STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105709	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nspire Healthcare Miami Lakes	5725 NW 186 Street Hialeah, FL 33015

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations, interviews and record review facility failed to ensure that residents' information was kept confidential on one (Unit one,100-wing med cart) out of four med carts and on one out of 2 units as evidenced by: 1) Open unattended computer screen on the 100-wing med cart. 2) Document with residents' medical information posted on the bulletin board in front of Unit 1. There were 116 residents residing in the facility at the time of survey. The findings included: Observation on 03/09/2026 at 10:28 AM revealed the unattended 100 Wing medication cart computer screen open with residents' information visible.On 03/09/2026 at 10:30 AM Staff B, Registered Nurse (RN) stated: I am supposed to either close the computer or put the screen to sleep when I am away from the cart for privacy for the residents.During an interview on 03/09/2026 at 2:49 PM the Director of nursing (DON) stated: Nurses are to close the laptop completely or lock the screen when away room cart to protect residents' information. Observation on 03/09/2026 at 12:08 PM revealed a posting with residents' medical information on the billboard in front of the 100/200-Wing nursing station (photo).On 03/09/2026 at 12:10 PM the DON was made aware and stated: It should not be posted because it has residents' medical information.Record review of the facility's policy titled HIPAA Security Measures dated 06/01/2023 revealed Policy: It is the facility's policy to implement reasonable and appropriate measures to protect and maintain the confidentiality, integrity, and availability of the resident's identifiable information and /or records that are in electronic format

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 observations, interviews and record review the facility failed to ensure one (Resident #109) out of two sampled residents with contractures and one (Resident # 8) out of two sampled residents receiving dialysis received treatment and care in accordance with the comprehensive person-centered care plan as evidenced by: 1)Resident #109 who has a right-hand contracture had no splint device in place. 2) The facility's staff did not administer a phosphorus binding agent in accordance with Resident #109's dialysis care plan. There were 116 residents residing in the facility at the time of survey. The findings include: Resident #109Observation on 03/09/2026 at 10:39 AM revealed Resident #109 in bed with right hand noted contracted and had no splint device in place.On 03/11/2026 at 7:53 AM Resident #109 was observed in bed with no hand splint device in place on the contracted right hand. (photo)On 03/11/2026 at 11:10 AM Resident #109 was observed in bed receiving breathing treatment. There was no hand splint device in place. The Assistant Director of Nursing was present at bedside.Record review of a demographic sheet revealed Resident #109 was re-admitted on [DATE] with diagnosis that included: Hemiplegia and hemiparesis affecting right dominant side.Record review of Resident #109's Annual Minimum Data Set (MDS) reference dated 1/15/2026 revealed Resident #109 had a Brief Interview of Mental Status (BIMS) score of seven out of fifteen indicating moderate cognitive impairment.Record review of a care plan initiated on 08/23/2023 revealed Resident #109 had potential/actual impairment to skin integrity related to fragile skin and history of gastrostomy tube with interventions that included: right hand splint device to be used.Record review of a care plan initiated on 08/23/2023 revealed Resident #109 had an Activities of Daily Living (ADLs) self-care performance deficit with interventions that included: right hand splint device to be used. Record review of a care plan initiated on 08/23/2023 revealed Resident #109 was at risk for pain with interventions that included: right hand splint device to be used. Record review of a quarterly minimum data set (MDS) reference dated 1/15/2026 indicated Resident #109 has moderate cognitive impairment, independent for eating, and received dialysis.Record review of an interdisciplinary therapy screen dated 2/26/26 revealed Resident #109 was screened for right hand contracture and would benefit from splint, OT (Occupational Therapy) evaluation upon delivery of splint. Interview on 03/11/2026 at 11:09 AM Staff F, Certified Nursing Assistant (CNA) revealed: [Resident #109's] right hand is weak and I clean it and do range of motion exercises at times. On 03/11/2026 at 11:14 AM Staff B, Registered nurse (RN) stated: Due to [Resident#109's] history of cerebral infarction the right hand is weak. A splinting device is not ordered.On 03/11/2026 at 11:17 AM, Staff B, RN and the surveyor conducted an observation and interview with Resident #109; it was noted that the resident was