STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105641	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nspire Healthcare Kendall	9400 SW 137th Avenue Kendall, FL 33186

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations, record review and interviews the facility failed to implement quality of care and service related to a trial for removal of restraints for one resident (Resident #47) out of eight sampled residents as evidenced by; a trial removal of restraints was initiated without a physician's order. There were 110 residents residing in the facility at the time of the recertification survey. The findings included: Record review of the matrix revealed Resident #47 used restraints. On 11/19/24 at 8:48 AM Resident t#47 was observed in bed with eyes closed; the mattress appeared concave. A belt with fastener was observed on a wheelchair next to bed. Record review of a demographic sheet for Resident #47 revealed an admitted [DATE] with diagnosis that included: Cerebral Infarction. Record review of Resident #47's physicians' orders revealed an order dated 5/22/24 with directions: Soft [fastener brand] belt while in wheelchair when in wheelchair to maintain seating position and minimize risk of falling out of chair release at mealtimes and during personal care every shift for safety and 8/8/24 directions: check [fastener brand] safety belt every shift and as needed for skin integrity and patient comfort. Review of an assessment document titled, Restraint-physical (quarterly/annual evaluation) dated 9/26/24 documented the Physician was aware after trial was completed. Record review of a Quarterly Minimum Data Set (MDS) with reference date 9/25/24 section C (Cognitive status) revealed cognitive impairment, section E (Behaviors) revealed no potential indicators of psychosis, no rejection of care, section GG (functional status) revealed dependent for Activity of Daily Living and section P (restraints) revealed none coded. Record review of a Care Plan started on 9/25/24 revealed Resident #47 was at risk for further falls related to gait balance problems, history of falls, confusion, poor communication, comprehension, psychoactive drug use and unaware of safety needs with a goal to be free of minor injury throughout the next review date. The interventions included: scoop mattress on bed, soft [brand] safety belt when in wheelchair, place bed close to wall, frequent rounds, follow facility fall protocol. (continued on next page)

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/21/24 at 10:15 AM, the MDS coordinator stated, the Quarterly dated 9/25/24 was not coded for restraints because we did a trial taking the [brand fastener] belt off to see if [Resident#47] risk for fall had changed. During the trial [Resident#47] remained close to the nursing station with 1:1 supervision. The goal was to see how [Resident#47] would do without the [brand] belt. There is documentation on 9/24/24. There was no stop date for the order of Soft [brand] belt while in the wheelchair. The MDS coordinator was asked if the restraints should have been coded based on the current order dated 5/22/24 for [fastener brand] belt; The MDS coordinator replied, Restraints did not need to be coded because I observed [Resident#47] without the [brand] belt while in the wheelchair seven days prior to the MDS being completed. On 11/21/24 at 2:43 PM the Nurse Consultant revealed there was no order given for a trial removal of the restraint because it was an interdisciplinary team decision. On 11/21/24 at 5:01 PM The Assistant Director of Nursing (ADON) stated, According to CMS (Centers for Medicare and Medicaid Services) guidelines we are required to attempt to reduce restraints. The doctor should have been notified. [Resident #47] has worn a restraint for a long time. The care plan does not reflect that a trial was done. There was an IDT (Inter Disciplinary Team) meeting held after the completion of the trial and the doctor was present to discuss the trial results. A copy of the facility's policy related to restraints and quality of care. On 11/21/24 at 6:00 PM The ADON came to conference room and stated, we don't have a specific policy for quality of care.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations, record review, and interviews the facility failed to provide a safe environment for one resident (Resident #46) out of eight residents sampled as evidenced by an observation of four shaving razors on Resident#46 nightstand. The findings included: Observation on 11/18/24 at 9:20 AM Resident #46 was in bed awake, alert; four disposable shaving razors were in a cup on the nightstand. (photo evidence) Resident#46 stated, I shave myself and the staff give me the razors. On 11/18/24 at 9:23 AM, Staff B, Registered Nurse (RN) was asked what the facility's policy and procedure for shaving residents is and if residents are permitted to keep shaving razors in their room. Staff B, RN replied, Residents are not able to keep razors in their rooms. When residents need to be shaved, the Certified Nursing assistants (CNA) gives the residents the razors and when done, places the used razor inside the sharps container. When I do rounds, I check to make sure the residents are safe. If there is a razor in the room, I remove it. On 11/18/24 at 9:26 AM Staff B, RN, was informed of shaving razors observed in Resident #46's room. Staff B, RN removed the razors and placed them into the sharps container located in resident's room and educated resident about safety. Record review of Resident #46's demographic face sheet revealed the resident was admitted on [DATE] with diagnosis that included: Angina Pectoris. Review