STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure an informed consent for psychotropic medication(s) was obtained for residents prescribed psychotropic medications for 2 of 59 residents reviewed, who were receiving psychotropic medications, Resident #109 and Resident 25. The findings included: 1. Record review revealed Resident #109 was admitted to the facility on [DATE] with diagnoses that included in part the following: Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Generalized Anxiety Disorder, Major Depressive Disorder, and Brief Psychotic Disorder. Review of the Minimum Data Set (MDS) assessment revealed the Brief Interview of Mental Status assessment (BIMS) dated 05/01/26 documented a score of 9, indicating moderate cognitive impairment. Review of the physician's orders for Resident #109 revealed in part the following: An order dated 04/30/26 for Lorazepam Tablet 1 MG Give 1 mg by mouth every 8 hours as needed with no end date. An order dated 05/01/26 for Lorazepam Oral Tablet 1 MG (Lorazepam) Give 1 tablet by mouth every 6 hours as needed with no end date. An order dated 04/30/26 for Trazodone HCl Tablet 100 MG Give 1 tablet by mouth at bedtime An order dated 05/04/26 for Trazodone HCl Tablet 50 MG Give 1 tablet by mouth two times a day and was discontinued on 05/04/26. An order dated 05/04/26 for Trazodone HCl Tablet 50 MG Give 2 tablet by mouth two times a day. Record review for Resident #109 revealed no informed consent for psychotropic medications on 04/30/26. On 05/03/26, an observation was made from 8:20 AM to 8:50 AM of Resident #109 in a reclined Geri chair repeatedly calling out help me. During this time, the resident was observed attempting to get out of the chair, but unable to do so. The resident was also observed with a contracted left hand. During the course of the survey from 05/03/26 to 05/06/26, multiple requests were made for informed consent for psychotropic medications from admission with no documentation provided to surveyor. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted on 05/03/26 at 8:45 AM, Resident #109 clutched at surveyor's arm and said, help me, I want to get out of this chair. During an interview conducted on 05/06/26 at 11:45 AM, the Director of Nursing (DON) was informed there was no informed consent for psychotropic medications provided to surveyor for Resident #109. The DON stated medical records told her they do not have the record; admissions did not have the record, and MDS department did not have the record. 2. Record review revealed Resident #25 was admitted to the facility on [DATE] with a diagnosis to include Major Depressive Disorder, Anxiety Disorder, COPD (Chronic Obstructive Pulmonary Disease), Hypertension, and Muscle Weakness. A review of the physician's orders revealed her current orders include the following medications: Trileptal Oral Tablet 150 MG Give 1 tablet by mouth every 12 hours for mood disorder (Active). Fluoxetine HCl Oral Capsule 40 MG Give 1 capsule by mouth one time a day for depression (Active) Start date 12/26/25. Oxycodone HCl Oral Tablet 5 MG Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain (Active). Ondansetron HCl Tablet 4 MG Give 1 tablet by mouth every 6 hours as needed for Nausea and Vomiting (Active). Resident's previous orders included: Chlorpromazine 100MG at bedtime Start date 12/26/25 Trileptal 150 MG twice a day started on 01/08/26 and discontinued on 04/08/26. Trazadone started on 01/08/26 and discontinued on 04/21/26. A review of the document called Psychoactive Medication Informed Consent, revealed it was signed by the resident dated 12/26/25 but nothing else was filled out. The statement of informed consent, of whether she wanted or did not want the medication, was not checked off. It did not list the medications she is taking. A review of a document called Psychotropic Medications Use: Risks vs Benefits is dated 03/04/26. This documents her medications at that time and had a sentence on the third page that the signature of this nurse confirms the above information has been reviewed with the resident and/or resident responsible party. During an interview on 05/06/26 at 1:30 PM with the DON (Director of Nursing), she stated that they do not use the form named Psychoactive Medication Informed Consent They stopped using it on 03/26. They use the Risk & Benefit form for Psychotropic medication, that started in March. So, if this was the case, Resident #25 should have a document in her file listing her medications and informed consent checked off for the original document since she was admitted in December 2025 and had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	several psychotropic medications added. The DON acknowledged she should have had one for each time a psychotropic medication was added prior to 03/26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, policy and