

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Treasure Isle Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1735 N Treasure Drive North Bay Village, FL 33141	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39177</p> <p>Based on observations, records review and interviews, the facility failed to provide adequate respiratory care and services for two residents, (Resident #4 and Resident # 5) as evidenced by failure to ensure oxygen was being administered at the correct flow rate ordered. (Photographic evidence)</p> <p>The findings include.</p> <p>On 03/03/2025 at 8:16 AM Resident # 4 was observed in bed awake with oxygen at a flow rate of 4 Liters Per Minute (LPM) via nasal cannula.</p> <p>Review of Resident #4's clinical records revealed the resident was initially admitted [DATE] and readmitted to the facility on [DATE]. Clinical diagnoses include Chronic Obstructive Pulmonary Disease with Exacerbation, Acute Respiratory Failure with Hypoxia and Shortness Of Breath (SOB). Review of the Physicians orders for March 2025 revealed the resident should be receiving oxygen at 2 LPM PRN (as needed) for SOB.</p> <p>Observation on 03/03/2025 at 12:01 PM, Resident # 4 was awake in bed with oxygen at a flow rate of 4 LPM.</p> <p>On 03/03/2025 at 8:17 AM, Resident # 5 was observed in bed asleep with oxygen at a flow rate of 3 Liters Per Minute (LPM) via nasal cannula.</p> <p>Review of Resident # 5's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include Interstitial Pulmonary Diseases and Acute Respiratory Failure with Hypoxia. Review of the Physicians orders for March 2025 revealed the resident should be receiving oxygen at 2 LPM continuously.</p> <p>Observation on 03/03/2025 at 12:00 PM, Resident # 5 was in bed with oxygen at a flow rate of 3 LPM.</p> <p>During an interview on 03/03/2025 at 12:05 PM, Staff G, Registered Nurse (RN) was asked to verify the oxygen flow rate orders for Resident # 4 and Resident#5. Staff G, RN revealed Resident# 4's order is for oxygen at 2 LPM PRN and Resident # 5's order is for oxygen at 2 LPM continuously. When Staff G, RN, was shown the flow rate settings on each concentrator she acknowledged the rates were incorrect for both residents and stated, I did not check at the start of my shift.</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
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Policy and Procedures documented: Topic Oxygen Therapy. Effective November 2023. Policy indicate: Oxygen is provided to residents based on physician's orders to supplement oxygen as needed per disease process. Procedure: indicates: Item 1. Verify physician order. Item 7. Apply device to the resident with appropriate liter flow.		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>31581</p> <p>Based on interview and record review, the facility failed to demonstrate effective plan of actions were implemented to correctly identify quality deficiencies in the problem area related to repeated deficient practices for F880 Infection Prevention & Control. These deficient practices have the potential to affect 168 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Record review of Quality Assessment and Assurance (QA & A) Compliance policy and procedure (effective date July 2022). The purpose of the committees is to review and analyze facility related data, evaluate improvement plans effectiveness and direct appropriate actions for the facility response. Systems failures and/or in-depth analysis of processes are addressed through development of a QAPI. QAPI requires a systematic review of data, identification of the root cause(s) of the systems failure and implementation of corrective actions.</p> <p>Review of the facility's survey history revealed, during a recertification survey with exit dated June 13, 2024, F880 Infection Prevention & Control was cited.</p> <p>Review of the Quality Assurance and Performance Improvement (QAPI) Committee Meeting Sign-in Sheets dated 12/31/24, 01/30/25 and 02/27/25: documented the facility had a QAA Committee meeting monthly. Attendees included: Administrator, Medical Director, Director of Nursing (DON) and other department heads.</p> <p>Interview with the Administrator on 03/04/2025 at 11:15 AM. He revealed the QAPI (Quality Assurance and Performance Improvement) meetings are held on the last Thursday of each month or as needed. He stated that QAPI committee members are Administrator, Director of Nursing, Assistant Director of Nursing, Infection Preventionist, Risk Manager, Staff Development Coordinator, Clinical Reimbursement Director, Program Manager, Maintenance Director, Housekeeping/Laundry Supervisor, Social Services Director, Activity Director, Food Service Manager, Business Office Manager, Admissions Coordinator, Medical Records, Pharmacy, Registered Dietitian and Unit Managers. He stated, The purpose of the QAPI committee is to make sure that we are doing everything in our power so that to ensure quality care and the systems are remaining function and to identify anything we can improve where we failed. Where we identify failures, we will implement a plan to correct and follow-up biweekly.