

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Brookwood Gardens Rehabilitation and Nursing Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 1990 S Canal Drive Homestead, FL 33035	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview and record review the facility failed to ensure residents had a dignified dining experience as evidenced by failure to deliver lunch trays on the 300 South Cart 1 in a timely manner for 15 out of 22 residents who dine in their rooms for lunch. The findings included: Record review of the Resident Rights Policy and Procedure (no written dated documented); Policy-All residents in this facility have rights guaranteed to them under Federal and State law and by this facility's personnel; Guidelines: 1) The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. Observation of 300 South Cart 1 dining on 08/25/2025 at 12:29 PM revealed the food cart was delivered and the trays were not delivered to the residents. The Certified Nursing Assistants (cnas) were standing around the cart waiting for the nurses to give them the food trays. Interview with Staff A, Certified Nursing Assistant on 08/25/2025 at 12:41 PM. She stated, I cannot take the trays to the resident until the nurse puts the tray in my hand. Observation of 300 South Cart 1 dining on 08/25/2025 at 12:44 PM revealed the nurses placed the food trays in the cnas hands and the food was delivered to the residents in their rooms. The lunch cart arrived 15 minutes before and sat there. The cnas would not deliver the trays until the nurse came to give them the tray. Interview with the DON on 08/28/2025 10:11 AM. She stated, They have five minutes to deliver the food trays to the resident once the trays arrive on the floor. The nurse is checking the consistency of the food with the meal ticket on the plate and then they give the cna the food tray. The cnas cannot give the food trays without nursing checking the trays. Interview with Staff B, Registered Nurse on 08/28/2025 at 12:32 PM. She stated, The nurse checks the tray and the diet with each patient. The nurse gives the tray to the cna. The trays should be passed less than 15 minutes after they arrive. Only the nurse can take the tray out of the food cart.</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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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure residents group meetings are organized and well structured, as evidenced by lack of assistance in the organizing of Resident Council meeting and addressing concerns effectively and in a timely manner in order to boost resident attendance. The findings include: Observation of the Resident's Council meeting held on 08/27/2025 at 10:30 AM, revealed six residents in attendance Resident #6, a council member for approximately eight months has participated consistently; and five first time attendees: Resident #111, Resident #151, Resident # 148 and Resident #53 who began running for council president two weeks prior. Review of resident council meeting minutes from January through May 2025 documented ongoing, unresolved issues, including missing clothing, delayed call light responses, inadequate snack availability, and dissatisfaction with food quality. A meeting was not held in June 2025, and there was no documentation of follow-up or resolution for issues raised in previous meetings. During interviews, residents expressed continued dissatisfaction with food quality, small portion sizes, and the repetitive nature of meals. Concerns extended beyond food. Multiple residents reported missing clothing and unresolved grievances. Interview on 08/28/2025 at 2:20 PM, the Food Service Director revealed the menus are developed corporately and adjusted only slightly based on resident input. He stated that resident preferences are collected within two days of admission, but there is no always available menu. Alternative meal options depend on leftover or available items. For residents who dine in-room, they must request alternatives in order to be informed of them. Certified Nursing Assistants (CNAs) are expected to offer these alternatives and report unmet needs, but no verification of this process was provided. Portion increases are only made following reported weight loss or formal resident requests to the dietitian. On 08/28/2025 at 7:25 PM the Administrator was informed of the identified concerns. Review of the policy titled Resident Right - Resident/Family Group and Response. It is the policy of the facility to encourage and assist the resident to organize and participate in resident groups within the facility in such a manner to acknowledge and respect