record review, the facility failed to ensure resident rights were honored for 6 of 7 sampled residents as evidenced by the failure to ensure showers and/or honor shower preferences for Residents #15, #40, #38, #81, #95, and #112.The findings included:Review of the policy, Standards and Guidelines: ADL Care and Services, issued 04/20 and revised on 01/24, in part documented, Appropriate care and services will be provided for resident who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with, Hygiene (Bathing/showers, dressing, grooming, nail care, oral care). Review of the facility's policy titled, ADL Care and Services, dated 04/2020 with revised date 01/2024, included the following: Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).Guideline: residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.Procedure: 4. Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with, including but not limited to:a. hygiene (baths/showers, dressing, grooming, nail care, oral care);b. Mobility (transfer, ambulation, wheelchair, splint/brace);c. Elimination (toileting, catheter, ostomy)6. Interventions to improve or minimize a residence's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice. 1. Record review revealed Resident #15 was admitted to the facility on [DATE] with diagnoses documented in part as: Acute Systolic Heart Failure, Cardiomegaly, and Presence of Automatic (implantable) Cardiac Defibrillator. Review of the Minimum Data Set (MDS) assessment dated [DATE] documented Resident #15 had a Brief Interview for Mental Status (BIMS) score of 10 on a 0-15 scale, indicating moderate cognitive impairment. Review of the Baseline Care Plan dated 02/25/26 revealed Resident #15 required Limited to Extensive assistance with bathing and showering and that the Life Vest should only be removed as ordered when resident is taking a short shower or bath and not to leave resident alone when Life Vest is removed. An initial interview was conducted on 05/03/26 at 11:24 AM and Resident #15 stated that it is difficult to get staff to give him a shower, that he did not have a scheduled day for showers, and that he has only had 1-2 showers during his stay. Resident #15 was asked if he wanted a shower and he stated, Yes. When Resident #15 was asked how he got cleaned he stated he used pre-moistened wipes. Review of the Task for Shower/Bathing Schedule revealed it did not list the days or shift that Resident #15 would be offered a shower/bath. The paper shower schedule in a binder at the nursing station documented Resident #15 shower days as Monday and Thursday during the 3-11 shift. Review of the dates checked off Yes under the shower/bathing task were Sunday 04/08, Friday 04/17, Monday 04/20, Saturday 04/25, Friday 05/01 and Sunday 05/03/26 and no refusals were checked off in the past 30 days revealing that Resident #15 was only given 6 showers/baths in thirty days and only one shower/bath on his scheduled shower/bathing day. There was another task listed as Bathing for Resident #15 that showed Resident #15 was not given a shower in the past 30 days and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was given 4 sponge baths with one refusal on 04/29/26. An interview was conducted on 05/04/26 at 4:23 PM with Staff I, Certified Nursing Assistant (CNA), who has worked at the facility for 1 month. Staff I was asked how she knows what residents are due for showers/baths on her 3-11 shift and she stated the room numbers are listed on the white board at the nursing station and on the computer under the shower/bathing Task. An interview was conducted with Staff H, Licensed Practical Nurse (LPN) Unit Manager, who was asked to show the surveyor where on the white board the list of residents' rooms who get showers was located. He stated that he usually writes it on the board but did not get to it today. He was then asked how a CNA would know what day/shift their residents get showers and he stated that it is listed on the computer under Tasks for shower/bathing. Staff H was asked if the shower/bathing task did not have a day/shift listed what would happen and he replied that may be a problem but then he stated that there is a typed-up schedule in the shower book that is located on the unit that the CNAs can look at. The surveyor could not locate the schedule in the shower binder and Staff H came over and located it in a different binder, not the shower binder. 