

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Tamarac Rehabilitation and Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7901 NW 88th Avenue Tamarac, FL 33321	

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 observation and interview, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 10 of 60 rooms (room [ROOM NUMBER]-B, #102-B, 105-B, #110, #116, #120, #206, #210, #212, and #214). The findings included: The findings included:</p> <ol style="list-style-type: none"> On 09/15/25 at 10:25 AM, observation revealed a telephone on top of the nightstand of an occupied resident room [ROOM NUMBER]-B with accumulation of residue on the dialing pad and the handset. On 09/15/25 at 10:40 AM, observation revealed a telephone on top of the nightstand of an occupied resident room [ROOM NUMBER]-B with accumulation of residue on the dialing pad and a loose Air Conditioning cover. On 09/15/25 at 10:42 AM, observation revealed a telephone on top of the nightstand of an occupied resident room [ROOM NUMBER]-B with accumulation of residue on the handset. On 09/15/25 at 11:26 AM, observation revealed a resident's bathroom between room [ROOM NUMBER] and room [ROOM NUMBER] with a missing emergency cord/string for the residents to pull and call for help. The bathroom was used by 3 of 4 residents in room [ROOM NUMBER] and #112. On 09/15/25 at 11:26 AM, observation revealed resident's room [ROOM NUMBER]'s bathroom bedside commode with a rusted part near the toilet seat. On 09/15/25 at 10:56 AM, observation revealed residents' room [ROOM NUMBER] with a loose Air Conditioning cover. <p>On 09/16/25 at 2:41 PM, a tour to the East wing with the Director of Maintenance (DOM) was conducted. The DOM stated they replaced room [ROOM NUMBER] bedside commode after the surveyor tour and that he did not know about the missing emergency call light cord. The DOM stated the Air Conditioning (AC) covers are removable and they clip on top but not on the bottom. A side-by-side observation of room [ROOM NUMBER]'s AC cover was conducted with the DOM who stated the cover left top clip was broken and he would replace it. On 09/16/25 at 4:49 PM, a joint interview was conducted with the Housekeeping Supervisor, the Administrator and the DOM. The Housekeeping supervisor and the DOM stated the staff are supposed to clean the resident's phone every day.</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: 105360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Tamarac Rehabilitation and Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7901 NW 88th Avenue Tamarac, FL 33321	

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>7. On 09/15/25 at 5:08 PM, an observation revealed residents' room [ROOM NUMBER] had black and white residue on the slats of the vents and inside the vents of wall mounted air conditioner (AC) units. Photographic Evidence Obtained.</p> <p>8. On 09/15/25 at 4:18 PM, an observation revealed residents' room [ROOM NUMBER] had black and white residue on the slats of the vents and inside the vents of wall mounted air conditioner (AC) units. Photographic Evidence Obtained.</p> <p>9. On 09/15/25 at 3:50 PM, an observation revealed residents' room [ROOM NUMBER] had black and white residue on the slats of the vents and inside the vents of wall mounted air conditioner (AC) units. Photographic Evidence Obtained.</p> <p>10. On 09/15/25 at 4:03 PM, an observation revealed residents' room [ROOM NUMBER] had black and white residue on the slats of the vents and inside the vents of wall mounted air conditioner (AC) units. Photographic Evidence Obtained.</p>