

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Palmetto Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 6750 West 22nd Court Hialeah, FL 33016	

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 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>45019</p> <p>Based on observations record review an interview, the facility failed to safeguard and ensure privacy of residents' confidential Electronic Health Records (EHR); as evidenced by one out of four of the facility's medication carts' computer screen was left unlocked and unattended revealing residents' information. There were 88 residents residing in the facility at the time of the survey.</p> <p>The findings include:</p> <p>Observational tour of the facility on 02/25/25 at 07:21 AM revealed, the computer screen on unattended Medication Cart Two located on the South station was left unlocked with residents' Electronic Medication Administration Records (EMAR) visible. There were no nurses or other staff attending to the cart at the time.</p> <p>Interview on 02/25/25 at 08:20 AM, Registered Nurse (Staff B) stated: I know my EMAR screen on the South Medication Cart is supposed to be locked, I was rushing to go help a resident and forgot to lock the cart.</p> <p>Interview on 02/26/25 at 09:45 AM, the Director of Nursing was informed of the privacy and Health Insurance Portability and Accountability Act (HIPAA) concerns identified.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on observation, record review and interview, the facility failed to obtain orders for use of a Spirometer for Resident #183; as evidenced by Resident #183 was observed with a Spirometer and reported the equipment is used occasionally.</p> <p>The findings included:</p> <p>On 02/24/25 at 07:52 AM Resident #183 was observed in bed asleep, there was a Spirometer with no protective covering on the overbed table.</p> <p>Observation on 02/24/25 at 10:09 AM, the Spirometer was on the bedside table in Resident #183's room.</p> <p>On 02/25/25 at 09:00 AM, Resident #183 was observed in her room sitting in wheelchair; the Spirometer was on the bedside table. Resident #183 was asked about the Spirometer with Spanish translation conducted by a member of the survey team; Resident # 183 revealed she used the Spirometer occasionally.</p> <p>Interview on 02/25/25 at 09:13 AM, Licensed Practical Nurse (LPN), (Staff A) revealed she is assigned to Resident #183, and there was no order for use of the Spirometer, but sometimes when residents came from the hospital they may need to use it for a few days, and she will check with the supervisor if the resident is supposed to be using the Spirometer.</p> <p>Review of Resident #183's medical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include but not limited to: Chronic Obstructive Pulmonary Disease.</p> <p>Review of the Physician's Order Sheet for February 2025 revealed Resident #183 had no prescribed orders documented for the use of the Spirometer.</p> <p>Review of Resident #183's Admission Minimum Data Set (MDS) assessment dated [DATE] Brief Interview for Mental Status (BIMS) documented a score of 15, on a 0-15 scale indicating the resident is cognitively intact.</p> <p>Record review of Resident #183 's Care Plans reference dated 02/17/2025 revealed: Resident has a potential for complications of respiratory distress related to diagnosis of cough. Interventions include Nebulizer treatments as ordered-observe for effectiveness, oxygen (O2) saturation as ordered. Administer O2 as ordered. Vital signs as ordered and as needed. Perform lung sounds / respiratory assessment as needed. Encourage resident to take rest breaks with activity to minimize shortness of breath as needed. Observe for signs and symptoms of respiratory distress; update physician if noted.</p> <p>During an interview on 02/26/2025 at 09:47 AM, the Director of Nursing (DON) stated: I checked the Electronic Medication Administration Records (EMAR), and I do not see any orders for the use of the equipment. The assigned nurse contacted the resident's Physician (MD) on 2/25/2025 about the use of the Spirometer; apparently she came from the hospital with the Spirometer, or the family brought it into the facility. The MD stated the Spirometer is not necessary.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the facility's policy and procedure titled Use of Incentive Spirometer revision date 01/10/2025 indicate: The purpose of this policy is to ensure the appropriate and safe use of the incentive Spirometer to improve lung function, prevent respiratory complications, and promote optimal respiratory health in residents of the nursing home.</p> <p>Frequency and Duration: The residents should use the incentive Spirometer as ordered by the healthcare provider.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45019</p> <p>Based on observation, interview and record review the facility failed to follow pharmaceutical procedures for privacy, as evidence by failure to close the door and privacy curtains during medication administration for Residents #13 and Resident #36. There were 88 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On 02/25/25 at 08:00 AM during medication administration observation, Staff C, Registered Nurse (RN) no privacy was provided for Residents #13 and Resident #36, during medication administration; the residents' door and the privacy curtains were left open.</p> <p>Interview on 02/25/25 at 08:00 AM, Staff C, RN stated: I was so nervous, and I forgot to close the curtains and door to provide privacy for the two residents during medication administration.</p> <p>Interview on 02/26/25 at 09:45 AM, the Director of Nursing was informed of the privacy concerns identified during medication administration.</p> <p>Review of the facility's policy and procedure titled Administering Medications revision dated April 2019 documented: Medications are administered in a safe and timely manner, and as prescribed.</p> <p>Policy Interpretation and Implementation</p> <p>19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on observation, record review and interview the facility failed to follow infection prevention and control procedures for Resident #183. As evidenced by Resident #183's Spirometer was observed at Resident #183's bedside with no protective covering.</p> <p>The findings included:</p> <p>On 02/24/25 at 07:52 AM, Resident #183 was observed in bed asleep, there was a Spirometer with no protective covering on the overbed table.</p> <p>Observation in Resident #183's room on 02/24/25 at 10:09 AM, the uncovered Spirometer was on the bedside table.</p> <p>Observation on 02/25/25 at 09:00 AM, Resident #183 was in her room sitting in wheelchair; the Spirometer on the bedside table was not in a protective covering. Resident #183 revealed she used the Spirometer occasionally.</p> <p>Interview on 02/25/25 at 09:13 AM, Licensed Practical Nurse (LPN), (Staff A) revealed she is assigned to Resident #183, and the Spirometer should be stored in a dated zippered bag when not in use for infection control reasons/issues.</p> <p>Review of Resident #183's medical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Chronic Obstructive Pulmonary Disease.</p> <p>Interview on 02/26/25 at 09:47 AM, the Director of Nursing (DON) revealed; when a resident's equipment is not being used, it is supposed to be stored in a [brand zippered bag] with the date it is replaced for infection control purposes and to protect the resident.</p> <p>Review of the facility policy and procedure titled Infection Prevention and Control, Revision date December 2023 states: The facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. Policy Interpretation and Implementation: All personnel are trained on infection prevention and control policies and procedures upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control.</p>		