2. Record review of Resident #38 revealed he was admitted on [DATE] with a diagnosis to include COPD (Chronic Obstructive Pulmonary Disease), Muscle Weakness, Hip Fracture, Hepatic Failure, Hypoglycemia and Myocardial Infarction. Resident's admission MDS (Minimum Data Set) dated 04/18/26 documents his BIMS (Brief Interview for Mental Status) is 15, which means his cognition is intact. Under GG documents for showers and baths he is a Partial/Moderate Assist. His ADL Care Plan documents bathing resident needs limited to extensive assist. based on fatigue, weightbearing and weakness. During an interview on 05/03/26 at 10:55 AM, Resident stated he has not had a shower in weeks and really wants one. 3. Record review of Resident #81 revealed she was admitted on [DATE] with a diagnosis to include Parkinson's Disease, Cervical Spinal Stenosis, Major Depressive Disorder, Generalized Anxiety Disorder, Muscle Weakness, Dysphagia, and Essential Hypertension. A review of Resident #81 ADL Care Plan documents for bathing the resident is a limited assist to extensive assist based on fatigue, weightbearing and weakness. A review of her quarterly MDS dated [DATE] documented the BIMS score is 13/15, indicating cognition is intact. A review of the shower task document revealed for the past 30 days 04/06/26 to 04/30/26 Resident #81 has not had any showers or full baths. It shows only 2 sponge baths. During an interview on 05/03/26 at 11:40 AM, Resident #81 stated she has not had a shower in 3 weeks. She stated the CNA told her that she is not on schedule and today told her she would come to tell her what she found out but has not come in yet today. During an interview on 05/04/2026 at 4:00 PM with Staff AA, CNA, she was asked what her process is doing resident showers. She said she keeps a note pad and documents on that. She said most showers are done in the AM and she comes in at 3:00 PM. Asked if she had given this resident a shower today, she stated she just changed her, she has not had one. Most of the time she gives the resident a sponge bath. She said she has only been here 2 weeks and has never given a resident a shower. During an interview with the resident on 05/05/26 at 9:00 AM, Resident #81 was asked if she (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	received a shower yesterday? She stated no and then began to cry. She stated she wants a shower and wants one this morning. She said she had her aide come in and said she would get one at 3:00 PM. She said she wants one after lunch. During an interview on 05/05/26 at 12:25 PM Staff F, Agency CNA, she acknowledged she has this resident today and confirmed she spoke to the resident about a shower. She said she would give her a shower if she had time, but a lot of people give showers. She said the A-beds get a shower on the 7-3 shift and the B beds on the 3-11 shift. She said she documents in the Kardex and documents in real time. During an interview on 05/05/26 at 3:20 PM with Staff BB, CNA, she stated she has this resident and would give her a shower. She documents in the Kardex and will document at about 6-7 PM. The surveyor and the aide went into the room. and the resident stated the other CNA gave her a shower and washed her hair. Resident #81 stated the CNA got mad because I was taking so long but told her I would take my time; I haven't had a shower in 3 weeks. She also wanted to shave her legs. 4. Record review revealed Resident #112 was admitted on [DATE] with a diagnosis to include Hypothyroidism, Coronary Artery Disease, Essential Hypertension, Pulmonary Embolism, Cachexia, Hemiplegia and Hemiparesis following a Cerebral Infarction, Lack of Coordination, Type II Diabetes, COPD (Chronic Obstructive Pulmonary Disease), Sjogren syndrome, Heart Failure and Vascular Dementia. Review of the MDS documents has not been completed yet. Review of the care plan documented that for ADLs for bath and showers, she is dependent on staff including getting in and out of showers. Review of the shower / bath task sheet did not show that this resident has had any showers or baths since she has been here. The shower book documented that B-beds get a shower from 3-11 and her schedule for her room would be Wednesdays and Saturdays. During an interview on 05/03/26 1:00 PM with Resident #112, she was asked if she has had a shower since she has been here if she wants one. She stated, I haven't had a shower since I have been here, I didn't know that was an option. When asked if they sponge bathed her, she said yes but not very good, they did it very quickly. The resident hair was observed to be dirty and greasy. During an interview on 05/06/26 at 8:50 AM, the resident was asked if she had gotten a shower yet. She stated, No. She said she doesn't care when she gets it but wants one. During an interview on 05/06/26 at 8:55 AM, Staff F, Agency CNA, stated she would make sure the resident gets a shower. During another interview with the resident at 1:30 PM, she was asked again if she got a shower, and responded, no, they told me they were coming between 11:00 AM-1:00 PM but no one came. During an interview on 05/06/26 at 5:30 PM with the resident, she stated she finally got a shower today. She said it felt so good and she feels so much better and clean. The resident's hair looked clean. 