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39177</p> <p>Based on observations records reviewed and interview , used the facility failed to implement infection prevention and control practices; as evidence by several observations revealed residents' rooms were cluttered, had open food items, spoiled food items, linen observed on floor, dirty bathroom and showers, urinal on floor with urine seen from hallway, soiled gauze pads observed on resident's nightstand, used syringe, suction tubing and disposable gown on top of residents' wardrobe, staff failure to wear Personal Protective Equipment (PPE), drainage bag for indwelling catheter on floor, empty food container in residents' room swarmed with flies, soiled floors and trash on floors, increasing the potential for the contracting and spreading of diseases.</p> <p>The findings include.</p> <p>On 03/03/2025 starting at 7:10 AM, during observational tour of the facility; infection prevention and control concerns identified included but not limited to several residents' rooms were noted unorganized, cluttered, dirty bathrooms, soiled floors, dirty bathrooms, linen on floors and open food items in residents' rooms. (Photographic Evidence)</p> <p>Observation on 03/03/2025 at 7:35 AM, in the room that resident numbers 6,7 and 8 reside revealed open food items, empty food container swarmed with flies, open milk, rotten mango with flies, open crackers, box on the floor with open cookies, urinals on the floor and dirty bathroom. (Photographic Evidence)</p> <p>On 03/03/2025 at 11:47 AM, Resident #7 was not in the room, open milk containers, an unwrapped sandwich, empty food container with flies and other items were observed on the over bed table. (Photographic Evidence).</p> <p>On 03/03/2025 at 7:38 AM the floor in Room # 21 was noted soiled with brown stains and trash on the floor.</p> <p>On 03/03/2025 at 11:46 AM, a urinal with urine in room [ROOM NUMBER] was visible from the hallway. (Photographic Evidence)</p> <p>On 03/03/2025 at 11:47 AM the floor in room [ROOM NUMBER] was still soiled and had trash on the floor. (Photographic Evidence)</p> <p>On 03/03/2025 at 11:39 AM, linen was observed on the floor visible from hallway.</p> <p>Observation on 03/03/2025 at 8:18 AM, uncovered linen noted on a chair falling to the floor that was soiled and had trash.</p> <p>Observation on 03/03/2025 at 11:56 AM, the floor was still soiled and had trash.(Photographic evidence)</p> <p>Resident #9</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/03/2025 at 7:45 AM, Resident # 9 was observed in bed awake and alert, with Tracheostomy in place and feeding infusing via Gastronomy Tube (G-Tube). There were soiled gauze pads on the resident's bedside table and an open packet of unused gauze pads. There were flies in the room and on the gauze pads. (Photographic Evidence)</p> <p>Observation on 03/03/25 at 8:18 AM, Resident # 9 was awake in bed and waved when greeted, the soiled gauze pads and the open packet of unused gauze pads were still on the bedside table; and flies were noted in the room. (Photographic Evidence)</p> <p>Observation on 03/03/2025 at 12:10 PM, the soiled gauze pads had flies and open packet with the unused gauze pads were on Resident #9's bedside table. (Photographic Evidence)</p> <p>Observation on 03/04/2025 at 7:57 AM, Resident # 9 was awake in bed. The soiled gauze pads had flies and an open packet of gauze pads from the day prior were still on the bedside table. (Photographic Evidence)</p> <p>Review of Resident # 9's clinical records documented the resident was readmitted to the facility on [DATE]. Clinical diagnoses include but not limited to Acute and Chronic Respiratory Failure with Hypoxia. Review of Resident # 9's 14-day Admission assessment dated [DATE], revealed the resident requires Tracheostomy care. Nutritional Approach indicate the resident requires use of a feeding tube and therapeutic diet.</p> <p>Resident #10</p> <p>On 03/03/2025 at 7:46 AM Resident # 10 was asleep in bed, the drainage bag for the indwelling catheter was observed on the floor.</p> <p>On 03/03/2025 at 12:10 PM, Resident #10 who is under Enhanced Barrier Precautions (EBP) was being provided hygiene care by Certified Nursing Assistants (CNAs) Staff N, and Staff O; both CNAs were only wearing gloves but no gown as is required.</p> <p>Observation on 03/04/2025 at 7:58 AM, Resident #10 was asleep in bed, the drainage bag for the indwelling catheter was on the floor in a grocery bag. (Photographic Evidence)</p> <p>Review of Resident #10's clinical records revealed the resident was initially admitted to the facility on [DATE] and readmitted on [DATE]. Clinical diagnoses include but not limited to Paraplegia, Bacteriuria, Seizure Disorder and Unspecified psychosis not due to a substance or known physiological condition. Resident #10's Care Plan indicate the resident requires Enhanced Barrier Precautions related to presence of a chronic wound and/or indwelling medical devices. Resident uses a Urinary catheter with risk for infection and/or complications: If rejection of care is noted, discuss with resident preferences for time or routine changes in daily activities and honor if within reasonableness.