will be done in a few minutes. Both surveyors waited at the nursing station while keeping an eye on the medication cart. Staff B, Registered Nurse (RN) approached the surveyors and was asked to complete a medication storage check on her medication cart. Staff B was asked if there were any medications in the plastic pill crusher bag and Staff B removed the pill crusher bag from pill crusher machine and showed surveyor the bag which contained three partially crushed pills inside. (photo evidence). Staff B, RN stated, I left the pills inside the pill crusher bag because I am diabetic, and I felt my blood sugar lowering and I went to take a quick break to eat. Whenever I pull medications, I am supposed to administer it, and I am not allowed to leave any medication outside of the medication cart.</p> <p>On [DATE] at 11:41 AM The Assistant Director of Nursing stated, The facility protocol is that all medications should be locked inside the cart. I was supervising the medications while the nurse was away and then I received a phone call and sat at the nursing station . I do rounds throughout the day and check the medication carts to make sure no medications are left unattended.</p> <p>On [DATE] at 10:16 AM A medication check was done with Staff A, Registered Nurse on the first-floor medication room. Three Tracheostomy Care Tray kits with the expiration date of [DATE]. (photo evidence)</p> <p>On [DATE] at 4:56 PM, during a medication administration observation with Staff C, Registered Nurse on the Third-floor medication cart, Staff C, walked away from cart to retrieve an item and left the cart unlocked. Staff C did not verbalize for anyone to watch the cart before the cart was left unlocked. At that time the Assistant Director of Nursing walked near the cart and stood there until the nurse returned. Staff C returned to the cart and stated, I left cart unlocked because I only walked away for a minute. The protocol is to lock the cart whenever I leave it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Aventura Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N E 168th Street North Miami Beach, FL 33162	
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>On [DATE] at 5:31 PM, the surveyor walked down the hallway on first floor and observed a medication cart with the bottom drawer ajar. (photo evidence)</p> <p>On [DATE] at 5:33 PM, Staff D, Registered Nurse walked out of a resident's room and was asked by the surveyor if the drawer was open. Staff D immediately pushed the drawer closed. Staff D, RN stated: The bottom drawer was open, and I closed it. Although the bottom drawer could not open.</p> <p>On [DATE] at 5:32 PM Staff E, Registered Nurse walked out of a resident's room and stated, I locked the cart before I left. The protocol when I walk away from the cart is to make sure the cart is locked, and the screen is locked. I make sure all the drawers are closed. I don't know why it was open and before I went into the room locked and the screen.</p> <p>On [DATE] at 12:20 PM The Director of Nursing stated, The protocol is for medication carts to be kept locked when unattended. If there is nurse next to the cart that could monitor the cart it is not unattended. The cart was not unattended, and the Assistant Director of Nursing was seated at the nursing station close to cart. No response when asked should medications be left unattended.</p> <p>Record review of Policy entitled, Storage of Medication Policy Statement: 2001 Revised [DATE] The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy and Interpretation and Implementation: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperatures, light and humidity controls.</p>		