5. Record review revealed Resident #95 was admitted on [DATE] with a readmission from hospital on [DATE]. His diagnosis includes Paresthesia of Skin, Congestive Heart Failure, Hypertension, Pneumonitis, Dysphagia, Major Depressive Disorder, and Diabetes Type II. Review of the Medicare 5 Day MDS dated [DATE] documented a BIMS score of 15, indicating intact cognition. Under GG, it documented he needs substantial / Maximal Assist with his showers. His Care Plan for ADL's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	document for bathing the resident needs Limited to Extensive Assist based on fatigue, weightbearing and weakness. Review of the shower tasks for shower days documented: Tuesday & Fridays 3-11 shift, resident prefers showers. The review showed for the last 30 days 04/07/26 to 05/05/26 documented 1 shower on 04/04/14/26 and 2 partial sponge baths on 04/07/26 and 04/17/26. There were no full sponge-baths documented. During an interview on 05/06/26 at 5:00 PM with the resident, he stated he had never been offered or given a shower prior to him going to the hospital. He stated he had a temporary plasma port but that was ok to get wet. When he came back from the hospital, he could not get the permanent plasma port wet so he couldn't have any showers. 6. During an interview conducted on 05/03/26 at 11:00 AM with Resident #40's family member, who stated that everything is okay at the facility except Resident #40 is not getting showers. He stated he has brought up the concern during the care plan meetings. However, she sometimes goes for 3 weeks without showers or change of clothing. He stated he knows this because he does her laundry and during that time there were no dirty clothes to take home for laundry. He keeps asking them to provide showers at least 2 days a week; he would prefer 3 times a week, but they told him No just 2 times a week, which he understands but they are not even doing that. Resident #40's family member also stated they told him she does get showers; however, he knows she is not getting them. He is further concerned because he knows they (Certified Nursing Assistants (CNA)) come in and ask if she wants a shower now, and she usually will say not know; however, he has asked them to come in and let her know that today is shower day and she will go and get a shower. He then stated again, he has let them know but still she's not getting two showers a week. During an observation conducted on 05/03/26 at 11:00 AM of Resident #40, who was in bed wearing her pajamas; her hair was undone and appeared oily and unclean. Record review for Resident #40 revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included: Ischemic Cardiomyopathy; Chronic Systolic (Congestive) Heart Failure; Major Depressive Disorder; Anxiety Disorder; Mood [Affective] Disorder; Paranoid Schizophrenia. Review of Quarterly MDS dated [DATE] revealed that Resident #40 had a BIMS score of 14, which indicated that she was cognitively intact. Review of Section GG of the same MDS documented Resident #40 requires set-up or clean-up assistance from staff for showers/bathe self. Review of the annual MDS dated [DATE], Section F revealed Resident #40's preferences for choosing a tub bath, shower, bed bath, or sponge bath as 'very important'. Review of the Care Plan initiated on 06/13/24 documented Resident #40 had an Activities of Daily Living (ADL), self-care deficit related to chronic medical conditions. Goals were maintained and/or improve ADL functioning through next review date. Interventions were to Shower/Bed Bath per preference on Showers days and encourage and assist with all ADL tasks as indicated, as tolerated by resident, including locomotion/ambulation, bathing, bed mobility, transfers, toileting tasks, meals, personal/oral hygiene, etc. Review of the Certified Nursing Assistant (CNA) Tasks for Shower Tuesday/Thursday Day 3-11 as needed and per request dated 04/06/26 – 05/04/26 documented Resident #40 received a shower only 5 times during those dates, 2 full bed baths and 12 checks marks noted as Not Applicable (the activity did not occur). In addition, there was a 2-week gap (04/16/26 and 04/30/26) when Resident #40 did not receive a shower. No documentation was found of Resident #40 refusing showers. Further review of the Shower task documented Resident #40 received a shower on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	05/04/26 at 2:31 AM. During an interview conducted on 05/04/26 at 6:11 PM, Resident #40 was observed in bed wearing the same pajamas she was wearing on 05/03/26, hair was still oily-like and appeared uncleaned. She stated she did not receive a shower today. She then confirmed that today was Monday and she is scheduled for showers on Tuesdays and Thursdays. She stated she would prefer the showers in the morning, but she is scheduled for the late afternoons. An interview was conducted on 05/05/26 at 9:41 AM with the MDS