STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105651	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blue Palms Health and Rehabilitation Center of Day	325 S Segrave Street Daytona Beach, FL 32114

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record review, the facility failed to follow proper sanitation and food handling practices by failing to ensure the kitchen's ice machine was clean and free of black biofilm. This had the potential to negatively affect all 94 residents currently residing in the facility. The findings include:On 04/19/26 at 9:20 AM, an observation was made of the kitchen's ice machine air filters, which were covered with dust and spider webs. The air filter instructions read: Clean air filter twice a month. (photographic evidence obtained)On 04/20/26 at10:48 AM, another observation was made of the kitchen's ice machine air filters covered with dust and spider webs. (photographic evidence obtained)On 04/21/26 at 4:21 PM, the kitchen's ice machine chute was observed covered with a black biofilm build-up. (photographic evidence obtained) The weekly ice machine cleaning log posted on the wall adjacent to the ice machine noted 07/17/25 (eight months ago) was the last time the ice machine was cleaned. On 04/22/26 at 1:35 PM, another observation was made of the facility's ice machine chute with a black biofilm build-up. (photographic evidence obtained) During an interview with the Certified Dietary Manager (CDM) on 04/22/26 at 1:00 PM, the CDM explained that the maintenance department was made responsible for cleaning the kitchen's ice machine in August of 2025. Prior to maintenance cleaning the kitchen ice machine, kitchen staff cleaned the machine monthly and documented each cleaning on the ice machine's cleaning log. Maintenance did not record cleaning on the ice machine cleaning log. On 04/22/26 at 1:04 PM, an interview was conducted with the Maintenance Director. He explained that the kitchen's ice machine cleaning came up in the facility's electronic work order system once a month. The process for cleaning the ice machine included removing and cleaning the filters, turning off the unit, and flipping the switch to turn on the cleaning mode. On 04/22/26 at 1:35 PM, the Maintenance Director pulled out the dispenser front cover of the kitchen's ice machine, removed the screws and reached the flap. Once the ice chute was in sight, he verified the black biofilm covering the ice chute as well as identifying a biofilm on the interior of a hose above the chute. A review of the facility's work history report for the previous six months revealed that the ice machine was cleaned and disinfected by the maintenance department every three months. Further review of the facility's work history for the previous 12 months noted that the ice machine was cleaned and disinfected by the Maintenance Department on the following dates: 03/31/26, 12/31/25, 09/30/25 and 03/31/25. The task description for ice machine maintenance included: Check filters (if present), clean coil, sanitize interior, and delime as necessary. A review of the facility's policy titled Sanitation Inspection (effective 06/22/24, reviewed/revised 06/21/24), revealed:Page one documented .it is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to implement a care plan for one (Resident #5) of 38 residents in the total survey sample for administration of medications as ordered by the physician. The nursing staff did not adhere to the parameters set by the resident's physician, which could lead to a dangerous cardiovascular event such as severe hypotension (low blood pressure). The findings include:A review Resident #5's active physician's orders and Medication Administration Record (MAR) revealed parameters for Bumetanide (diuretic) 0.5 milligrams (mg) twice a day. The parameters were: Hold if systolic blood pressure is less than 115. Further review of the April 2026 MAR revealed:Bumetanide 0.5, give 1 tablet by mouth every morning and at bedtime for fluid overload. Hold for SBP (systolic blood pressure) of less than 115. On the following dates, the medication was administered without following the parameters:4/1/26 - BP (blood pressure) 112/60 AM and PM with medication administered both times.4/2/26 - BP 106/68 AM and PM with medication administered both times.4/3/26 - BP 107/63 AM and PM (MAR not signed)4/4/26 - BP 108/72 AM and 112/60 PM with medication administered both times.4/5/26 - BP 97/61 AM and 91/62 PM with medication administered both times.4/6/26 - BP 106/62 AM with medication administered.4/11/26 - BP 111/68 PM with medication administered.4/14/26 - BP 104/63 AM with medication administered. 4/15/26 - BP 110/73 AM and 98/57 PM with medication administered both times.4/16/26 - BP 111/62 AM with medication administered.4/19/26 - BP 102/56 AM with medication administered.(photographic evidence obtained)Further review of the resident's medical record revealed diagnoses included chronic obstructive pulmonary disease(COPD), hypertension (HTN), congestive heart failure (CHF), and paroxysmal atrial fibrillation.A review of the Minimum Data Set assessment dated [DATE], revealed a diagnosis of hypertension recorded. A review of the resident's care plan, dated 4/22/26, revealed a focus area for Alteration in Cardiovascular Function with a diagnosis of hypertension. The first approach listed was to administer medications as ordered. (photographic evidence obtained)An interview was conducted with Licensed Practical Nurse (LPN) A on 4/23/26 at 9:25 a.m. She was asked to pull up the MAR for Resident #5 in the electronic medical record. She was asked if a medication was held for any reason, what was noted on the MAR. She reported she did not know. She was asked to scroll down and look at the codes attached to the MAR. She reported 5 should be documented if medications were held for any reason. When she was asked what the check mark and initials represented on the MAR, she replied that they meant the resident received their medications. She was asked about Resident #5's parameters for a systolic blood pressure below 115, and she confirmed that Bumetanide was administered multiple times when the resident's systolic blood pressure was below 115.An interview was conducted with the Director of Nursing (DON) at 11:24 a.m. on 4/23/26. She confirmed that Bumetanide was administered multiple times when the resident's SBP was less than 115. She stated education would be provided, the mistakes would be reported as medication errors, and the resident's physician would be notified.A review of the facility's policy and procedure for Medication Administration (revised 8/7/25), revealed:Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.A review of the facility's policy and procedure for Comprehensive Care Plans (revised 4/5/25), revealed:It is the policy of this facility to develop and implement a comprehensive, person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a residents medical, nursing, and mental and psychosocial needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality.The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented as needed.