STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105596	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regents Park at Aventura	18905 NE 25th Ave Aventura, FL 33180

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations, interviews, and record reviews, the staff failed to keep residents' information confidential at one of the two nursing stations on the second floor. As evidenced by an unattended computer with an open screen displayed a resident's confidential health care information at the 2 [NAME] Nursing station. There were 173 residents residing in the facility at the time of the survey. The findings include.Observations on 01/06/2026 at 12:56 PM revealed an unattended computer with the screen open displaying residents' health care information at the 2 west Nursing Station. (Photographic evidence). Interview on 01/07/2026 at 09:30 AM, Staff B, Licensed Practical Nurse (LPN), stated, I understood HIPAA (Health Insurance Portability and Accountability Act) as it is related to protecting the privacy of patient information. Patient confidentiality mean not discussing resident information over the phone and only sharing information with individuals who were authorized and listed in the chart. When walking away from a computer, I made sure it was not left open or visible to others and that any paperwork containing patient information was shredded once it was no longer needed. Review of the facility's policy and procedure titled HIPAA Policy: 11/2019: Examples of violations include, but are not limited to: 1. The intentional or negligent mishandling, altering, or destruction of confidential information or media/workstations that house such information.2. Leaving a secured application unattended while logged 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