of a Quarterly Minimum Data Set (MDS) with reference dated 11/7/24 Section C (Cognitive) revealed a Brief Interview for Mental Status score of 14 indicating no cognitive impairment. Section E (Behavior) revealed no potential indicators of psychosis, no wandering, no rejection of care. Section GG (functional status) revealed Resident #46 was independent with personal hygiene which included shaving. Record review of a Care Plan that started on 11/7/24 revealed Resident #46 was a hoarder and hoards items on his bed and in bathroom/throughout his side of the room with a goal of having fewer episodes of hoarding items by the next review date. Interventions included: Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. During an interview on 11/21/24 at 10:50 AM, the Director of Nursing (DON) was asked about resident's safety related to shaving razors. The DON stated: Whenever a resident needs to be shaved the CNAs and nurse are responsible for providing the shaving razors and disposing them into the sharps container. No residents are allowed to keep shaving razors in the room for safety of the residents and staff. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's policy titled, Safety Precautions Nursing Services effective date 11/30/2014 no revision date Policy: Safety precautions for the nursing units shall be followed by all personnel involved in the provision of nursing care. Procedure: 1. Follow established policies and procedures for discarding used needles, syringes, and all sharps. Do not bend, break or recap needles. Discard needles only in specified impenetrable storage container. Do not overfill storage, change when necessary.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observation, record review and interviews, the facility failed to administer oxygen as prescribed for one resident (Resident #83) out of eight sampled residents, as evidenced by observations of Resident #83 without oxygen in progress. The findings Included: During an Observation on 11/19/24 at 9:31 AM Resident #83 was lying in bed with eyes closed; the there was a nasal cannula on top of a pillow next to the resident and the oxygen concentrator at bedside was running at 2 liters per minute (L/min). On 11/19/24 at 9:31 AM am an interview was held with Resident#83's daughter and who revealed the resident#83 doesn't require continuous oxygen. On 11/20/24 at 2:48 PM Resident #83 observed in the dining room area participating in activities with no oxygen in progress. Record review of Resident #83's demographic face sheet revealed an admitted [DATE] and Readmission of 10/31/2024 with diagnosis that included: Heart Failure, Cerebrovascular Disease, unspecified/Pleural Effusion. Review of Resident #83's Physician Orders revealed an order for: Oxygen at a rate of two Liters per minute (L/min) every shift. Review of a Care Plan initiated on 7/30/24 Revised on 11/20/2024 revealed Resident #83 had altered respiratory status/difficulty breathing: with a goal to have no signs or symptoms of poor oxygen absorption through the review date. The interventions included: Oxygen setting: Humidified O2 via nasal cannula at 2 L/min continuously. Record review of a Quarterly Minimum Data Set (MDS) revealed in Section C (cognitive status) documented a Brief Interview for Mental Status score of 7 out of 15 indicating moderate cognitive impairment. On 11/21/24 at 4:03 PM Staff D, Registered Nurse (RN) stated, [Resident #83] was discharged and left with oxygen at 2 L/min via nasal cannula. I have observed this resident (#83) removing the nasal cannula because she is confused. The times I observed [Resident#83] without the nasal cannula in place, I immediately replaced it. I didn't report this because the resident remained in stable condition. The oxygen was ordered for continuous for [Resident#83]. A Nursing Note dated 11/21/24 at 3:30 PM revealed Resident #83 was discharged home, left stable, O2 saturation was 97%. The documentation did not include that resident left with O2 via nasal cannula in progress. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/21/24 at 4:12 PM Staff C, Certified Nursing Assistant revealed that upon initial rounds Resident #83 was in bed with eyes closed and no oxygen was in progress. Also stated, I don't know if [Resident#83] was to wear her oxygen at all times. On 11/21/24 at 4:51 PM the Assistant Director of Nursing stated, If there is an order for continuous oxygen there is a concentrator in the room and the tubing is changed weekly. If the resident is not using the oxygen it is maintained in a plastic bag in the room. A doctor might give an order to wean a resident off oxygen. If there is an order for continuous oxygen the resident should not be without it except during personal care. The oxygen care plan should match the order. When a resident is observed removing the nasal cannula the nurse should notify the doctor and it should be documented, and they should test the oxygen saturation. The floor nurse is responsible for making staff members aware which residents require oxygen continuously. Record review of a policy, titled, Oxygen therapy effective date 11/30/24 revised on 8/28/17 indicated: Start O2 flow rate at the prescribed liter flow or appropriate flow for administration device. Place delivery device on resident.