

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Pompano Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 51 W Sample Road Pompano Beach, FL 33064	
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to address and resolve a resident representative's grievances related to transportation and billing for 1 of 3 sampled residents (Resident #1). The findings included: Resident #1 was admitted to the facility on [DATE]. A comprehensive assessment dated [DATE] documented the resident had moderate cognitive impairment and required substantial/maximum assistance with activities of daily living. A telephone interview was conducted with Resident #1's Power of Attorney (POA) on 01/13/26 at 12:00 PM. The POA stated she had expressed concerns to the facility related to Resident #1's transportation from the hospital and billing. The POA stated Resident #1 had a fall on 12/04/25, which the resident was sent out to the hospital via 911 for evaluation. Resident #1's POA was contacted by the hospital concerning the return of the resident back to the facility. The POA stated she contacted the facility and was told by the Unit Manager (UM) not to worry, they would handle it and call the POA back. Resident #1's POA ultimately paid 150.00 for the return of the resident back to the facility. The POA further stated she received a bill for Resident #1 in November of 2025 that included charges from August, September, and October. The POA stated she still had not received a response to the inquiry of the bill. A review of the facility's grievances revealed a grievance for Resident #1 dated 12/09/25. A review of the grievance revealed a concern with Resident #1's POA related to not receiving a call back from the facility in reference to transportation of Resident #1 from the hospital back to the facility. In response, education was provided to staff in regards of communication concerns. On 12/09/25 education on customer service specific to setting expectations; When communicating with residents or families, if you say you are going to follow up with a call or service, follow through. An interview was conducted with the UM on 01/13/26 at 2:00 PM. The UM stated she had been working at the facility for 2 months. She had worked at other nursing facilities as well as hospitals and never had a nurse call for transportation arrangements. The UM stated usually the hospital gets residents back to the facility. The UM stated she was told by the hospital that Resident #1's insurance would not cover transportation back to the facility. An interview was conducted with the Director of Nursing (DON) on 01/13/26 at 3:00 PM. The DON stated it was Admission's responsibility to arrange for the return of a resident from the hospital back to the facility. The DON further stated Admissions was available 24/7. An interview was conducted with the Admissions Coordinator on 01/14/26 at 12:30 PM. The Admissions Coordinator stated when a resident goes out to the hospital, the hospital will contact admissions or the facility to inform them the resident was coming back to the facility. For Resident #1, on 12/4/25, the hospital should have gotten in touch with admissions for the resident's return. The Admissions Coordinator did not know why the hospital told the resident's family to pay. Resident #1 was long term care, and facility should have paid. Insurance does not matter. A review of a grievance dated 12/16/25 revealed a concern with billing process for Resident #1. The</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 105572	Facility ID: 105572 If continuation sheet Page 1 of 2

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident's POA requested a complete itemized billing statement from the start of the resident's stay, including a clear explanation of services rendered and included. An email was sent from the Business Office Manager (BOM) itemizing costs related to stay at the facility. A review of the attached billing email dated 11/19/25. Further review of the attached billing statement revealed it was not itemized. An interview was conducted with the Business Office Manager (BOM) on 01/13/26 at 12:00 PM. The BOM stated she spoke with Resident #1's POA via phone. The BOM sent copy of the bill via e-mail. The BOM provided a copy of the email, dated 11/19/25, sent to the POA. The BOM stated she was not aware that Resident #1's POA requested an itemized bill and confirmed she had not had any other contact with the POA since the 11/19/25 email.</p>		