</p> <p>Interview on 03/04/2025 at 8:32 AM with Staff O, CNA, regarding the required PPE that should be worn when providing care for residents such as Resident # 10 who is under EBP due to an indwelling catheter. Staff N, CNA acknowledged she was only wearing gloves and stated: I should wear gloves and gown when giving care for residents on Enhanced Barrier Precaution at all times.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 03/04/2025 at 8:09 AM, Staff D, Registered Nurse (RN) was shown the identified concerns that included the soiled gauze pads and the open packet with unused gauze pads left on Resident # 9's bedside table that had been there since the day prior. Staff D, RN was shown the grocery bag with Resident # 10's catheter bag on the floor, the used syringe, the suction tubing and the yellow gown on the top of the residents' wardrobe. Staff D, RN acknowledged the concerns.</p> <p>Interview on 03/04/2025 at 08:11 AM with CNAs Staff L and Staff P regarding the urinal on the floor the day prior, they revealed it should not have been there because of privacy and infection control.</p> <p>On 03/04/2025 at 8:40 AM Staff J, Licensed Practical Nurse (LPN) was shown pictures of some identified infection concerns, She stated: The linen should never be on the floor and the rooms should be cleaned by housekeeping, when the resident food items are done the staff must toss it out and the milk must not be left to get warm because the resident can become sick, we try to encourage the residents to keep the rooms clutter free but they go out and bring more an that is a safety problem and infection control problem.</p> <p>Interview on 03/04/2025 at 9:22 AM the Infection Control Preventionist was informed of the that infection control concerns identified. She indicated that staff gets confused with what Personal Protective Equipment they should wear when providing direct care for residents on Enhance Barrier Precaution. When asked about some of the other identified concern related to specific residents using a resident centered approach, she was adamant that the residents are not compliant, are aggressive and will not cooperate. The Administrator joined the meeting and was apprised of the identified infection control and prevention that increased risk for pests and diseases.</p> <p>On 03/04/2025 at 9:57 AM the Environmental Services Director revealed the floors are cleaned daily and as needed.</p> <p>Review of the facility's Policy and Procedure topic titled: Infection Prevention and Control Program effective October 2021 indicate:</p> <p>The Infection Prevention and Control Program is a comprehensive program that addresses detection, prevention and control of infections and communicable diseases among residents, visitors, volunteers, those individuals providing services under contractual agreement and personnel. The Infection Prevention and Control Program .</p> <p>The goals of the Infection Prevention and Control Program are to:</p> <ol style="list-style-type: none"> a. Provision of a safe sanitary, and comfortable environment b. Decrease the risk of infection and communicable diseases development and transmission to residents, volunteers, visitors, individuals providing services under a contractual arrangement and personnel. c. Monitor for occurrence of infections and communicable diseases and implement appropriate prevention measures to reduce occurrences d. Identify and correct problems relating to infection control and prevention practices. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Policy For Enhance Barrier Precautions with effective April 2024 Indicate:</p> <p>Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission .that employ targeted gown and glove use during high contact resident activities .EBP is indicated for residents with any of the following . 2. Wounds and/ or indwelling medical devices even if the resident is not known to be infected or colonized with a multi-drug-resistant organism.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39177</p> <p>Based on observations, records reviewed and interviews the facility failed to ensure residents residing in the facility had a safe clean and clutter free environment; as evidenced by observations of several residents that included but not limited to: Resident #6, Resident #7, Resident #8, Resident #11 and Resident #12 call lights were not within the residents reach in the event immediate assistance is needed. (photographic evidence). 2)The facility failed to ensure residents' rooms were organized in a manner that provided a pest free and safe environment. 3) The facility failed to ensure emergency exits were clear and unobstructed. (photographic evidence)</p> <p>The findings include:</p> <p>On 03/03/2025 during multiple observations conducted between the hours 7:29 AM to 8:32 AM revealed call lights were out of reach for several residents that included but not limited to Resident # 4, Resident #6, Resident # 7, Resident # 8, Resident #11 and Resident # 12.</p> <p>Observations on 03/03/2025 at 11:54 AM revealed call lights remained out of reach for several residents.