STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105712	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alhambra Healthcare & Rehabilitation Center	7501 38th Ave N Saint Petersburg, FL 33710

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure adequate provision of care and services for activities of daily living, toileting services for two residents (#14 and #10) of sixteen sampled residents. Findings included: 1.On 12/03/2025 at 12:48 p.m. an observation of Resident #14 was conducted. The resident was in bed, covered up to neck, alert, and agreed to an interview. She stated she could now transfer herself out of bed. When asked if she needed assistance with the bathroom use, she stated when I got here, I did. I came in the evening before Thanksgiving. When asked about call bell light response, if it was timely. She stated, the waits happen mostly at night. I was upset one night; I could not transfer myself out of bed to go to the bathroom. I had to lay in my feces and urine for hours. I told the medical records girl. I do not know her name. She said she would speak to people and see it did not happen again. I could not walk. I had an arterial bypass in my leg; had incision; the pain was excruciating.A review of Resident #14's clinical record, the admission Record, documented an admission of 11/26/2025. Her diagnosis information included but was not limited to peripheral vascular disease, and chronic obstructive pulmonary disease.A review of Resident #14's Medical Certification for Medicaid Long-Term Care Services and Patient Transfer form (AHCA Form 3008), dated 11/26/2025, documented physical function to be ambulates with assistance, 1 assistant.A review of Resident #14's admission Nursing Comprehensive Evaluation, dated 11/27/2025, documented the admission on [DATE] at 17:43; A Brief Interview for Mental Status (BIMs) score of 15, which meant the resident was cognitively intact; The resident was documented to be interviewable. Resident's continence status showed, needs help with toileting, incontinence care. Resident's toileting ability was requires staff assist of 1. The nursing summary: Resident has two surgical incisions. One to right lower extremity with 12 staples intact, one upper right thigh with 21 staples intact.Resident is alert and oriented X 3 and able to make needs known. Resident states she is unable to bear weight to right lower extremity.The Baseline Care plan, dated 11/27/2025, documented: Bowel and Bladder Needs-Initial Goals included: I will be kept clean, dry and odor free. Bowel and Bladder tasks: Provide hands-on assist with toileting. A review of Review of Resident #14's comprehensive Care Plan reflected: Focus area: Resident is at risk for falls and / or fall related injury r/t (due to): generalized weakness, impaired balance, unsteady gait, requires staff assist with transfer and ambulation, uses w/c (wheelchair) as primary mode of locomotion, receives psychotropic meds, initiated 12/01/2025. Interventions included: Provide incontinence care/ toileting per resident's needs, initiated 12/01/2025.A review of the comprehensive care plan revealed no focus area had been created for bowel and bladder as of the date of survey, 12/03/2025.A review of Resident #14's, the Occupational Therapy (OT), OT Evaluation & Plan of Treatment, dated 11/28/2025, showed Resident #14's baseline for toileting on 11/28/2025 as Mod(A) (moderate assist). Pain with movement=8/10; Frequency=Intermittent; location right lower leg and right groin; pain description/type: aching, cramping, and discomfort. Pain limits the following functional activities: Walking. Clinical Impression: Patient currently presents with increased weakness, unsteadiness, and pain causing her to require increased assistance with ADLs (activities of Daily Living)/ IADLs, transfers, and functional mobility as well as putting her at an increased risk for falls.A review of Resident #14's Toilet and Transfer documentation revealed the following assistance was provided to the resident:11/26, 19:12: marked Dependent-helper does ALL of the effort. Resident does none of the effort to complete the activity or, the assistance of 2 or more helpers is required for the resident to complete the activity.11/27, 6:59: marked Not Applicable.11/27, 14:49: marked Dependent.11/27, 22:49: marked Not Applicable.11/28, 14:49: marked Dependent.11/28, 18:06: marked Partial / moderate assistance.11/29, 6:59: marked Not Applicable.11/29, 14:54: marked Dependent.11/30, 14:35: marked Dependent.12/01, 14:23: marked Setup or clean-up assistance.12/01, 17:32: marked Not Applicable.12/02, 14:34: marked Supervision or touching assistance12/02, 21:25: marked Independent12/03, 4:20: marked Supervision or touching assistance.12:03, 13:10: marked Partial/ moderate assistance.Review of the toileting assistance revealed eighteen (18) shifts (6 days X 3 (eight-hour shift) from 11/27 through 12/02. The staff documented they provided toileting assistance eight times during the eighteen shifts.For the date of 11/30, the resident was last documented to receive toileting assistance on 11/29 at 14:54, and then the next documentation was 11/30 at 14:35.On 12/03/2025 at 2:50 p.m., an interview was conducted with the Medical Records manager. She stated she had been the manager on duty on Sunday, 11/30. She stated she had gone around and asked about Resident #14's status. She stated Resident #14 said she was wet and needed to be changed

