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	03/03/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to provide necessary treatment and services for pressure ulcers in a timely manner for one resident (#5) out of two residents sampled.Findings included: On 3/02/2026 at 9:55 a.m., an interview was conducted with Resident #5 in his room. Resident #5 stated he was admitted on [DATE] from the hospital. Resident #5 stated he had sores to his bottom. Resident #5 stated he had not received a bath/shower and could not recall if his wounds were addressed. A record review of Resident #5's 3008 Section T. Skin Care-Stage & Assessment Pressure Ulcers (indicate stage and location(s) of lesions using corresponding number showed pressure areas for coccyx, bilateral buttocks and bilateral thighs. A record review of Resident #5's initial admission skin assessment, dated 02/27/2026, showed:Sacrum 9 x 7Left buttock 6 x 3Right buttock 5 x 2Left gluteal fold 2 x 2Right gluteal fold 2 x 3All were noted as pressure wounds. A record review of Resident #5's physician orders showed:-An order, dated 02/27/2026, for daily monitoring of sacral wound use codes below for supplementary documentation. Dressing- a. present b-absent c-N/A (not applicable). Dressing status- a. dry/intact b. leaking/strike through c. N/A. Surrounding skin- a. Normal b. abnormal see NN (nurse's notes). Presence of possible complications- a. None observed b. Present see NN. Presence of pain- a. Yes seen NN b. No - every shift for skin observations.-An order dated 02/27/2026 for Enhanced Barrier Precautions.-No orders for wound care were noted. On 03/03/2026 at 2:43 p.m., an observation was made of Resident #5's skin during a head- to- toe skin assessment with the Director of Nursing (DON). Resident #5 was able to turn to his right side with minor assistance to expose his back. An observation was made of small areas of drainage to the incontinence briefs and further observation showed no dressings for wound management present to be removed. An observation was made of Resident #5's lower back with a large open area palm size and a dark black area in the center of this open area. An observation was made of a small open area to the left lower buttocks/ upper thigh area. An observation was made of a small open area to the right lower buttocks/ upper thigh area. An observation was made of the DON, assisted by Staff A, Registered Nurse (RN), cleansed the open areas with normal saline and applied two large, bordered dressings. An observation was made of Resident #5's nephrostomy tube dressing not dated. On 03/03/2026 at 3:20 p.m., an interview was conducted with Staff A, RN. Staff A, RN stated she recalled the resident arrived at the facility with dressings on. Staff A, RN stated she could not explain why there were no dressings currently. Staff A, RN stated she is the designated nurse to assist the wound nurse practitioner every Wednesday during wound rounds. Staff A, RN stated the wound nurse practitioner will see the resident Wednesday. On 03/03/2026 at 3:58 p.m., a telephone interview was conducted with the wound nurse practitioner (NP). The NP stated she makes rounds every Wednesday. She stated the facility will email her new admits or readmits to see. The NP stated if the facility requested a visit for a concern she would come into the facility sooner. The NP stated if the facility wanted to ask questions regarding current treatment or questions regarding a resident prior to her arrival for wound rounds, she would be available. The NP reviewed her email and stated there was no communication to see Resident #5 sooner than her normal weekly visit or questions on his current wound management for this resident. The NP stated her understanding was to see the (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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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident during her normal weekly rounds and no sooner. A review of the facility's policy titled, Wound Treatment Management revised 11/23/2022 showed a policy statement:To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence- based treatments in accordance with current standards of practice and physician orders.Policy explanation and compliance guidelines: include but not limited to:wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse. 5. Treatment decisions will be based on: a. Etiology of the woundi. Pressure injuries will be differentiated from non- pressure ulcers, such as arterial, venous, diabetic, moisture or incontinence related skin damage. b. Characteristics of the wound: i. Pressure injury stage or level of tissue destruction if not a pressure injury ii. -size-including shape, depth, and presence of tunneling and for undermining. iii. Volume and characteristics of exudate iv. Presence of pain v. Presence of infection or need to address bacterial bioburden vi. Condition of tissue in the wound bed vii. Condition of peri-wound skin c. Location of the wound .