unable to open the right hand.An interview with the Director of Nursing (DON) on 03/11/2026 at 1:25 PM revealed staff are to follow the care plan.On 03/11/2026 at 2:23 PM, the Physical Therapy Director presented paperwork indicating on 2/26/2026 Resident # 109 was evaluated and a splint device was recommended for right hand contracture. The Physical Therapy Director revealed the splint had not arrived yet. Resident # 8On 03/11/2026 at 7:09 AM Resident #8 was observed consuming breakfast.Record review of a demographic sheet revealed Resident #8 was admitted on [DATE] with diagnosis that included but not limited to: End Stage Renal Disease.Record review of a physician's order sheet revealed Resident #8 had an order dated 8/13/25 for Calcium Acetate Oral Tablet 667 milligrams (mg) (Phosphate Binder) Give two tablets by mouth before meals for Hyperphosphatemia.Record review of a care plan initiated on 03/28/2023 and revised on: 04/15/2025 revealed Resident #8 had renal failure related to End stage renal disease with interventions that included but not limited to: Give medications as ordered by physician. On 03/11/2026 at 7:10 AM Staff C, Registered Nurse (RN) stated: No medications were given before dialysis. Observation on 03/11/2026 at 11:30 AM Resident # 8 was seated in room consuming lunch independently. On (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/11/2026 at 11:35 AM Staff B, RN was asked if the medication ordered to be given before meals was administered and Staff RN stated, Not yet. I didn't want to give on an empty stomach. Record review of the Electronic Medication Administration Record revealed the medication Calcium Acetate was signed as given on 3/11/26 at 11:38 AM (during lunch).Further review of the Electronic Medication Administration Record revealed administration signatures on 3/10/26 at 8:01 AM, 1:25 PM, and 6:28 PM and 3/9/26 at 1:28 PM, 3:59 PM. Record review of the facility's mealtimes revealed breakfast is served at 7:40 AM, lunch at 11:45 AM, and dinner at 4:45 PM on the facility's 100 wing.On 03/11/2026 at 3:25 PM an interview with the Consultant Pharmacist revealed giving Calcium Acetate at inconsistent times could affect the efficacy of it. It can be given before or after meals depending on what the prescriber wants.On 03/11/2026 at 4:07 PM an interview with the Dialysis RN stated: A resident with a diagnosis of End Stage Renal Disease experience high Phosphorus levels and low Calcium levels. The calcium acetate is given to lower the phosphorus levels which can also affect the calcium levels. I have explained to the staff the importance of administering the calcium acetate immediately after dialysis before lunch to provide enough time between the next ordered dose. During an interview on 03/11/2026 at 4:10 PM, the Director of Nursing revealed nurses should follow the physician's orders and may administer medications an hour before or after the scheduled time. If a physician orders medication to be given before meals, it should be given it as ordered. Record review of facility's policy and procedure titled Comprehensive Care Plans dated 06/01/2025 reviewed/ revised: 11/14/2025 revealed Policy: 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 resident's 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.

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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** Based on observations, interviews and record review the facility failed to ensure that one (Resident #109) out of two sampled residents with skin conditions and contracture received treatment and care in accordance with professional standards of practice as evidenced by a dressing on Resident#109's right lower leg that had not been changed in three days despite a physician order for dressing change every other day and no splint device in place on the residents contracted right hand. There were 116 residents residing in the facility at the time of survey. The findings included:Observation on 03/09/2026 at 10:39 AM revealed Resident #109 in bed receiving oxygen at two liters per minute via nasal canula. The resident's contracted right hand had no splint device in place, and a dressing dated 3/6 was noted on the resident's right lower leg. (photo)On 03/09/2026 at 2:37 PM Resident #109 was observed in bed with no hand splint device in place on the right hand and dressing dated 3/6 noted on the resident's right lower leg.Record review of a demographic sheet revealed Resident #109 was re-admitted on [DATE] with diagnosis that included: Hemiplegia and hemiparesis affecting right dominant side, Type 2 Diabetes, and Morbid obesity.Record review of an annual minimum data set (MDS) reference dated 1/15/2026 revealed Resdient#109 had a Brief Interview of Mental Status (BIMS) score of 7 indicated moderate cognitive impairment and had no ulcers, wounds or skin problems.Record review of a care plan initiated on 08/23/2023 revealed Resident #109 had