</p> <p>Observations on 03/04/2025 at 7:40 AM revealed call lights were out of reach for Resident # 4, Resident #6, Resident # 7, Resident # 8, Resident #11, Resident # 12 and several other residents.</p> <p>Record review of the facility's policy and Procedure; Topic titled Physical Environment effective August 2024 -Item 5. Indicates: ensure an applicable working system is in place and within reach for the resident to summon assistance, including, but not limited to: Typical call light with cord, Manual call bell and Specialty call bell as needed.</p> <p>Interview on 03/03/2025 at 7:34 AM Staff E, Certified Nursing Assistant (CNA) stated: the call light must be near the resident to call for help.</p> <p>Interview on 03/03/2025 at 11:40 AM Staff K, CNA stated: I put the call lights on the bed rail or on the patient lap so they can call for help. I don't do it for all of them because some of them don't use it.</p> <p>Interview on 03/04/2024 at 7:45 AM with Staff B, Licensed Practical Nurse (LPN). She stated: The call lights must be within reach for the resident and staff also family, I make rounds at start of shift to check, but sometimes the resident don't want the call light, and remove the call light and we have to keep explaining why they need it. Staff B was asked if she documented when a resident does not want the call light within reach, she stated, no.</p> <p>On 03/03/2025 at 7:22 AM revealed Fire Exit Door #3 was obstructed by two wheelchairs and two recliners.</p> <p>Observation on 03/03/2025 at 8:05 AM revealed Fire Exit Door #17 was blocked with a soiled linen bin and a clean linen bin. (photographic evidence)</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 03/03/2025 at 8:18 AM revealed Resident #4 in bed awake covered with a white blanket that was torn and shredded at that time the resident revealed she was cold.</p> <p>During a second observation on 03/03/2025 at 11:56 AM Resident #4 was awake in bed covered with the torn white blanket.</p> <p>On 03/03/2025 at 8:19 AM observation revealed floor in room [ROOM NUMBER] soiled , red stains on floor, cup cover on floor.</p> <p>Observation on 03/03/2025 at 11:54 AM floor in room [ROOM NUMBER] soiled and cup cover and straw observed on floor.</p> <p>On 03/03/2025 at 11:57 AM Staff K, CNA was asked about the torn blanket. Staff K revealed the resident was cold and there were no additional blankets available.</p> <p>Observations on 03/03/2025 and on 03/04/2025 room [ROOM NUMBER] was noted cluttered, floor soiled and open food items and rotted fruit swarmed with flies.</p> <p>On 03/03/2025 and on 03/04/2025 flies were observed in Room numbers 106, 107, 108 and 109.</p> <p>On 03/04/2025 at 8:15 AM Staff D, Registered Nurse (RN) was asked about the flies observed in rooms 106 to 109. Staff D acknowledged the concerns with the flies and revealed pest control services comes on a regular basis. Staff D revealed the emergency exit should not be blocked and she ensure the staff keep the area clear.</p> <p>Interview on 03/04/2025 at 9:57 AM with the Environmental Services Director regarding the identified concerns and the photographs shown. She revealed it is hard for the staff to remove the soiled linen without blocking the emergency door. When asked about the clean linen and the soiled linen bins located in the same area blocking the door, she stated the clean and soiled linen should not be close to each other should not be blocking the exit door and can be avoided if only the soiled bin was being emptied. When asked about the cleaning of the floors and residents rooms she revealed the rooms and floors are cleaned daily and garbage pans emptied as needed.</p> <p>On 03/04/2025 at 10:26 AM during the environmental tour with Maintenance Staff. He acknowledged the facility has a problem with flies and he revealed the facility has the zappers in the hallways and in the area (section 5) there are more zappers and pest control comes to the facility weekly.</p> <p>Facility policy and procedure titled Physical Environment effective August 2024 Policy:</p> <p>A safe, clean, comfortable, and home-life environment is provided for each resident, allowing the use of personal belongings to the greatest extent possible.areas are provided to enable staff to provide residents with needed services.</p> <p>Procedure:</p> <p>1. Encourage residents to bring their individual possessions within the limits of the safety of the resident and others.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Maintain sufficient space and equipment in dining, health services, recreation, and program areas. Remove unnecessary clutter.</p> <p>4. Assure resident care equipment is clean, properly stored, and identified.</p> <p>Topic: Pest/Insect Control: Policy- The facility strives to protect the residents, staff and visitors from insects and other pests by controlling infestation through contracts with outside pest control agencies. Each facility will contract with a pest control agency .</p> <p>Evaluate effectiveness of services and contact pest control agency if additional services are needed.</p>