STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105513	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claridge House Nursing and Rehabilitation Center	13900 NE 3rd Court North Miami, FL 33161

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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record review the facility failed to ensure 1) proper temperatures of the foods stored in the 2 South Unit Floor Pantry Refrigerator and 1 North Unit Floor Pantry Refrigerator on the resident's units and 2) ensure kitchen staff were wearing a beard restraint. This has the potential to affect 54 residents out of 55 residents who eat orally residing on 2 South unit and to affect 44 out of 58 residents who eat orally residing on the 1 North unit at the time of the survey.The findings included:1) Record review of the Refrigerator and Freezer Temperature Monitoring Policy and Procedure (no written date) documented the following: Policy: The dietary department will maintain proper temperature control for all refrigerators and freezers used for food storage to ensure food safety and regulatory compliance; Procedure: Dietary staff will maintain manual thermometer to verify accuracy of the unit temperature when needed; Temperatures will be checked and recorded daily on the refrigerator temperature log; Acceptable temperature ranges are: Refrigerators: 36 degrees Fahrenheit (F) to 41 degrees Fahrenheit (F) and if the temperature falls outside the acceptable range, staff will notify the supervisor and maintenance department for review and corrective action.Observation of the 2 South Unit Floor Pantry Refrigerator with Staff K, Licensed Practical Nurse (LPN) on 3/16/2026 at 8:08 AM revealed the refrigerator temperature was 50 degrees Fahrenheit (F). The refrigerator contained resident's food items with the resident's name, resident's room number and dates the food items were placed in the refrigerator. Photographic evidence submitted.Interview with Staff K, LPN on 3/16/2026 at 8:09 AM. She confirmed the refrigerator temperature was 50 degrees F. She revealed that she would call maintenance to let them know the refrigerator was not working properly.Record review of the 2 South Unit Pantry Refrigerator Log dated March 16, 2026 documented the temperature was 40 degrees F.Observation of the 1 North Unit Floor Pantry Refrigerator with Staff L, Registered Nurse (RN) Supervisor on 3/16/2026 at 8:16 AM revealed the refrigerator temperature was 50 degrees F. The refrigerator contained resident's food items with the resident's name, resident's room number and dates the food items were placed in the refrigerator. Photographic evidence submitted.Interview with Staff L, RN Supervisor on 3/16/2026 at 8:17 AM. She confirmed the refrigerator temperature was 50 degrees F.Record review of the 1 North Unit Pantry Refrigerator Log dated March 16, 2026 documented the temperature was 40 degrees F. 2) Record review of the Hair Restraint Policy and Procedure (no written date) documented the following: Policy: To prevent food contamination by ensuring all foodservice employees wear effective hair restraints while working in food preparation, service and ware washing areas; Policy: All foodservice employees must wear effective hair restraints to fully contain hair and prevent contamination of food, equipment, utensils and food-contact surfaces; Requirements: Employees with facial hair must wear a beard net in addition to head hair restraints; Hair restraints must be always worn in food preparation, service and dishwashing areas.Second observation of the kitchen on 3/16/2026 at 11:07 AM revealed Staff M, [NAME] with a beard and not wearing a beard guard. He was preparing items for the lunch tray line.Interview with Staff M, [NAME] on 3/16/2026 at 11:08 AM. He confirmed that he was not wearing a beard guard, and he was supposed to have one on.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observations, interviews and record review the facility failed to ensure the refrigerators in the 2 South Unit Floor Pantry and 1 North Unit Floor Pantry used to store resident's food were working properly. This has the potential to affect 54 residents out of 55 residents who eat orally residing on 2 South unit and to affect 44 out of 58 residents who eat orally residing on the 1 North unit at the time of the survey.The findings included:Record review of the Refrigerator and Freezer Temperature Monitoring Policy and Procedure (no written date) documented the following: Policy: The dietary department will maintain proper temperature control for all