potential/actual impairment to skin integrity related to fragile skin and history of gastrostomy tube with interventions that included: Keep skin clean and dry, use lotion on dry skin, and monitor/document location.Record review of a physician's order sheet revealed Resident #109 had an order dated 1/23/26 for Xeroform Petroleum Patch 2 (Bismuth Tribromo phenate-Petrolatum), apply to right lower leg topically every day shift every other day for open area floor nurse clean open area to right lower leg with normal saline pat dry apply xeroform then cover with abdominal pad and kerlix.On 03/09/2026 at 2:40 PM Staff B, Registered Nurse (RN) was asked about the frequency of Resident #109's wound dressing changes Staff B, RN revealed the dressing is scheduled to be changed every other day by the floor nurse. Staff B, RN was then made aware of identified concern.On 03/09/2026 at 2:50 PM, the Director of Nursing (DON) stated: The dressing for [Resident#109] should have been changed on Sunday.On 03/11/2026 at 7:53 AM Resident #109 was observed in bed with no hand splint device in place on the contracted right hand. (photo)On 03/11/2026 at 11:10 AM Resident #109 was observed in bed receiving breathing treatment. There was no hand splint device in place. The Assistant Director of Nursing was present at bedside.Record review of a care plan initiated on 08/23/2023 revealed Resident #109 had potential/actual impairment to skin integrity related to fragile skin and history of gastrostomy tube with interventions that included: right hand splint device to be used.Record review of an interdisciplinary therapy screen dated 2/26/26 revealed Resident #109 was screened for right hand contracture and would benefit from splint, OT (Occupational Therapy) evaluation upon delivery of splint.On 03/11/2026 at 11:14 AM Staff B, Registered nurse (RN) stated: Due to [Resident#109's] history of cerebral infarction the right hand is weak. A splinting device is not ordered.On 03/11/2026 at 11:17 AM, Staff B, RN and the surveyor conducted an observation and interview with Resident #109; it was noted that the resident was unable to open the right hand.On 03/11/2026 at 2:23 PM, the Physical Therapy Director presented paperwork indicating on 2/26/2026 Resident # 109 was evaluated and a splint device was recommended for right hand contracture. The Physical Therapy Director revealed the splint had not arrived yet.Record review of facility's policy and procedure titled Provision of Quality Care dated 06/01/2025 revealed Policy: Based on comprehensive assessments, the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person-centered care plans, and the residents' choices.Policy Explanation and Compliance Guidelines:Each resident will be provided with care and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being.

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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. Based on observations, interviews and record review facility failed to ensure a safe environment on two (100 and 300 wings) out of four wings as evidenced by unattended housekeeping carts containing hazardous chemicals left unlocked by housekeeping staff. There were four housekeeping carts in the facility at the time of survey The findings included:Observational tour on 03/09/2026 at 11:15 AM of the 100-wing revealed Staff D, Housekeeping walking away from the housekeeping cart leaving it unlocked and going down the hall. When staff returned, the surveyor notified Staff D of the identified concern and was asked to view the contents of the cart. It was revealed that the cart contained hazardous chemicals. (photo)On 03/09/2026 at 11:30 AM, the Housekeeping Director was interviewed and revealed all housekeeping carts are to be locked when unattended for the safety of residents.On 03/09/2026 at 11:35 AM, an inspectional tour conducted with the Housekeeping Director of all housekeeping carts in the facility revealed; the 300- wing housekeeping cart was unlocked and the latch was broken.On 03/09/2026 at 2:11 PM Staff D, Housekeeping was interviewed (translated by another surveyor) revealed the cart should be kept locked for the safety of the residents and stated: I am aware I left the housekeeping cart unlocked.On 03/09/2026 at 2:14 PM Staff E, Housekeeping (translated by another surveyor) revealed the cart should be locked because there are liquids inside that can harm the residents, but the latch had broken this morning.A follow up interview on 03/12/2026 at 9:33 AM with Staff E, Housekeeping revealed the latch on the housekeeping cart had broken again.Record review of facility's policy and procedure titled Care, Cleaning and Storage of Equipment dated 6/1/2025 revealed Policy: It is the policy of this facility for environmental services cleaning carts to be cared for, cleaned and properly stored to ensure safety and infection prevention.