

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 05/02/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34007</p> <p>Based on records reviewed and interview, the facility failed to accurately code the Minimum Data Set (MDS) for one resident (Resident #49) out of four residents reviewed for discharges. As evidenced by Resident #49 was discharged home but the MDS coded the resident was discharged to a short-term general hospital hospital.</p> <p>The findings included:</p> <p>Record review of admission records revealed Resident #49 was admitted to the facility on [DATE] and discharged home on 04/04/202.</p> <p>Record review of Resident # 49's medical records revealed the resident's diagnoses included, but not limited to, muscle wasting and atrophy and depression.</p> <p>Review of the resident's Care Plan initiated on 2/13/2024, Next Review Date 04/14/2024 documented that the resident is at a facility for short term skilled rehab; and plan to discharge to home with supportive care services.</p> <p>Record review of progress notes dated 3/12/2024 13:45 documented in the Discharge Summary: Patient with new order to be discharged home. Patient and family members that were present at the time of teaching verbalized understanding of discharge instructions received from the nurse.</p> <p>Record review of Section C of the MDS for cognitive pattern dated 03/12/2024 revealed the Brief Interview for Mental Status Summary score was 15 out of 15 to suggest the resident is cognitively intact,</p> <p>Record review of the MDS section for Discharge Return Not Anticipated dated 03/12/2024 revealed in Sections A-Identification Information indicated the resident was discharged to a Short-term General Hospital.</p> <p>During an interview on 04/30/24 at 12:54 PM the MDS Coordinator was asked about the coding concerns. The MDS Coordinator stated: Oh, oh, I just realized, it was a mistake, I will correct it immediately.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on record review and interview, the facility failed to ensure a level one Pre-Admission Screening and Resident Review (PASRR) was revised following admission for one resident (Resident #7) out of 17 sampled residents. There were 58 residents residing in the facility at the time of the survey.</p> <p>The findings Included:</p> <p>During multiple observations starting on 04/29/2024 to 05/02/2024, Resident #13 was observed in the room in bed or seated in a geriatric chair the resident was noted receiving enteral nutrition running at 50 Milliliters per hour (ml/hr.) with water flush of 40 ml/hr.</p> <p>Record Review of Resident #7's most recent Level I PASRR dated 11/15/2022 documented in Section I: PASRR Screen Decision Making: A: Mental Illness (MI) or suspected MI (check all that apply) - other-insomnia. Findings based on documented history were-Section II Other indicators for PASARR screening Decision-Making: All checked - no. Does individual have validating documentation to support dementia or related neurocognitive disorder - no. Section III Not a provisional admission. Section IV. No diagnosis or suspicion of Serious Mental Illness (SMI) or Intellectual Disability (ID) indicated. Level II PASRR evaluation not required. PASRR Level I was completed by the Social Service Director at the facility on 11/15/2022.</p> <p>Review of the Clinical Documentation Physician Query Form dated 01/09/2024 documented: Based on the documentation in the medical record, this resident has the following conditions: Psychotic Disorder, unspecified dementia, gastronomy status and dysphagia.</p> <p>Record review of Resident # 7's Quarterly Minimum Data Set (MDS) dated [DATE] revealed: Section A 1500 resident is currently considered by the state level II PASRR process to have a SMI (Serious Mental Illness) or ID (Intellectual Disability) or a related condition-Not available. Section C for Cognitive Patterns documented Brief interview for mental status score (BIMS), unable to determine. Section I for Active diagnosis documented Psychiatric/Mood Disorder-Psychotic disorder. In addition, the resident was coded for Psychotic disorder in Section I for Active diagnosis on the Annual MDS dated [DATE] and the Quarterly MDS 's dated 11/17/2022, 2/15/2023, 5/14/2023,11/12/2023, and 2/15/2024- Psychotic Disorder. Section N for Medications documented no medications received from the high-risk drug class. Section O for Special Treatments documented the resident received no special treatments or procedures.</p> <p>Record Review of Resident #7's most recent Psychological Consultation dated 02/17/2022 documented: Mental status examination performed. Recommendations: Discontinue Seroquel 12.5 milligrams and new order for Melatonin 5 milligram at bedtime for the patient. Reassurance was provided to the patient, case discussed with staff. Physician will continue to monitor the patient throughout his hospital course as needed. Further recommendations will follow accordingly.</p> <p>(continued on next page)</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical records for Resident #7 revealed, the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Clinical diagnoses included but not limited to: Psychotic disorder with delusions due to known physiological condition. Unspecified psychosis not due to a substance or known physiological condition. Insomnia, unspecified and Unspecified Dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the Physician's Orders Sheet for April 2024 revealed Resident #7 had orders that included but not limited to: 08/16/2022- Consult Psychiatry on Admission & as needed.</p> <p>Record review of Resident #7's Care Plans Reference Date 04/03/2024 revealed: Resident has an alteration in neurological status r/t (related to) Dementia, dysphagia following other nontraumatic intracranial hemorrhage.</p> <p>Interview on 05/01/24 at 08:00 AM. The Social Services Director (SSD) stated: The resident's most recent PASRR was completed on 11/15/2022, at that time, the resident was not taking any medications for psychosis, so he would not have been coded for psychotic disorder. The resident was admitted on [DATE], readmitted on [DATE], so I have to check his paperwork, the other PASRR dated 8/10/2022 the resident was not coded for psychotic disorder either. The surveyor informed the SSD that the resident was coded for a psychotic disorder on the most recent MDS and also the prior Minimum Data Sets in addition, psychotic disorder is listed on the resident's current medical diagnosis documentation. The SSD then stated she will review the resident's chart and get back to the surveyor.</p> <p>On 05/01/2024 at 09:40 AM; the SSD a PASRR dated 7/27/2020 to the surveyor which indicated diagnosis checked of on the mental illness list-Psychotic Disorder.</p> <p>On 05/01/2024 at 10:03 AM; the Director of Nursing (DON) brought documentation revealing the resident has an active diagnosis of a Psychotic disorder based on the physician's clinical documentation dated 1/9/2024 and stated: That is why the diagnosis is coded on the MDS.</p> <p>Review of the facility's policies and procedures titled Admission Criteria revision date March 2019 states: Our facility admits only residents whose medical and nursing care needs can be met. All new admissions and readmissions are screened for mental disorders (MD), Intellectual Disabilities (ID) or related disorders per the Medicaid Pre-Admission Screening and Resident Review (PASRR) process.</p>		