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	06/04/2026

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

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, record review and interviews the facility failed to properly store medications in two out of two medication rooms as evidenced by an expired emergency kit in the North medication room and a thermometer reading of 52 degrees Fahrenheit in the South medication room. The findings include:Observation on 06/02/2026 at 9:41 AM in the North Medication Room revealed an expired emergency drug kit with an expiration date of 12/25. Photo evidence.Interview on 06/02/2026 at 9:45 AM Staff A, Unit Manager stated: The unit managers are in charge of checking for any expired medications and supplies in the medication room.Observation on 06/02/2026 at 9:51 AM in the South Medication Room, revealed the refrigerator temperature log last signed on 06/02/2026 documented a temperature of 38 degrees Fahrenheit. Further observation revealed the refrigerator contained insulin and the thermometer in the refrigerator indicated a temperature of 52 degrees Fahrenheit. Photo evidence.During an interview on 06/02/2026 at 09:55 AM, the Director of Nursing (DON) stated: We defrosted all the refrigerators overnight because the freezers had ice in it. We placed the refrigerators back on this morning. The thermometer still has not regulated.On 06/02/2026 at 12:15 PM during a second observation the South Medication Room thermometer indicated a registered temperature of 52 degrees Fahrenheit. Photo evidence. Review of the facility's policy titled Medication Storage 06/01/2025 states 6. Refrigerated Products: a. All medications requiring refrigeration are stored in refrigerators located in the pharmacy and at each medication room. b. Temperatures are maintained at 36-46 degrees F. Charts are kept on each refrigerator, and temperature levels are recorded daily by the charge nurse or other designee. c. In the event that a refrigerator is malfunctioning, the person discovering the malfunction must promptly report such finding to Maintenance Department for emergency repair. 8. The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy. On 06/02/2026 at 12:34 PM the Pharmacist stated: I am not sure how an expired kit got in the refrigerator. I check the emergency kits monthly and I told the facility to order new kits when they told me state was in the building On 06/03/2026 at 1:16 PM, the DON revealed the nurses are required to check the refrigerator thermometer daily and document the temperature on the monitoring log. The refrigerator was replaced, and the thermometer was also replaced after it was determined that the thermometer was faulty.

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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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, it was determined that the facility did not consistently store, prepare, distribute, and serve food in a sanitary manner within the kitchen and nourishment rooms. This was evidenced by the presence of undated, unlabeled, and expired food items and dietary staff not wearing required hair restraints, including beard guards, during food preparation. There were 117 residents residing in the facility at the time of the survey The findings included: During a tour on 06/01/2026 at 9:53 AM, with the Corporate Kitchen Manager and the facility's Kitchen Manager an opened container of apple juice was noted in a reach-in refrigerator with an open date of 04/10/2026; there was also a clear plastic type pitcher with contents identified as coffee which had no preparation or discard date with a printed sticker indicating: SUN/[NAME]/[NAME]. Additionally, an undated bag of bread was observed in the dry storage area. Observation on 06/02/2026 at 9:46 AM in the North Nourishment Room refrigerator revealed packets of unlabeled packaged apple slices in the refrigerator. Photo evidence. Observation on 06/02/2026 at 10:22 AM in the South Nourishment Room revealed an uncovered unlabeled, undated plastic cup containing loose unidentified white granulated type substance stored on top of the ice machine. Photo evidence. Review of the facility's Use and Storage of Food Brought in by Family or Visitors policy, implemented 06/01/2025 and reviewed 11/06/2025, revealed prepared food items brought into the facility must be labeled with contents and date, refrigerated when appropriate, and discarded if not consumed within three days. On 06/02/2026 at 10:28 AM, Staff D, a Registered Nurse, acknowledged the concerns identified and stated that all food items in the nourishment refrigerators should be labeled and dated. Additionally, Staff D noted that the cup placed on top of the ice machine was inappropriate and should not have been there. On 06/02/2026 at 11:24 AM, an observation in the kitchen revealed three dietary staff members (Staff B Dietary Aid Porter, Staff C Dietary Aid Porter, and Staff E Dietary Aid Porter) were engaged in food preparation activities without wearing beard guards.Review of the facility's Dietary Sanitation and Hygiene Policy, implemented 06/01/2025 and reviewed 11/05/2025, revealed hair restraints, including beard restraints, shall be worn at all times in food preparation and service areas to prevent food contamination.During an interview on 06/02/2026 at 11:27 AM, Staff C, Dietary Aid [NAME] confirmed that he was not wearing a beard guard and revealed all staff with beards are required to wear a beard guard every time staff enter the kitchen.On 06/02/2026 at 11:29 AM, the Kitchen Manager explained the beard guards had not arrived, and employees used medical procedure masks because they found them more comfortable. The Kitchen Manager also revealed that the facility's policy permitted the use of a hairnet if beard guards were unavailable.On 06/02/2026 at 11:29 AM, the Kitchen Manager stated that the beard guards had not arrived and that employees chose to use medical procedure masks because they found them more comfortable. The Kitchen Manager further explained that the facility's policy allowed employees to use a hairnet when beard guards were unavailable. During an interview conducted on 06/04/2026 at 2:30 PM concerning expired and undated items, Staff E, Dietary Aid Porter, stated that upon receipt of supplies, expiration dates are verified and stock is rotated by positioning older products at the front and newer items behind.

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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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to demonstrate or implement effective plan of actions to correct identified quality deficiency in the problem area related to repeated deficient practice for F761- Label/Store Drugs and Biologicals as evidenced by an expired emergency kit and thermometer reading 52 degrees Fahrenheit found in medication rooms during observations on a recertification survey ending [DATE]. There were 117 residents in the facility at the time of survey. Record review of the facility's survey history revealed, during a recertification conducted on [DATE], through [DATE], the facility was cited F761- Label/Store Drugs and Biologicals as the facility failed to ensure proper storage of medications. Review of the facility's policy and procedures titled Quality Assurance and Performance Improvement (QAPI) Plan undated states: Nspire of Kendall's QAPI program encompasses all areas that impact quality of care, quality of life, resident choice and care transition with participation from all disciplines. We will utilize available data from state and national organizations and internal metrics to set strategic goals and monitor and continuously improve outcomes on behalf of those we serve. During an interview on [DATE] at 4:12 PM the Administrator/Quality Assurance (QA) stated: The QAPI committee conducts monthly meetings. specifically on the last week of the month. The QAPI members include the Director of Nursing Administrator, Medial Director, Unit Managers, Social Worker, Department Heads, one Certified Nursing Assistant, Rehab Director, Life Safety/Maintenance, Activities Director, Dietitian, Dietary Director, and Minimum Data Set Coordinators. We base our QAPI programs on feedback, monitoring, and data system reports such as falls, grievance logs, weight loss, survey results, and hospital readmissions. Examples of our focused projects are decreasing falls and decreasing medication errors. On the first day of survey, we started a Performance Improvement Plan (PIP) focusing on medication storage, expiration dates, falls, ensuring emergency narcotic kit is not expired. We started re-education on all these issues as well as the goals. We also started working on the proper use of thermometers that will affect refrigerator temperature. The last QAPI meeting we had was the last week of [DATE]. We focused on falls, return to hospital, and dietary programs. We also discussed hospital rates, and any ongoing programs that was not brought to compliance. and reviewed our QI pharmacy reports which included our pharmacy recommendations.