STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105510	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Unity Healthcare and Rehabilitation Center	1404 NW 22nd Street Miami, FL 33142

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure medications were stored in accordance with professional standards, as evidenced by unsecured medications observed at the bedside in one out of eight sampled residents. There were 257 residents residing in the facility at the time of the survey. The findings included: Observation on 06/23/2025, at 9:59 AM, Resident #97 was observed lying in bed, there was a bottle labeled for congestion treatment on the window ledge and an unlabeled transparent medication bottle containing an unidentified tablet at the resident's bedside. Observation on 06/23/2025, at 12:06 PM and 06/24/2025 at 2:11 PM in Resident #97's room revealed the bottle labeled for congestion treatment on the window ledge and the unlabeled transparent medication bottle containing an unidentified tablet remained on the shelf at the resident's bedside. Record review revealed Resident #97 was admitted on [DATE]; the Annual Minimum Data Set (MDS) assessment dated [DATE] revealed the resident is cognitively intact and requires staff assistance with activities of daily living, Review of the care plan revealed no documentation indicating Resident #97 was assessed or authorized to self-administer medications. Interview on 06/24/2025 at 2:17 PM, Staff A, Registered Nurse (RN) revealed residents are not permitted to keep medications in their rooms. Staff are expected to remove any medications found and store them properly. On 06/25/2025, at 2:58 PM, Staff B, RN reported it is unsafe for residents to keep medications in their rooms and revealed the resident's wife routinely brings in unauthorized items, including medications. Review of the facility's policy titled Medication Labeling and Storage indicates: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** On [DATE] at 10:48 AM, observation of Percutaneous Endoscopic Gastrostomy (PEG) tube care for Resident #243 performed by Staff M, Registered Nurse (RN). Staff M, Registered Nurse gathered peg tube supplies, knocked on Resident #243's door provided privacy, explained the care that will be provided, provided privacy, washed hands, put on gloves, gown and face mask. Staff A removed the old peg tube dressing dated [DATE] and discarded it in a red biohazard bag, removed soiled gloves and put on a new pair of gloves; cleaned the skin around the peg site three times and discarded the soiled gauzes. Staff A, RN removed soiled gloves, put on a new pair of gloves, and applied new peg tube dressing; Staff A, RN removed the gloves, gown and face mask and discarded them in the red biohazard bag . Review of Resident #243's clinical records revealed the resident was admitted to the facility on [DATE]; medical diagnoses included but not limited to Gastronomy Status and Dysphagia. Review of Resident # 243's Physician Orders for [DATE] revealed an order for enteral feeding every 24 hours . Review of Care Plan for Resident #243 dated [DATE] revealed the resident is at high nutritional and hydration risk .with diagnosis and past medical history of dependence for enteral nutrition. Goals include providing local care to tube site as ordered and monitoring signs and symptoms of infection. Registered dietitian consult as needed. Interview on [DATE] at 11:07 AM, Staff M, RN stated: After removing gloves during care, I must wash my hands and then put on new gloves anytime you are changing gloves, hand hygiene is very important. On [DATE] at 03:10 PM, the Nursing Supervisor revealed: Staff always needs to wash hands or use hand sanitizer after removing soiled gloves and before donning new ones . Interview on [DATE] at 10:11 AM, Staff O, Certified Nursing Assistant (CNA) revealed Hand hygiene should be done frequently. It should be done before and after one is in contact with a patient, and when changing gloves. It is essential in our work to prevent any type of infection . On [DATE] at 09:25 AM during a facility tour an empty antibiotic intravenous (IV) bag with uncapped tubing hanging on IV pole was observed in a resident's room on the first floor of the North Wing unit (photographic evidence). On [DATE] at 12:18 PM another facility tour the empty antibiotic IV bag with uncapped tubing was observed hanging on IV pole in the same resident's room on the first floor North Wing (Photographic evidence). On [DATE] at 05:37 PM, a third facility tour was conducted and the empty antibiotic IV bag with uncapped tubing was observed hanging on IV pole in the same resident's room on the first floor's North Wing unit (Photo evidence). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on [DATE] at 02:22 PM, the Director of Nursing (DON) revealed: When IV bags are empty, they should be discarded immediately along with the IV tubing as well. IV tubing should be dated, and tubing port should be capped when not in use. Interview on [DATE] at 09:18 AM, Staff N, Licensed Practical Nurse (LPN) revealed: I would follow hand hygiene any time before and after touching a resident and before and after using gloves. We should also make sure to always use aseptic technique when handling IV bags and tubing. IV tubing ports should always be capped when not in use or thrown away upon completion or when they are expired. Review of the facility's policy titled: Infection Prevention and Control Program dated 12/2023 Policy states: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. 7. Prevention of Infection a. Important facets of infection prevention include: 1. identifying possible infections or potential complications of existing infections. 2. instituting measures to avoid complications or dissemination. 3. educating staff and ensuring that they adhere to proper techniques and procedures. 4. communicating the importance of standard precautions and respiratory hygiene to visitors and family members. 7. implementing appropriate enhanced barrier and transmission-based precautions when necessary. Based on observations reviewed and interview, the facility failed to implement infection prevention and control practices as evidence by respiratory equipment left exposed next to a rat trap and other non-clinical items on a chair in Resident #97's room and staff failure to perform hand hygiene between glove changes. These deficient practices potentially increases the risk for contracting and spreading diseases. There were 257 residents residing in the facility at the time of the survey. The findings included: On [DATE] at 9:59 AM, Resident #97 was observed in bed, a pungent fecal like odor was noted in the room, a nebulizer machine with tubing and mask, was observed uncovered beside a rat trap on a chair. Observations on [DATE] at 12:06 PM, the resident remained in bed the uncovered nebulizer equipment remained on the chair in the same location next to the rat trap. Review of Resident #97's clinical records revealed the resident was admitted on [DATE]; clinical diagnoses include Chronic Obstructive Pulmonary Disease (COPD). Review of physician's order for [DATE] revealed an order dated [DATE] for Ipratropium-Albuterol Inhalation Solution, to be administered via nebulizer every 6 hours as needed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Annual Minimum Data Set (MDS) dated [DATE] indicate the resident is cognitively intact, requires assistance for hygiene care and transfers. Review of Resident # 97's care plan with start date [DATE] and completion dated [DATE] indicate: Administer nebulizer treatments as ordered, monitor effectiveness and potential side effects, observe signs of respiratory infection or distress, and maintain oxygen saturation monitoring and proper positioning. Interview [DATE] at 2:17 PM, Staff A, Registered Nurse (RN) reviewed the photographic evidence and revealed the respiratory supplies should be kept in a labeled, closed bag and must be dated. On [DATE] at 2:58 PM, Staff B, RN supervisor acknowledged the identified concerns and revealed the nebulizer supplies must not be left uncovered on furniture and must be stored properly to prevent contamination. Review of the facility's policy titled Cleaning and Disinfection of Resident-Care Items and Equipment classifies respiratory therapy equipment as semi-critical and requires cleaning and disinfection per CDC (Centers for Disease Control and Prevention) and OSHA (Occupational Safety and Health Administration) standards. The policy mandates that these items must be stored and maintained in a manner that prevents cross-contamination and microbial growth.