coordinator, who stated she has been with the facility for 4 months. She stated the last care plan meeting for Resident #40 was held on 04/29/26 at 10:30 AM. Review of the care plan meeting minutes with the MDS coordinator revealed the resident and family member attended the meeting. Further review revealed there were no concerns at this time. During an interview conducted on 05/05/26 at 10:55 AM, Staff H, Licensed Practical Nurse (LPN), Unit Manager of Wing A, stated he has worked at the facility for 5 months. He stated the shower schedule is set up by room numbers and the staff are aware to ask the residents that day if they want a shower. He then stated if the residents request a different day or time then the generic schedule is changed and MDS will let them know. If the resident refuses on their shower day, then the CNA will make him or the incoming CNA aware of the change and when the resident prefers a shower. Staff H stated that normally the CNA task is changed to the times and days the resident requested and the system will remove the older task. Staff H explained that the Not applicable option in the CNAs' Task represents the activity did not occur. During an interview conducted on 05/05/26 at 11:16 AM with Staff W, CNA from an Agency, who has worked at the facility for about 2 months, 2 times a week depending on eligibility, she stated there's a book with the shower schedules by room or she can ask the nurse or another CNA who gets showers. She stated she is able to document who she gave a shower to in the Point Click Care (POC) system. Staff W stated there are no showers scheduled during the 11PM-7AM shift. Staff W was then asked why she documented that she provided Resident #40 with a shower at 2:31 AM on 05/04/26 and acknowledged that she made a mistake and did not give a shower to the resident that day. Staff W also explained Not applicable option in task means the task was not done. On 05/05/26 at 12:04 PM, the MDS coordinator provided the surveyor with a copy of the MDS Care Plan Communication Log dated 04/29/26 documenting that the family member of Resident #40 was concerned that she was not getting enough showers. There were no follow-up details. 7. Record review revealed Resident #29 was admitted to the facility on [DATE] with readmission on [DATE] with diagnoses that included: Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris; Type 1 Diabetes Mellitus with Ketoacidosis without Coma; Atrial Fibrillation; Muscle Wasting and Atrophy. Review of Quarterly MDS dated [DATE] revealed that Resident #29 had a BIMS score of 14, which indicated that she was cognitively intact. Review of Section GG of the same MDS revealed Resident #29 was dependent on staff for toileting hygiene and for putting on/off clothing or shoes. Review of the care plan initiated on 08/06/25 documented Resident #29 was at risk for skin impairment related to Anemia, Incontinence, use of anticoagulant/antiplatelet medications, and weakness/decreased mobility. Goals were to be free from any new skin impairment through the review date. Interventions were to provide incontinence care promptly should any episodes of incontinence occur.Review of CNAs Tasks for bladder Continence from 04/06/26 to 05/05/26 documented Resident #29 is bladder incontinent and peri care with Barrier Cream applied was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105399	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sea Breeze Rehab and Nursing Center	3663 15th Ave Vero Beach, FL 32960

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted 3 times a day on 04/06/26, 04/07, 04/08, 04/12, 04/15, 04/17, 04/18, 04/19, 04/22, 04/23, 04/25, 04/26, 04/27, 04/28, 04/29, 05/03/26; For all other days it was documented only 2 times or one time a day. There was documentation of Resident #29 refusing incontinence care. During an interview conducted on 05/03/2026 at 10:24 AM, Resident #29, who was in bed wearing a hospital gown, she stated she needed to be changed; but they (staff) had told her in the past that their policy is to change them every two hours; and right now she needs to get changed but she's not due until 11:00 AM and therefore she must wait. She stated she has called (activated the call light system) to be changed but they come in, turn off the call light and tell her to wait. On 05/05/26 at 12:40 PM, another interview was conducted with Resident #29, who stated the staff is still lacking in assisting her when she needs it. During an interview conducted on 05/06/26 at 9:16 AM, Staff T, CNA, stated she has worked at the facility for a month. She stated she has 13 to 14 residents scheduled to her care today, and they all are total-assistance care except for one. Staff T stated they are to check and provide care to the residents every two hours or when the resident requests assistance but again depends on if they are busy.