resident rights indicates: Procedure: The resident has a right to organize and participate in resident groups in the facility. The facility will provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. The facility will provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. The facility will consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. a) The facility will be able to demonstrate their response and rationale for such response</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observations, records reviewed and interviews, the facility failed to ensure privacy of confidential information on one (East Station) out of three Nursing Stations in the facility as evidenced by a census left unattended with health insurance information visible. There were 167 residents residing in the facility at the time of the survey. The findings included: The findings included: On 08/27/25 at 9:20 AM, an observation at the East Nursing Station revealed an unattended census with resident health insurance information visible on top of a medication cart (Photographic evidence). Surveyor waited on staff to return to cart. On 08/27/25 at 9:49 AM A Staff C, Registered Nurse (RN) was observed exiting a resident's room and was notified by surveyor of the identified concern. Staff, RN was asked about the facility's protocol for protecting resident information and stated, We are supposed to keep resident information covered so no one can see it at all times. I did not do that because I was helping a resident and forgot. Interview on 08/27/2025 at 10:55 AM The Director of Nursing stated: The nurses should keep any resident information covered. Record review of a Policy titled, Health Insurance Portability and Accounting Act of 1996 (HIPAA) not dated revealed Policy: Facility will keep information regarding a resident's health private and confidential.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>(continued on next page)</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview facility failed to ensure an accurate Level I Preadmission Screening and Resident Review (PASRR) was accurately completed for two residents (#4, #6) out of two residents sampled as evidenced by Level I PASRR dated 5/22/25 for Resident#4 omitted diagnosis of Psychotic Disorder and Level I PASRR dated 4/9/25 for Resident#6 omitted diagnosis of Psychotic Disorder. There were 167 residents residing in the facility at the time of survey. The Findings Included:Record review of a Policy titled, Preadmission Screening (PASRR) reviewed 1/17/25 and updated 6/25 revealed Policy: It is the policy of the facility to assure that all residents admitted to the facility receive a Pre-admission Screening and Resident Review, in accordance with State and Federal Regulations. (1) Resident#6 was initially admitted on [DATE] and readmitted [DATE] with diagnosis that included: Unspecified Psychosis not due to a substance or known physiological condition. Record review of a Significant Change - None PPS / (Modification) Minimum Data Set (MDS) reference dated 7/14/25 revealed Resident#6 had a Brief Interview for Mental Status score of 10, indicated moderate cognitive impairment, not considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, Depression (other than bipolar) , Psychotic disorder (other than schizophrenia) , Unspecified Mood Disorder and Primary Insomnia, was taking Antidepressant, Antipsychotic and received no Psychological Therapy. Record review of a Care Plan initiated on: 05/06/24 and revised on: 07/24/25 revealed Resident#6 had a mood problem related to depression, insomnia, anxiety; mood disorder and; Psychosis with a goal to have improved sleep pattern by reporting adequate rest or fewer documented episodes of insomnia through the review date and improved mood state: happier, calmer appearance, no signs of depression, anxiety or sadness through the review date with interventions that included: Administer medications as ordered and monitor/document for side effects and effectiveness, and behavioral health consults as needed. Record review of a Preadmission Screening and Resident Review (PASRR) LEVEL I Screen for Resident#6 completed on 4/9/25 revealed Section I: PASRR Screen Decision-Making, A. MI or suspected MI (check all that apply): Psychosis was not checked. Record review of a physician's order sheet revealed an order dated 7/17/25 for Risperidone Oral Tablet two Milligram (MG) directions: Give one tablet by mouth two times a day related to Unspecified Psychosis not due to a substance or known physiological condition. Record review of a Psychiatry Progress Note dated 7/22/25 revealed diagnosis included: Unspecified