STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105509	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seabranch Health and Rehabilitation Center	4801 SE Cove Rd Stuart, FL 34997

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to keep a plate warmer machine and juice dispenser parts clean and sanitary, to properly date refrigerated sandwiches, and to remove wrappers prior to heating butter during food preparation.The findings included:A tour of the kitchen was conducted on 02/02/26 at 8:45 AM with the Dietary Manager (DM) and the following was observed:a. There was a metal container being heated over the gas stove that had melted butter that was still in the original wax/paper packaging. The DM was asked why the butter was being heated with the wrapper on and if that was the correct method to melt butter. The DM observed the container and agreed that it was not the correct method and will have to be thrown out. b. Observation revealed the Plate warmer machine had crumbs on the base as well as a brownish orange residue down the sides of the unit. When the DM was asked how often the plate warmer is cleaned, he replied that it is cleaned every month and it is due now. The DM was unable to provide a cleaning schedule or a log of dates when the plate warmer was last cleaned. c. Under the coffee and juice machines, there were juice dispenser parts (tubing and connector) resting in a large plastic bin that had black debris in the container and juice residue in the tubes. The DM stated that the orange juice has been on backorder and the tubing and connector is cleaned once the orange juice is delivered. The DM agreed that the juice dispenser parts and plastic storage bin were not clean.d. Peanut butter and Jelly sandwiches located inside the reach in refrigerator in the kitchen were dated with the month and year (02/26) and not the day of the month. The DM agreed that the sandwiches were not labeled correctly with the month, date, and year.On 02/04/26 at 11:10 AM, an additional observation inside the reach in refrigerator revealed that there were egg salad sandwiches dated 02/26. Photographic Evidence Obtained.

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