refrigerators and freezers used for food storage to ensure food safety and regulatory compliance; Procedure: Dietary staff will maintain manual thermometer to verify accuracy of the unit temperature when needed; Temperatures will be checked and recorded daily on the refrigerator temperature log; Acceptable temperature ranges are: Refrigerators: 36 degrees Fahrenheit (F) to 41 degrees Fahrenheit (F) and if the temperature falls outside the acceptable range, staff will notify the supervisor and maintenance department for review and corrective action.Observation of the 2 South Unit Floor Pantry Refrigerator with Staff K, Licensed Practical Nurse (LPN) on 3/16/2026 at 8:08 AM revealed the refrigerator temperature was 50 degrees Fahrenheit (F). The refrigerator contained resident's food items with the resident's name, resident's room number and dates the food items were placed in the refrigerator. Photographic evidence submitted.Interview with Staff K, LPN on 3/16/2026 at 8:09 AM. She confirmed the refrigerator temperature was 50 degrees F. She revealed that she would call maintenance to let them know the refrigerator was not working properly.Record review of the 2 South Unit Pantry Refrigerator Log dated March 16, 2026, documented the temperature was 40 degrees F.Observation of the 1 North Unit Floor Pantry Refrigerator with Staff L, Registered Nurse (RN) Supervisor on 3/16/2026 at 8:16 AM revealed the refrigerator temperature was 50 degrees F. The refrigerator contained resident's food items with the resident's name, resident's room number and dates the food items were placed in the refrigerator. Photographic evidence submitted.Interview with Staff L, RN Supervisor on 3/16/2026 at 8:17 AM. She confirmed the refrigerator temperature was 50 degrees F.Record review of the 1 North Unit Pantry Refrigerator Log dated March 16, 2026, documented the temperature was 40 degrees F.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure a safe environment free from accidents hazards in four (Room # 231, room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER]) out of fifty nine rooms on the second floor and for two (Resident #10 and Resident #153) out of thirty five sampled residents; as evidenced by 1) Personal hygiene products and medication found in residents' room unsecured 2) Resident #153 observed lying in bed with bilateral siderails upright with only left side rail padded. 2) Scissors observed on the table near Resident #10's bed and 3) A can of bug spray observed on the back shelf behind Resident #10's bed. There were 225 residents residing at the facility during the time of the survey. The findings include:During initial screening observation on 03/16/2026 starting at 8:00 AM the following was observed: room [ROOM NUMBER]- a bottle of bacterial mouth wash, blue in color on the overbed table room [ROOM NUMBER]-Three (3) full vials of Medication, clear in color next to nebulizer machine on the bedside cupboard. room [ROOM NUMBER]-a bottle of bacterial mouth wash, blue in color on bedside cupboard room [ROOM NUMBER] a bottle of lotion located on the bedside table, a can of spray deodorant located on the windowsill. Interview on 03/19/2026 at 7:32 AM Staff D, Licensed Practical Nurse (LPN) revealed any medications found in the residents' room are either disposed of or stored in the correct area-medication cart or the medication room. Personal hygiene products are stored in the residents' bedside drawer for safety. Interview on 03/19/2026 at 7:45AM Staff E, Registered Nurse (RN) reported medications found in the residents' room are discarded after consulting the supervisor or placed on the medication cart or medication room in the refrigerator or cabinets. Personal hygiene products are stored in the residents' bedside drawer for safety. Interview on 03/19/2026 at 8:00 AM Staff F, Certified Nursing Assistant (CNA) stated: If I find any medications in the residents' room, I report my findings to the nurse. Personal hygiene products are stored in the resident's bedside drawer in a plastic bag for safety. On 03/19/2026 at 8:09 AM Staff G, CNA stated: Personal hygiene products are stored in the resident's bedside drawer in a plastic bag for safety and infection control. If I find any medications in the residents' room, I report my findings to the nurse. On 3/19/2026 at 8:23 AM Staff H, CNA stated: If I find any medications in the residents' room, I report my findings to the nurse. The residents' personal hygiene products are stored in the resident's bedside drawer in a plastic bag for safety and privacy. Resident #153 On 