Psychosis. (2)Resident#4 was admitted on [DATE] and readmitted on [DATE] with diagnosis that included: Unspecified Psychosis not due to a substance or known physiological condition, Major Depressive Disorder, Primary Insomnia, Unspecified Mood Disorder, and Anxiety Disorder. Record review of a Annual Minimum Data Set (MDS) reference dated 10/14/24 revealed Resident#4 had a Brief Interview for Mental Status score of undetermined, was not considered by the state level II Preadmission Screening and Resident Review (PASRR) process to have serious mental illness and/or intellectual disability or a related condition, had Depression (other than bipolar), and Psychotic disorder (other than schizophrenia) , was taking Antidepressant, Antipsychotic, Antianxiety and received no Psychological Therapy. Record review of a Care Plan initiated on: 10/21/24 and revised on: 05/07/25 revealed Resident#4 had a mood problem related to Psychosis with a goal to have improved mood state: happier, calmer appearance, no signs of depression, anxiety or sadness through the review date with interventions that included: Administer medications as ordered and monitor/document for side effects and effectiveness, and behavioral health consults as needed. Record review of a Preadmission Screening and Resident Review (PASRR) LEVEL I Screen for Resident#4 completed on 5/22/25 revealed Section I: PASRR Screen Decision-Making, A. MI or suspected MI (check all that apply): Psychosis was not checked. Record review of a physician's order sheet revealed Resident#4 had an order dated 8/09/25 for Quetiapine Fumarate Tablet 100 Milligram (MG) directions Give one tablet by mouth at bedtime for Unspecified Psychosis related to Unspecified Psychosis not due to a substance or known physiological condition Record review of a Psychiatry Progress Note dated 7/08/25 revealed diagnosis included: Unspecified Psychosis. On 8/27/2025 at 10:42 AM The MDS Lead Registered Nurse was interviewed and stated, Resident#4 and Resident#6 are coded on the MDS for Psychotic disorder. On 08/27/25 at 9:58 AM The Social Services Director was interviewed about The PASSR process and stated, When a resident is admitted within 24 hours we have clinical meeting where the information is reviewed including the PASSR to determine if it is correct or incorrect. The Psychiatrist completes an assessment for new residents. If there is a difference in diagnosis</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, interviews and record review the facility failed to store food under sanitary condition by ensuring the proper temperatures in the 1) walk-in refrigerator and walk-in freezer and ensure the walk-in refrigerator and walk-in freezer were working properly and 2) ensure that staff wore hair nets when in the kitchen. The food items in the walk-in refrigerator had condensation on them, the food items in the walk-in freezer were soft to the touch and the ice creams were melted. This has the potential to affect 156 out of 167 residents who eat orally residing in the facility at the time of the survey. The findings included: Record review of the Food Storage Policy and Procedure (no written dated documented); Policy-Sufficient storage facilities are provided to keep foods safe, wholesome and appetizing. Food is stored, prepared and transported at an appropriate temperature and by methods designed to prevent contamination; Procedures-16) Refrigerator temperatures: a) Temperature for refrigerators should be 41 degrees F (Fahrenheit), b) Every refrigerator must be equipped with an internal thermometer and 17) Freezer temperatures: a) Temperatures for freezer should be 0 degrees or below and must be recorded daily and d) Every freezer must be equipped with an internal thermometer, even if equipped with an external thermometer. 1) Observation during the initial kitchen tour on 8/25/2025 at 8:27 AM with the Food Service Director revealed the walk-in refrigerator exterior temperature was 50 degrees Fahrenheit (F) and the interior temperature was 55 degrees F. Items noted in the walk-in refrigerator were: Produce, Pasteurized eggs in the shell and liquid, Juices and Thawed meats on the lower shelf. Condensation was noted on the items in the walk-in refrigerator. Photographic evidence submitted. Observation during the initial kitchen tour on 8/25/2025 at 8:31 AM with the Food Service Director revealed the walk-in freezer exterior temperature was 38 degrees F and the interior temperature was 40 degrees F. Items noted in the walk-in freezer were: Breakfast foods, Vegetables, Meats and Ice Cream. The foods were not frozen and soft to the touch. The Chocolate Ice Cream was soft to the touch and