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations, record review and interviews the facility failed to properly store medications for four residents (Resident #53, Resident #313, Resident #314, and Resident #315) and one medication cart out of three sampled medication carts as evidenced by pills, eye drops, ointments and nasal sprays at the bedside of residents and an expired Moxifloxacin eye drop on the North 2100 medication cart. There were 110 residents residing in the facility at the time of recertification survey. The findings included: Observation on [DATE] at 9:29 AM revealed a tubing labeled, Triamcinolone at Resident # 53's bedside (photo evidence). On [DATE] at 9:50 AM two eye drops were observed at Resident #313's bedside. (photo evidence) On [DATE] at 10:26 AM two eye drops, a nasal spray and two small circular pink colored pills inside a cup were observed at Resident # 314's bedside. (photo evidence). On [DATE] at 9:56 AM an ointment and two nasal sprays were observed at Resident #315's bedside. (photo evidence). On [DATE] at 10:31 AM, the Assistant Director of Nursing (ADON) was asked what the facility's protocol was related to medications in residents' rooms. The ADON revealed residents are not able to keep medications or ointments in their rooms; when medications are seen in a resident's room the nurse should remove them and educate both residents and family. The ADON was informed about the medications observed at the residents' bedside. The ADON accompanied the surveyor to each residents' room (#53, #313, #314 and 315) and removed the medications, disposed of the pills into a drug buster and stored other medications in medication room and educated each resident (#53, #313, #314 and 315). On [DATE] at 9:43 AM Staff F, RN was asked if any residents are allowed to keep medications at the bedside. Staff F, RN stated, Residents are not allowed to keep medications at the bedside. I check during rounds to make sure there are no medications left at the bedside. The surveyor made Staff F, RN aware that a resident had ointments and nasal sprays at bedside. Staff F, RN entered Resident # 315's room and removed the ointments and nasal sprays and educated the resident. On [DATE] at 3:27 PM a medication storage check was completed with Staff E, Registered Nurse (RN) on The North 2100 medication cart. One eye drop (Moxifloxacin Sol HCL) was in the top drawer with an open date of [DATE] (photo evidence). Surveyor asked what the expiration date was. Staff E, Registered Nurse (RN) revealed he did not know the expiration date and will check with pharmacy. On [DATE] at 9:18 AM, the Pharmacy consultant stated, The Moxifloxacin Sol HCL eye drop has the suggested expiration of 28 days, but it can be used for up to 30 days. The eye drop was one day expired and shouldn't be on the cart. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on [DATE] at 10:44 AM, the Director of Nursing (DON) was asked about the facility's policy related to medication storage. The DON stated: Medications are kept in the medication room and medication carts. The medication carts and rooms are locked, and the nurse keeps the key for the safety of the resident. Residents are not allowed to keep medications in their rooms. The nurse does an inventory with the Certified Nursing Assistant (CNA) upon admission and if any medications are found they are removed immediately. The nurse is to make frequent rounds with CNA to look for any medications at the bedside and should remove them immediately and educate residents and family that no medications should be brought to facility. Expired eye drops should be removed immediately from cart. Every nurse every shift are in charge of checking their cart to ensure no expired eye drops are in the cart. Record review of a policy titled, Medication Storage in the facility [DATE] Policy: Medications and biologicals are stored safely, securely and properly, following manufacturers recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48906 Based on observation, record review and interviews, the facility failed to follow infection control protocol in the laundry room. As evidenced by observation of lint traps that were not cleaned, the lint log indicated lint traps were cleaned every two hours and was signed daily at 5:00 AM although laundry staff start at 6:00 AM. The findings included: On 11/21/24 at 11:00 AM a laundry tour was conducted with Maintenance and Housekeeping Director, Staff A, Laundry staff. During the tour, there were two working dryers with 75-pound capacity each. The surveyor asked if there was a lint log kept in the laundry room to indicate when the traps were last cleaned. The Maintenance and Housekeeping Director stated, There is a lint log to show when staff clean the traps. The Maintenance and Housekeeping Director gave the surveyor a lint log sheet. The Lint log was reviewed, and it was noted that it was last signed at 7:00 AM on 11/21/24 (photo evidence). Both dryers were in progress. The Maintenance and Housekeeping Director opened the dryers and both lint traps were noted to be full of lint. When asked how often lint was removed and lint log signed. The Maintenance and Housekeeping Director stated: The laundry staff start at 6:00 AM and are required to sign every two hours, each time they clean the traps. The surveyor asked at what time were the lint traps last cleaned. Staff A, Laundry staff replied, I cleaned the lint traps at 9:00 AM and forgot to sign at 9:00 AM. Staff A was asked if anyone was in the laundry room at 5:00AM. Staff A, Laundry staff replied, I start work at 6:00am and signed for 5:00am by mistake. The Maintenance and Housekeeping Director stated, No one is here at 5:00 AM. The staff have been signing for 5:00 AM this month because this is an old paper, and they are used to it. Record review of the facility policy titled, Departmental (Environmental Services)-Laundry and Linen Med Pas, Inc Revised January 2024. Purpose: The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen.