STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105612	A. Building B. Wing	07/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silvercrest Health and Rehabilitation Center	910 Brookmeade Drive Crestview, FL 32539

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observations, interviews, and record reviews, the facility failed to ensure a dialysis resident received the appropriate care and medications for 1 out of 1 residents who received dialysis treatments. (Resident #60)The findings include:On 7/9/2026 at 10:30 AM, a record review for Resident #60 revealed he was admitted to the facility on [DATE] with the following diagnoses: End Stage Renal Failure. Renal Osteodystrophy, Disorders of Phosphorus metabolism, and Dependence on Dialysis treatments. Resident 60's current physician orders include Velphoro 500 mg chewable tablet every day (used to control high phosphorus) and Sevelamer Carbonate 800 mg give 2 tablets with meals (also used to control phosphorus levels).The record for Resident #60 revealed he was hospitalized on [DATE] with multiple falls at home and generalized muscle weakness. Resident #60 was discharged from the hospital on 5/30/26 and admitted to the facility. At the time of discharge, Resident #60 presented with a phosphorus level of 4.6 (which is considered high).The medication administration record and progress notes indicated that Resident #60 had not received the medication Velphoro for the entire month of June 2026 and July 2026, Sevelamer was administered per the resident's records on only seven out of the 24 days he was present in the month of June 2026. The progress notes on 7/5/26, 7/2/26, 7/1/26, 6/29/26, 6/27/26, 6/26/26, 6/15/26, 6/14/26, 6/12/26, and 6/10/26 stated, awaiting from pharmacy or medication not available. Medication administration record reports for all other missing days are documented as see progress notes, with no documentation actually in the progress notes. (photographic evidence obtained)On 7/6/2026 through 07/10/2026, multiple observations were conducted with Resident #60, who presented on non-dialysis days resting in bed, asleep, with no distress observed. Several interviews were attempted with Resident #60, however Resident #60 always stated he was tired or not feeling well after or before dialysis treatments and asked not to be interviewed.On 7/10/2026 at 08:18 AM, an interview was conducted with Staff Nurse A who indicated that Resident #60 will sleep most of the day after his dialysis treatments. When asked about his medication Velphoro not being administered, she stated, I don't know about the medication or why the pharmacy has not sent the medication, that's why I placed the medication on hold.On 7/10/2026 at 09:35 AM and interview was conducted by telephone with the Pharmacy Tech who revealed the medication Velphoro is not a mediation they are able to receive; however, the medication is available through the dialysis center where Resident #60 receives his treatments.On 7/10/2026 at 09:51 AM a follow up interview with Staff Member A revealed that the medication Velphoro was discontinued. When asked why the medication was discontinued, she stated that she wasn't sure.On 7/10/2026 at 12:10 PM, an interview with the dialysis center Clinical Manager revealed that she was unaware that Resident #60 was not receiving the medication as prescribed and was informed only today. She further stated the medication was on order for Velphoro and that the medication comes to the center and then we send the medication to the facility. She stated that it was ordered last week for a refill. She further stated it is very important for the overall health of Resident #60 to receive the necessary dialysis medication to assist in reducing the phosphorus from blood during treatments. She stated Resident #60's last phosphorus level was completed on 6/11/26 and resulted at a 7.3. which is higher than it should be for a dialysis patient. The medication Velphoro (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was initiated due to Resident #60 only eating two meals daily. She also stated that the medication Sevelamer should have been discontinued. Resident #60 has a diagnosis of Renal Osteodystrophy, which is a bone disorder caused by chronic kidney disease. It occurs when impaired kidney function disrupts the regulation of calcium, phosphorus, and vitamin D. Patients with this disorder may experience an increase in risk for fractures, skeletal deformities, bone pain, and muscle weakness. The management of this disorder consists of kidney transplant, dietary modifications, and medications such as phosphorus binders. (https://myclevelanclinic.org).