melted. Photographic evidence submitted. Interview with the Food Service Director on 8/10/2025 at 8:33 AM revealed that Maintenance was aware for a while that the temperatures were not working properly but the walk-in refrigerator and walk-in freezer have not been fixed. He confirmed that the temperatures in the walk-in refrigerator and walk-in freezer were not acceptable temperatures. Review of the Walk-in Refrigerator Temperature Log for August 2025 documented the following: On 8/25/2025 A.M. Temperature was 39 degrees F and P.M. Temperature was 38 degrees F. The Walk-in Freezer Temperature Log for August 2025 documented the following: On 8/25/2025 A.M. Temperature was 20 degrees F and P.M. Temperature was -1 degrees F. Interview with the Regional Director of Operations on 8/25/2025 at 2:47 PM. He stated, They threw everything out of the walk-in freezer. They are getting two refrigerators from Walmart to put the food items in from the walk-in refrigerator. In the entrance to the kitchen, we will put the juices in the milk box. They are trying to fix the walk-in refrigerator and freezer. Interview with the Regional Director of Operations on 8/26/2025 at 8:32 AM. He stated, The tech came out yesterday evening and it was determined that the compressor was bad in the walk-in refrigerator. The walk-in freezer was determined to be good. He is at the warehouse trying to find the parts now. Second observation of the kitchen walk-in refrigerator and walk-in freezer on 8/26/2025 at 9:03 AM with the Dietary Director and Regional Director of Operations revealed they were both empty and the temperatures were in range. Two stand-alone refrigerators were noted in the kitchen with food items from the walk-in refrigerator and walk-in freezer. The Dietary Director revealed the walk-in freezer interior temperature was 0 degrees F and that the food was hard and frozen to the touch. Photographic evidence submitted. Interview with the Regional Director of Operations on 8/27/2025 at 9:11 AM revealed that the air conditioner repair technician came on 8/26/25 and replaced the outdoor condenser system and added freon to the walk-in refrigerator. Record review of the walk-in refrigerator invoice from the Air Conditioner company dated 8/26/25 documented the following: Replaced the outdoor condenser system, added freon and system cooling at this time. 2) Record review of the Hairnets Policy and Procedure (written date December 2025); Policy: Per Food Code requirements, all associates who work in the dietary department with unpackaged food, clean equipment or utensils or food contact surfaces will wear proper hair restraints to prevent hair from contacting exposed food, clean equipment, linen and unwrapped single service and single use articles; Policy Interpretation and Implementation: 1) Hairnets, bouffant caps and beard covers shall always be readily available near the entryway to the food service department; 2) All food service department associates must don appropriate hair restraints upon reporting to work in the food services department and 3) All visitors and guests entering the food services department must do</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on record review, interviews, and record reviews the facility failed to ensure the Quality Assurance Performance Improvements plans are effectively implemented and sustained as evidenced repeated deficient practices identified for F867-QAPI/Quality Assessment and Assurance (QAA) Improvement Activities. The findings included.Review of the facility's survey history revealed during the Recertification Survey with exit dated 04/25/2024 the facility was cited F867 (QAPI/Quality Assessment and Assurance (QAA) Improvement Activities) for repeated deficient practices that included F812-Food Procurement, Storage, Preparation, and Sanitary Practices; During this Recertification Survey with exit dated 08/28/2025 the facility was cited F867 (QAPI/Quality Assessment and Assurance (QAA) Improvement Activities) for repeated deficient practices related to F550 Resident Rights related to dignity during dining and F812 Food Procurement, Storage, Preparation, and Sanitary Practices.During the Quality Assurance and Performance Improvement (QAPI) review on 08/28/2025 at 5:38 PM with the Administrator (NHA), Director of Nursing and Corporate staff; the NHA revealed the members of the QAPI committee team members includes NHA, Director of Nursing, Assistant Director of Nursing Medical Director, Pharmacy Representative and all department heads. The last meeting was held on 08/15/2025. The QAPI committee activities related to effectiveness and goals related to previously cited