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, record review, and interview, the facility failed to ensure pharmacy services for timely procurement of pain medication for one (#14) resident and failed to ensure a system of accurate accounting of dispensed controlled substances for one (#14) resident of three residents reviewed for pain medications. Findings included: 1. On 12/03/2025 at 12:48 p.m., an observation of Resident #14, in bed, covers up to neck, alert, agreed to an interview. She stated upon admission to the facility, I could not walk. I had an arterial bypass in my leg; had incision; the pain was excruciating. When I first came, it took me until Monday, 12/01 to get medications. I was upset. They did not have hydrocodone. They could not find the order. The doctor was out.A review of Resident #14's admission Record showed an admission date of 11/26/2025. Her diagnosis information included but not limited to atherosclerosis of native arteries of extremities with claudication, peripheral vascular disease, and chronic obstructive pulmonary disease.A review of Resident #14's admission Nursing Comprehensive Evaluation, dated 11/27/2025, showed a Brief Interview for Mental Status (BIMs) score of 15, which meant the resident was cognitively intact; for pain, she answered yes to have had pain, frequently with a level of 7 out of 10 scale. The nursing summary: Resident has two surgical incisions. One to right lower extremity with 12 staples intact, one upper right thigh with 21 staples intact. Resident is alert and oriented X 3 and able to make needs known. Resident states she is unable to bear weight to right lower extremity.A review of the Baseline Care plan dated 11/27/2025 documented: Pain: Give pain medications as ordered; observe for effectiveness.A review of Resident #14's Occupational Therapy (OT) Evaluation & Plan of Treatment, dated 11/28/2025, showed Resident #14's pain assessment, Pain at rest=6/10; Frequency=intermittent; location: right lower leg and right groin; pain description/ type: aching. Pain with movement=8/10; Frequency=Intermittent; location right lower leg and right groin; pain description/type: aching, cramping, and discomfort. Pain limits the following functional activities; Walking. Resident #14's record revealed a scanned in hard copy of a prescription for Norco 5 mg-325 mg oral tablet, PRN (as needed) pain, 1-2-tab (s) PO (by mouth) q (every) 4-6 hour for 7-day (s) PRN pain, quantity of 30, signed and dated by the physician on 11/20/2025. The prescription revealed initials at the bottom right corner with faxed 11/27, no time information was available.A review of Resident #14's Medication Administration Record (MAR) for 11/2025, revealed a showed physician order: Evaluate resident for pain by using appropriate pain scale: 0: No pain, 1-3: Mild pain, 4-6: Moderate pain; 7-10: severe pain. Every shift for pain monitoring, order date 11/26/2025.A review of Resident #14's MAR showed a physician order, Acetaminophen Tablet 325 mg, give 2 tablet by mouth every 4 hours as needed for general discomfort. Not to exceed greater than 3000 mg in 24 hours, order date 11/26/2025.The resident had the following documentation under this monitoring:11/26, 1948, pain level was 3.11/27, 1317, pain level was 7.11/28, 1411, pain level was 7.A review of the Medication Monitoring Control Record for Resident #14's Hydrocodone, the pharmacy label documented the medication was dispensed on 11/27/2025, a quantity of 26. The Control form listed the following withdrawals for the medication, one pill each recording:11/28, withdrawn at 0937; 1506; 2000.11/29, withdrawn at 0633; 12:56; 15:50.11/30, withdrawn at 1031; 1614 and 2228 (this entry had no nurse signature).12/01, withdrawn at 0400; 1200; 1800; 2300.12/02, withdrawn at 0749; 1600; 2100.12/03, withdrawn at 0108; 0818; 1309.Review of Resident #14's medical record revealed no documentation of efforts made by the facility to obtain the Hydrocodone from the time of admission, 11/26 at 17:43 until receipt on 11/28, more than 24 hours after admission time.A review of the MAR, Hydrocodone-Acetaminophen oral tablet 5-325 Mg (Hydrocodone Acetaminophen), give 1 tablet by mouth every 4 hours as needed for moderate to severe pain (5-10) for 14 days, order date 11/27/2025, 1234.The resident had the following medication administration documented under this order, 11/27, no administration was documented.11/28, 1035, pain level= 10; 1506, pain level= 9.11/29, 0633, pain level= 5; 12:56, pain level= 911/30, 1031, pain level= 8; 16:14, pain level= 8; 2228, pain level= 712/01, 0359, pain level= 8; 0800, pain level= 8; 1200, pain level= 8; 1800= pain level= 8.12/02, 0749, pain level= 8; 1600, pain level= 8; 2100, pain level= 8.12/03, 0107, pain level= 8; 0818, pain level= 7; 1309, pain level= 7. Comparing the MAR with the Medication Monitoring Control Record revealed the withdrawals on the following dates had no record of documentation on the MAR.11/28 at 2000; 11/29 at 1550;12/01 at 2300.An interview conducted on 12/03/2025 at 3:34 p.m. with the Director of Nursing (DON), she stated nursing staff should document steps taken in order to get medication if an issue. When asked about pharmacy deliveries times, she stated it varies, normally at least 2 times At 3:50 p.m., the DON stated Resident #14's MAR and the Medication

