

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/22/2025
NAME OF PROVIDER OR SUPPLIER  West Gables Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2525 SW 75th Avenue Miami, FL 33155	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interviews and record review, the facility failed to ensure that emergency bathroom call-light systems were properly installed, maintained, and accessible to residents to prevent accidents and ensure timely assistance for three rooms (Wing A (North) room [ROOM NUMBER] and 428, and Wing D (East), room [ROOM NUMBER]) out of sixty rooms on the facility's 4th floor. As evidenced by missing toilet-side emergency call-light cord in room [ROOM NUMBER] and missing shower call-light cords in rooms [ROOM NUMBERS]. This deficient practice significantly increased the risk of potential accidents and injuries. Fifty-four residents resided in the facility at the time of the survey. The findings include. Observations during the environmental tour on 12/22/2025 revealed the emergency shower call-light cords were missing in the bathrooms of the 4th Floor, Wing A (North) rooms [ROOM NUMBERS], and Wing D (East), room [ROOM NUMBER]. In room [ROOM NUMBER], the toilet-side emergency call-light cord was missing, and the shower call-light cord was across the bathroom doorway, crossing over from the shower side to the toilet side. (Photographic evidence)On 12/22/2025 at 12:16 PM, Staff A Certified Nursing Assistant (CNA) acknowledged that they had crossed over the call-light cord from the shower side to the toilet side and was unaware of the reason behind its position, assuming it had been moved so the resident could reach it while using the toilet. On 12/22/2025 at 1:07 PM, The Maintenance Director reviewed photographic evidence and toured the affected rooms, noting that the toilet call-light cord in room [ROOM NUMBER] had been ripped off. He confirmed that additional rooms (rooms [ROOM NUMBERS]) were missing shower call-light cords and required immediate repair.On 12/22/2025 at 2:50 PM, the Director of Nursing (DON), revealed she was not aware the toilet call-light cord in room [ROOM NUMBER] had been ripped off and rooms [ROOM NUMBERS] were missing shower call-light cords and acknowledged the condition was hazardous.The facility's undated Policy and Procedures state in item 4-A: The call system is accessible to residents in each toilet, bath, or shower facility, including when a resident is lying on the floor.</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
---	-------	-----------