03/16/2026 at 10:15 AM Resident #153 was observed lying in bed with the bilateral side rails (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	upright. The left side rail only had padding on it, photo evidence taken. On 03/17/2026 at 9:42 AM Resident #153 was observed lying in bed with the bilateral side rails upright. The left side rail only had padding on it, photo evidence taken. Review of Resident #153's clinical records revealed the resident was admitted to the facility on [DATE] with diagnoses that include encephalopathy. Review of resident #153's Physician orders revealed an order with a date of 03/10/2026 for bilateral 1/4 padded siderails while in bed diagnoses (dx) seizures, every shift for bed mobility/enabler. Monitor for placement/safety. Review of Resident #153's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 03/05/2026 Section for Cognitive Patterns documented a Brief Interview for Mental Status (BIMS) score of 06 out of 15 indicating Resident #15 is cognitively impaired. Review of Resident #153's Care Plan revealed the resident is at risk for falls related to DX: Altered mental status (AMS), Encephalopathy, Aggressive behavior/baker acted, Progressive Dementia, Hypertension (HTN), Seizures and Polyneuropathy. Interventions include: Anticipate and meet needs, assist resident with transfers/mobility and Bilateral 1/4 padded siderails as ordered. Interview on 03/18/2026 at 12:37 PM, Staff A, Licensed Practical Nurse (LPN), stated Side rails should be used as ordered. This resident has an order for bilateral padded side rails for seizure precautions, so both rails should be up and padded when he is in bed. He needs help getting out of bed and may try to get up on his own, and he is not able to lower the rails himself, so the side rails help keep him safe. Interview on 03/18/2026 with Staff B, Registered Nurse (RN) stated Side rails are evaluated to determine whether they are needed for bed mobility or seizure precautions, and they are padded when indicated. Assessments are completed quarterly or with any change in condition. Side rails are not primarily used for fall prevention. Some residents may not want or need side rails, especially for transfers. If a resident refuses, the physician is notified, and decisions are made based on the resident's BIMS score or by involving the family. All decisions and preferences are documented and included in the care plan. There are different types of beds, but all side rails are considered quarter rails. If the order includes an S, it means both (bilateral) rails. If only one side is needed, the order will specify quarter rail on one side. Resident #10 Observation in Resident #10's room on 03/16/2026 at 10:43 AM, revealed the resident was not in the room. A pair of scissors was on the overbed table in near Resident #10's bed and a can of insect spray was observed on the back shelf behind the resident's bed. (Photo evidence) On 3/17/2026 at 11:03 AM, Resident # 10 was in bed watching television, a can of insect spray was observed on the shelf behind the bed which the resident revealed was brought in by her daughter. (Photo evidence) (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #10's clinical records revealed the resident was initially admitted on [DATE] and readmitted [DATE]. Clinical diagnoses include but not limited to Seizures, Complete Traumatic Amputation of left foot level unspecified sequela, Major Depressive Disorder, Type 2 Diabetes Mellitus, End Stage Renal Disease and Dependence on Renal Dialysis. Review of the Resident #10's Quarterly Minimum Data Set, dated [DATE] Cognitive Section indicated a Brief Interview for Mental Status score of 15 out of 15 meaning Resident #10 is cognitively intact. During an interview on 3/17/2026 at 2:31 PM, the Director of Nursing revealed the protocol for maintaining a safe environment included educating family members when necessary and instructing them to route items brought into the facility through the nursing station for inventory. However, family members sometimes brought items directly to residents' rooms or handed them directly to residents. When items arrived sealed, staff did not open them but educated the residents and/or family if they identified concerns. The Director of Nursing was uncertain why the can of insect spray found in Resident #10's room had not been identified during routine checks. Interview on 03/19/2026 at 11:55 AM, Staff J, Registered Nurse, revealed when unsafe items are found in residents' rooms are and we would explain to the resident that they could not have those items