deficiencies were reviewed and discussed. Review of the facility's document titled Quality Assessment & Assurance (QAA) Committee-Policy & Procedure - Skilled Nursing Facility (Florida) Reviewed/Revised dated 08/2025 indicate:1) PurposeTo establish and maintain a QAA Committee that oversees the facility's Quality Assurance and Performance Improvement (QAPI) program, ensuring a data-driven, systematic approach to resident safety, quality of care? quality of life, and regulatory compliance_.2) ScopeApplies to all departments, services, and contracted providers functioning within the facility, including clinical and operational domains (e.g., nursing, medical staff, therapy, pharmacy, dietary, social services, environmental services, admissions/business office).3) Definitions QAPI: Coordinated application of Quality Assurance (QA) and Performance Improvement (PI) across the facility. Performance Improvement Project (PIP): A focused, data-driven initiative addressing identified priorities; at least one high-risk/problem-prone PIP annually.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on observations, interviews and record review, the facility failed to be demonstrated effective plans of actions were implemented to correct identified quality deficiencies in the problem areas, as evidence by repeated deficient practices identified for F550-related to dignity during dining, F812-Food Procurement Store/Prepare/Serve/Sanitary and F908-Essential Equipment, Safe Operating Condition The findings included.Review of the facility's survey history revealed during the Recertification Survey with exit dated 04/25/2024 the facility was cited F550 Resident Rights related to dignity during dining F812-Food Procurement, Storage, Preparation, and Sanitary Practices. During this Recertification Survey with exit dated 08/28/2025 the facility was cited F550 Resident Rights related to dignity during dining and F812 Food Procurement, Storage, Preparation, and Sanitary Practices and F908-Essential Equipment, Safe Operating Condition.During the Quality Assurance and Performance Improvement (QAPI) review on 08/28/2025 at 5:38 PM with the Administrator (NHA), Director of Nursing and Corporate staff; the NHA revealed the members of the QAPI committee team members includes NHA, Director of Nursing, Assistant Director of Nursing Medical Director, Pharmacy Representative and all department heads. The last meeting was held on 08/15/2025. The QAPI committee activities related to effectiveness and goals related to previously cited deficiencies were reviewed and discussed. Review of the facility's document titled Quality Assessment & Assurance (QAA) Committee-Policy & Procedure - Skilled Nursing Facility (Florida) Reviewed/Revised dated 08/2025 indicate:1) PurposeTo establish and maintain a QAA Committee that oversees the facility's Quality Assurance and Performance Improvement (QAPI) program, ensuring a data-driven, systematic approach to resident safety, quality of care? quality of life, and regulatory compliance_.2) ScopeApplies to all departments, services, and contracted providers functioning within the facility, including clinical and operational domains (e.g., nursing, medical staff, therapy, pharmacy, dietary, social services, environmental services, admissions/business office).</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observations, interviews and record review the facility failed to ensure the walk-in refrigerator and walk-in freezer were working properly. This has the potential to affect 156 out of 167 residents who eat orally residing in the facility at the time of the survey. The findings included: Record review of the Food Storage Policy and Procedure (no written dated documented); Policy-Sufficient storage facilities are provided to keep foods safe, wholesome and appetizing. Food is stored, prepared and transported at an appropriate temperature and by methods designed to prevent contamination; Procedures-16) Refrigerator temperatures: a) Temperature for refrigerators should be 41 degrees F (Fahrenheit), b) Every refrigerator must be equipped with an internal thermometer and 17) Freezer temperatures: a) Temperatures for freezer should be 0 degrees or below and must be recorded daily and d) Every freezer must be equipped with an internal thermometer, even if equipped with an external thermometer. Observation during the initial kitchen tour on 8/25/2025 at 8:27 AM with the Food Service Director revealed the walk-in refrigerator exterior temperature was 50 degrees Fahrenheit (F) and the interior temperature was 55 degrees F. Items noted in the walk-in refrigerator were: Produce, Pasteurized eggs in the shell