STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105336	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palms Care Center and Rehab	3370 NW 47th Terrace Lauderdale Lakes, FL 33319

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 0583 Level of Harm - Potential for minimal harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect private medical records for 1 of 1 sampled resident reviewed for privacy, Resident #36. The findings included: Record review revealed Resident #36 was admitted to the facility on [DATE] with diagnoses of Metabolic Encephalopathy, Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Dominant Side, and Schizoaffective Disorder, Bipolar Type. Her Brief Interview for Mental Status was 6 on the quarterly Minimum Data Set (MDS) assessment dated [DATE] indicating she was severely cognitively impaired.On 04/29/26 at 2:00 PM, a family member of the resident was interviewed. She stated she was given the wrong envelope when she took her mother to the doctor. She spoke with the Administrator and put in a grievance with the facility.Review of grievance dated 04/28/26 revealed the resident returned from an appointment and reported that the incorrect enveloped was given to the patient. Review of the Action taken documented the new ward clerk was in serviced on HIPPA (Health Insurance Portability and Accountability Act). An interview was conducted with Staff D, Unit Secretary, on 04/30/26 at 10:58 AM who stated this is her 4th day here. Staff D stated they do the envelopes 1 week in advance; the name of the patient and the doctor's address is taped on the outside of the business envelope; and the inside of the envelope is the progress notes, face sheet, physician orders, medication list and consult report that the physician would write on. Staff D stated she gave the resident's daughter the envelope that had the correct name on the outside of the envelope but inside was another resident's information. She was the only resident who went to the doctor that day so there was no other resident involved. The resident whose information was inside of the envelope had his appointment cancelled. She stated that since this occurred, she has a new way of doing this. She puts the name of the patient and the doctor's information on the outside of the envelope and inside of the envelope she puts the progress notes, face sheet, physician orders, medication list and consult report that the physician would write on. Staff D stated she would open the envelope in front of the resident or family member to assure that the resident is receiving the correct information. All of the residents or representatives go to her to pick up the envelopes.

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