in the facility, the family is also notified and both family and resident are educated. During interviews on 03/19/2026 at 12:25 PM, Staff I, Certified Nursing Assistant revealed if staff found an item that should not be in a resident's room, the nurse should be notified, the resident would be informed that the item is not allowed in the room and the item removed. Record Review of the facility's policy and procedures titled Policies and Procedures: Reporting Accidents and Incidents (03/2020) revealed 9. The facility will provide an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:a. Identifying hazard(s) and risk(s);b. Evaluating and analyzing hazard(s) and risk(s);c. Implementing interventions to reduce hazard(s) and risk(s); andd. Monitoring for effectiveness and modifying interventions when necessary.10. The facility will identify each resident at risk for accidents and/or falls and adequately plan care and implement procedures to prevent accidents. 11. The facility will ensure each resident receives adequate supervision and assistance devices to prevent accidents.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure oxygen therapy was delivered as prescribed for two residents (Resident #5 and Resident #211) with tracheostomies out of 11 residents receiving oxygen therapy. As evidenced by Resident #5 and Resident # 211 oxygen concentrator flow rates were not set at the prescribed rate. The findings include. Resident #5On 03/16/2026 at 8:22 AM Resident #5 was observed in bed with eyes closed and oxygen (02) running at three liters per minute (lpm) via tracheostomy.Observations on 03/17/2026 at 10:25 AM and 03/18/2026 at 8:14 AM revealed Resident #5 in bed awake with 02 running at four lpm via tracheostomy.Review of Resident #5's medical records revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Clinical diagnoses included but not limited to: Malfunction of Tracheostomy Stoma, Pneumonia due to other specified bacteria and Acute Pulmonary Edema.Review of the Physician's Orders Sheet for March 2026 revealed Resident #5 had orders that included but not limited to: Oxygen Continuous at 4 Liters (L) via Tracheostomy every shift .Record review of Resident # 5's Quarterly Minimum Data Set (MDS) dated [DATE] Section C for Cognitive Patterns documented Brief Interview for Mental Status Score (BIMS) unable to determine. Section GG for Functional Abilities documented dependent for care. Section J for Health Conditions documented shortness of breath when lying flat, sitting at rest and with exertion. Section O for Special Treatments and Procedures documented oxygen therapy, suctioning and tracheostomy care. Record review of Resident # 5's Care Plans Reference Date 01/19/26 revealed: Resident has a tracheostomy related to: -Respiratory Failure, history of stroke. Resident will be free from respiratory infection over the next review date. Interventions include-Administer medication/ Oxygen as ordered. Change inner cannula every shift and as needed. Check tracheostomy site for redness, swelling, bleeding and skin excoriation. Extra trach at bedside every shift. Keep extra trach kit and Ambu bag at bedside. Keep trach site and dressing clean and dry. Resident#211Observation on 03/16/2026 at 7:58 AM Resident #211 was in bed with eyes closed and 02 running at 3.5 lpm via tracheostomy, no distress noted. On 03/17/2026 at 9:55 AM and 03/18/2026 at 8:06 AM Resident #211 was observed in bed with eyes closed and 02 running at 5 lpm via tracheostomy.Review of Resident # 211's medical records revealed the resident was admitted to the facility on [DATE] and readmitted [DATE]. Clinical diagnoses included but not limited to: Encounter for attention to tracheostomy, Chronic Respiratory Failure, unspecified whether with Hypoxia or Hypercapnia, Respiratory Failure, unspecified with Hypoxia. Review of the Physician's Orders Sheet for March 2026 revealed Resident #211 had orders that included but not limited to: Oxygen via tracheostomy at 5 lpm every shift.Record review of Resident #211's Discharge Return Anticipated Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental Status Score (BIMS) unable to determine. Section GG for Functional Abilities documented dependent for care. Section J for Health Conditions documented no shortness of breath. Section O for Special Treatments and Procedures documented oxygen therapy, suctioning and tracheostomy care. Record review of Resident # 211's Care Plans revealed: Resident has a tracheostomy related to Respiratory Failure. Resident will be free from respiratory infection over the next