and liquid, Juices and Thawed meats on the lower shelf. Condensation was noted on the items in the walk-in refrigerator. Photographic evidence submitted. Observation during the initial kitchen tour on 8/25/2025 at 8:31 AM with the Food Service Director revealed the walk-in freezer exterior temperature was 38 degrees F and the interior temperature was 40 degrees F. Items noted in the walk-in freezer were: Breakfast foods, Vegetables, Meats and Ice Cream. The foods were not frozen and soft to the touch. The Chocolate Ice Cream was soft to the touch and melted. Photographic evidence submitted. Interview with the Food Service Director on 8/10/2025 at 8:33 AM revealed that Maintenance was aware for a while that the temperatures were not working properly but the walk-in refrigerator and walk-in freezer have not been fixed. He confirmed that the temperatures in the walk-in refrigerator and walk-in freezer were not acceptable temperatures. Review of the Walk-in Refrigerator Temperature Log for August 2025 documented the following: On 8/25/2025 A.M. Temperature was 39 degrees F and P.M. Temperature was 38 degrees F. The Walk-in Freezer Temperature Log for August 2025 documented the following: On 8/25/2025 A.M. Temperature was 20 degrees F and P.M. Temperature was -1 degrees F. Interview with the Regional Director of Operations on 8/25/2025 at 2:47 PM. He stated, They threw everything out of the walk-in freezer. They are getting two refrigerators from Walmart to put the food items in from the walk-in refrigerator. In the entrance to the kitchen, we will put the juices in the milk box. They are trying to fix the walk-in refrigerator and freezer. Interview with the Regional Director of Operations on 8/26/2025 at 8:32 AM. He stated, The tech came out yesterday evening and it was determined that the compressor was bad in the walk-in refrigerator. The walk-in freezer was determined to be good. He is at the warehouse trying to find the parts now. Second observation of the kitchen walk-in refrigerator and walk-in freezer on 8/26/2025 at 9:03 AM with the Dietary Director and Regional Director of Operations revealed they were both empty and the temperatures were in range. Two stand-alone refrigerators were noted in the kitchen with food items from the walk-in refrigerator and walk-in freezer. The Dietary Director revealed the walk-in freezer interior temperature was 0 degrees F and that the food was hard and frozen to the touch. Photographic evidence submitted. Interview with the Regional Director of Operations on 8/27/2025 at 9:11 AM revealed that the air conditioner repair technician came on 8/26/25 and replaced the outdoor condenser system and added freon to the walk-in refrigerator. Record review of the walk-in refrigerator invoice from the Air Conditioner company dated 8/26/25 documented the following: Replaced the outdoor condenser system, added freon and system cooling at this time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Brookwood Gardens Rehabilitation and Nursing Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 1990 S Canal Drive Homestead, FL 33035	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure the environment remained free of pests (roaches), as evidenced by roach sightings in the facility. There were 167 residents residing in the facility during the survey. The findings included:</p> <p>During observation and interview on 08/25/2025 at 09:49 AM, Resident #162 was in her room on the bed, a roach was seen crawling on the wall behind the resident. The resident stated, "I haven't seen any roaches before but please take care of that."</p> <p>On 08/28/2025 at 08:35 AM, the Administrator revealed pest control services are provided weekly and acknowledged recent sightings of pests, including lizards and baby lizards, both outside and inside the facility.</p> <p>Observation outside of resident's rooms on the 300 South Wing on 8/25/2025 at 10:26 AM, revealed a roach crawling outside of the room. Photographic evidence submitted.</p> <p>Observation and interview conducted with resident's wife on 8/25/2025 at 10:28 AM, she revealed that there are bugs in the room. While interviewing the resident's wife, an observation revealed a roach crawling up the wall in the 300 South Wing. Photographic evidence submitted.</p> <p>Review of the facility's policy titled "Pest Control" (undated) indicated:</p> <p>The facility shall maintain an ongoing pest control program to ensure the building is free of insects and rodents.</p> <p>Pest control services are provided by [].</p> <p>Maintenance staff assist in pest control services as needed.</p> <p>Only FDA- and EPA-approved insecticides are permitted.</p>