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility failed to ensure that one (Resident #100) out of two sampled residents with an indwelling urinary catheter, tubing was properly positioned as evidenced by: observation of Resident #100's indwelling urinary tubing coiled and kinked preventing urine from flowing freely and increasing the risk for catheter-associated urinary tract infections and other serious medical issues. There were eight residents with indwelling urinary catheters residing in the facility at the time of surveyThe findings included:On 03/09/2026 at 9:55 AM Resident #100 was observed in bed with no apparent distress; the indwelling urinary tubing was kinked preventing the free flow of urine (photo).On 03/09/2026 at 9:59 AM Staff B, Registered Nurse (RN) was made aware of the identified concern and stated, The urinary tubing should allow for the free flow of urine to prevent back flow that can cause infection.Record review of a demographic sheet revealed Resident#100 was re-admitted on [DATE] with diagnosis that included: UTI, Neuromuscular dysfunction of bladder, and retention of urine.Record review of a significant change in status minimum data set (MDS) reference dated 1/20/2026 revealed Resident #100 had moderate cognitive impairment and had an indwelling catheter.Record review of a care plan initiated on 11/10/2023 revealed Resident #100 had indwelling catheter related to retention of urine and neurogenic.Record review of a physician's order sheet revealed Resident #100 had an order dated 2/10/2026 to maintain indwelling catheter.for urinary retention and Neurogenic bladder and change as needed for obstruction or blockage.Record review of the facility's antibiotic stewardship documentation for December 2025 revealed Resident #100 started an antibiotic by mouth for UTI on 12/11/25.During an interview on 03/09/2026 at 2:51 PM the Director of Nursing (DON) revealed that indwelling urinary catheter tubing should be positioned straight, not kinking to prevent any obstruction of urine that could cause urinary tract infection (UTI).On 03/09/2026 3:40 PM the Infection control preventionist revealed staff are to ensure the indwelling urinary tubing is straight to prevent any return of urine to bladder that can cause a UTI.Record review of facility's policy and procedure titled Urinary Tract Infection (UTI) Prevention and Management Including Indwelling Urinary Catheters Effective Date: 11/3/2025 Review Date: 1/2/2026 revealed Policy: Nspire Healthcare Miami Lakes is committed to preventing urinary tract infections (UTs) through evidence-based infection prevention practices, appropriate catheter management, early identification of symptoms, and timely clinical intervention. The facility will implement measures to minimize the use of indwelling urinary catheters and ensure that when catheters are clinically necessary, they are managed according to accepted standards of care to reduce the risk of catheter-associated urinary tract infections (CAUTIs). Catheter Maintenance To reduce infection risk: Avoid kinks or obstruction in tubing.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility failed to follow infection control protocol for one (Resident #34) out of seven sampled residents as evidenced by: an observation of a toothbrush in a shared bathroom belonging to Resident #34. There were 116 residents residing in the facility at the time of survey. The findings included:On 03/19/2026 at 10:06 AM Resident #34 was observed in bed no apparent distress, and a toothbrush was observed in the bathroom (photo). On 03/09/2026 at 11:22 AM Staff G, Certified Nursing Assistant (CNA) was made aware of the identified concern and stated, The toothbrush belongs to [Resident # 34]. Further revealed toothbrushes are stored in a plastic bag and kept in the drawer.Record review of a demographic sheet revealed Resident # 34 was re-admitted on [DATE] with diagnosis that included: Cerebral infarction. Record review of a quarterly minimum data set (MDS) reference dated 12/5/2025 revealed Resident #34 had a Brief Interview of Mental Status (BIMS) score of 3, indicated severe cognitive impairment and required set up or clean up assistance for oral hygiene. Record review of a care plan initiated on 10/06/2023 revealed Resident # 34 had an Activities of daily living (ADL) self-care performance deficit related to discharge from hospital on [DATE] with interventions that included: Personal hygiene/ Oral hygiene care: The resident requires to maximize independence. On 03/09/2026 at 3:31 PM the Director of Nursing (DON) was interviewed and stated, Every personal item, including toothbrushes are to be stored in a plastic bag in the drawer for infection control purposes. On 03/10/2026 at 11:40 AM an interview with the Infection Preventionist revealed toothbrushes are stored in plastic bags for infection control purposes. Record review of facility's policy and procedure titled Infection Control undated revealed Policy Statement: This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.