review date. Interventions include- Administer medication/ Oxygen as ordered. Check trach site for redness, swelling, bleeding and skin excoriation. Monitor trach site for signs and symptoms (s/s) of infection every shift; mouth care every shift. Observe trach secretions for color, odor, consistency and amount. Respiratory therapy as needed. Suction trach every shift and as needed. Interview on 03/19/2026 at 7:32 AM Staff D, Licensed Practical Nurse (LPN) stated: For residents on oxygen therapy, I make sure the oxygen concentrator number matches the prescribed orders and nasal cannulas are in place.Interview on 03/19/26 at 7:45 AM Staff E, Registered Nurse (RN) stated: I conduct my rounds during my shift with the previous nurse at the beginning of my shift and at least every hour . For residents on oxygen therapy, I make sure the (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen concentrator number matches the prescribed orders during my rounds.Interview on 3/19/2026 at 8:23 AM Staff H, Certified Nursing Assistant stated: during my shift I check on my residents at least every 2 hours. We are not allowed to touch or change anything on the residents' oxygen concentrators, so if I notice anything different with the resident, for example-the way they look, are they having difficulty breathing, I report it to the nurse immediately. Review of the facility's policy and procedure titled Oxygen Concentrator dated 03/2020 Indicates: To administer oxygen for the treatment of certain diseases or conditions.Policy Explanation and Compliance Guidelines: The maintenance department, or oxygen concentrator supplier, assists with the maintenance of oxygen concentrators according to manufacturer's recommendations and as needed.Oxygen should be administered only under orders of the attending physician, except in the case of an emergency. In an emergency, oxygen may be administered without physician's order, however, the order should be obtained immediately after the crisis is under control.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review, the facility's quality assurance and assessment committee failed to demonstrate an effective plan of action was implemented to correct identified quality deficiencies in the problem area related to repeated deficient practice for F812- Food Procurement. Store/Prepare/Serve ^ Sanitary. F867- QAPI/QAA Improvement Activities. F908- Essential Equipment, Safe Operating Condition. These repeated deficient practices have the potential to affect any of the 225 residents residing in the facility at the time of the survey. Record review of the facility's survey history revealed, during a recertification conducted on August 19, 2024, through August 22, 2024, the facility. was cited F812- Food Procurement, Store/Prepare/Serve ^ Sanitary as the facility failed to ensure food was prepared under sanitary conditions. F908- Essential Equipment, Safe Operating Condition was cited as the facility failed to ensure a convection oven and stove used to prepare food for residents were clean and in good repair. F867- QAPI/QAA Improvement Activities was cited related to repeated deficiencies F656- Develop/Implement Comprehensive Care Plan, F761- Label/Store Drugs & Biologicals and F812- Food Procurement, Store/Prepare/Serve ^ Sanitary, Interview on 03/20/2026 at 12:30 PM with the Director of Nursing (DON) and Administrator (NHA) revealed the QAA Committee meets every month, the last meeting was held on 02/19/26. The committee consists of the Medical Director, Administrator, Director of Nursing (DON), Infection Preventionist and all interdisciplinary team members. The purpose of QAPI is to make sure any issues presented to the facility are corrected with follow ups and interventions in place that are measured timely, to prevent/avoid continued non-compliance. Data from the previous month is reviewed, each department head reports on their assigned tasks and any new issues. Review of the facility policy and procedure titled Quality Assurance Performance Improvement Plan dated 11/27/27 states: The purpose of our QAPI plan is to ensure data-driven, proactive approach to improve quality of life, care and services in our nursing home. We strive to provide excellent quality resident care and services. Our goal is to promote excellence in quality of care, quality of life, resident choice, person-centered care, and resident transitions. [NAME] House Nursing and Rehabilitation Center has a Quality Improvement Program which systematically monitors, analyzes and improves its performance to advance resident outcomes.