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and interview, the facility failed to ensure a safe, sanitary, and comfortable homelike environment for 6 resident rooms (105, 110, 112, 205, 212, and 109) out of 16 rooms observed related to absent caulking around commodes, discoloration on commodes, unclean resident room and bathroom flooring, and discoloration on privacy curtain. Findings include: On 12/03/2025, at 9:10 a.m., a tour of the facility was conducted. room [ROOM NUMBER], the resident's bathroom, the commode had no caulking present. The flooring around the commode was darker than the rest of the flooring and presented as unclean. room [ROOM NUMBER], two areas of orange-colored semi-dried sticky puddles, approximately 4-5 inches in circular size were observed on the resident's floor. The floor had clear glistening splotches visible which presented to be sticky.room [ROOM NUMBER], the resident's bathroom, the caulking around the base of the commode had an orangish brown color, the flooring around the commode extending out approximately 12 inches had intermittent black, gray discolor build -up present. room [ROOM NUMBER], the privacy curtain between bed A and B, approximately waist high, had a dark brownish red discolor mark in the shape of a T approximately the size of a hand with two additional small discolor spots.room [ROOM NUMBER], the resident bathroom, the commode was observed to have brownish marks on the outside of the commode, the commode at the floor juncture was heavily discolored-dark black, brown color approximately 1-3/4 inch in depth surrounding the base, and the floor surrounding the commode was scattered with discolor marks. The floor was observed to be unclean in appearance. Underneath the toilet seat, the inner edges had reddish brown matter present, dried in appearance.A corner molding, at the bottom was observed to be detached from the wall and laying on the hallway floor at the entrance to the 100 hall.room [ROOM NUMBER], the resident's bathroom, the commode was observed not to have caulking present at the base and floor juncture. The floor in the bathroom was heavily soiled with discolor marks and use build up, a dark grayish brownish color, which presented as unclean. On 12/03/2025 at 3:00 p.m., an interview was conducted with the Maintenance Director. He stated he had worked for the facility for seven weeks. He said he was still catching up on work orders that were put in before he was hired.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure an effective pest control program to maintain a pest free environment for two residents (#15 and #10) of sixteen sampled residents. Findings included: On 12/03/2025, at 9:10 a.m., a tour of the facility was conducted. At 9:35 a.m., Resident #15's room was observed. A line of tiny ants was observed crawling on the floor next to Resident #15's nightstand. The floor was observed to have food debris present. Resident #15 was present and stated he had seen a couple of ants on his bed.At 11:56 a.m. Resident #10 was interviewed in his room. He stated he had seen ants in his bathroom by the window. He said he told them about them a long time ago. An observation of the bathroom was conducted at this time; the windowsill had a line of tiny ants crawling just below the sill.On 12/03/2025 at 3:00 p.m., an interview was conducted with the Maintenance Director. He stated the pest control company comes every other Friday and every time the facility calls. He said he has had complaints about bugs, and a rodent in the attic since he started working for the facility.A review of pest control service invoices was conducted. The invoice, dated 11/19/2025, documented treatment to the exterior for pest management, cockroaches, mosquitos, and ants. The invoice for 12/03/2025 showed an inspection of all logbooks for reports of pests and found no reports. The invoice showed treatment for exterior doors, kitchen, and common areas for pest prevention. No treatment for ants was mentioned. On 12/03/2025 at 3:48 p.m., an interview was conducted with the Environmental Service Manager (ESM). He stated he had complaints about ants on Sunday, 11/30/2025. He had seen them in room [ROOM NUMBER] due to a chocolate cookie on the floor. He stated room [ROOM NUMBER] had been deep cleaned on 12/01/2025. The ESM confirmed he could see where the ants were entering the room. He stated he did not enter the ant sighting in the pest logbook. He said he thought the pest company came in the next day on 12/02/2025 or on 12/03/2025.A review of the policy titled Pest Control Program with a revision date of 4/10/2024 revealed the following: Policy: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Definition: Effective pest control program is defined as measures to eradicate and contain common household pest (e.g. bed bugs, lice, roaches, ants, mosquitos, flies, mice, and rats). Policy Explanation and Compliance Guidelines: 3. Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated.Photographic evidence obtained.