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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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on observations, interviews, and record review, the facility failed to ensure Licensed Practical Nurses (LPN) were board certified to administer intravenous (IV) infusion of medications for three residents (#1, #3, and #4) out of five residents sampled for medication administration. Findings included: https://www.fha.org/common/Uploaded%20files/FHA/Health%20Care%20Issues/Growing%20the%20Health% showed the following:Approved Programs for IV CertificationsThe Board of Nursing (Board) specifies the requirements for LPNs to practice infusion therapy (IVs), pursuant to the Rule 64B9-12.005, Florida Administrative Code, Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy. The Board recognizes that after appropriate education and training, an LPN may perform intravenous therapy under the direction of a registered professional nurse and is approved by the facility to expand the LPNs scope of practice based on the completion of the program.Appropriate education and training require: A minimum of four (4) hours of instruction. The requisite four (4) hours of instruction may be included as part of the thirty (30) hours requiredfor intravenous therapy education. Training must include didactic and clinical practicum instruction outlined in rule. Skills practicum is recommended, and facility must determine competency with skills checklists.State ComparisonsMost states, including Florida, prohibit licensed practical nurses from initiating IV therapy to patients unless they receive a certification demonstrating they have completed the required training. After receiving the required certification, the LPN can initiate certain IV therapy for adult patients under the direct supervision or direction of a physician or registered nurse. When states require under supervision, a registered nurse or physician is required to be physically in the room during the procedure. A record review for Resident #3's current physician orders showed an order for Cefepime HCL (hydrochloride) intravenous solution 2 GR/100 ml (grams/milliliters) every 12 hours for infected wound left foot for 6 weeks, ordered 02/02/2026. A review of the Medication Administration Record (MAR) for the month of March 2026 showed a scheduled time for 09:00 a.m. and 21:00 (9:00 p.m.) A physician order for Insert PICC (Peripherally Inserted Central Catheter) line to administer IV ABT (antibiotic) every day in the evening shift for one day ordered date 02/02/2026. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/central-line-and-central-line-placement A peripherally inserted central catheter (PICC) would be considered an example of a central venous catheter. On 3/03/2026 at 8:45 a.m., an interview was conducted with Staff B, Licensed Practical Nurse (LPN). Staff B, LPN acknowledged she was assigned to Resident #3. At 9:25 a.m., Staff B, LPN stated the antibiotic ordered for Resident #3 would have to be administered by the Assistance Director of Nursing (ADON). Staff B, LPN, stated she was fairly new to working at the facility and did not provide her certificate of completion for the intravenous infusion course. At 9:35 a.m., an interview was conducted with the ADON in the Director of Nursing's (DON) office. The ADON stated she does not have her intravenous infusion certificate of completion in the state of Florida and because of this, the DON will be administering the IV antibiotic. At 9:38 a.m., an interview was conducted with Staff D, LPN (agency) assigned to the east hallway residents, who stated she was with an agency and confirmed she was not IV certified. At 10:05 a.m., the DON approached Staff B, LPN and requested Resident #3's antibiotic and tubing. Staff B, LPN stated the ADON had administered it. The DON corrected Staff B, LPN and stated she (DON) would be administering the IV antibiotic for Resident #3. At 11:08 a.m., an interview was conducted with Staff C, LPN. Staff C, LPN stated she was a staff employee but does not administer prescribed IV antibiotics to PICC lines. Staff C, LPN stated she did the course a year ago but was never provided with a certificate. Staff C, LPN stated she would have to reach out to the organization in which she took the course. Staff C, LPN, stated her employment with the facility had been close to a year. A record review of Resident #1 physician orders showed the following:Vancomycin HCL intravenous solution reconstitute 2GM, use (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2G intravenously every 18 hours for wound infection until 12/08/2025 pharmacy to dose, ordered on 11/13/2025 and discontinued on 11/22/2025Vancomycin HCL intravenous solution reconstituted 2G vancomycin HCL used 2G intravenously every 18 hours for wound infection until 11/22/2025 pharmacy to dose order date 11/22/2025Vancomycin HCL intravenous solution reconstituted 1.5g , use 1.5g intravenously every 12 hours for wound infection until 12/08/2025 order date 11/22/2025, discontinued on 11/25/2025A record review of Resident #1's MAR for the month of November 2025 showed the following administration entries for Vancomycin HCL per physician orders:On 11/15/2025 an entry at 11:13 a.m. by Staff G, LPNOn 11/16/2025 an entry at 05:54 a.m., by Staff F, LPNOn 11/16/2025 an entry at 01:57 a.m., by Staff H, LPNOn 11/18/2025 an entry at 14:28 (2:48 p.m.) by Staff I, LPNOn 11/21/2025 an entry at 13:26 (1:26 p.m.) by Staff I, LPNOn 11/23/2025 an entry at (no time) by Staff E, LPNOn 11/24/2025 an entry at (no time) by Staff E, LPNA record review of Resident #3's physician orders showed the following:Cefepime HCL intravenous solution 2 grams/100 ml (milliliters), every 12 hours for infected wound left foot for 8 weeks, ordered on 02/20/2026.Vancomycin HCL in dextrose solution 1 gram/200 milliliters, use 200 ml intravenously one time a day for infected wound left foot for 6 weeks, pharmacy to dose, ordered 02/06/2026.A record review of Resident #3's MAR for the month of February 2026 showed the following administration entries for Cefepime HCL 2 grams/100 ml:On 02/04/2026 an entry at 9:00 a.m. by Staff J, LPNOn 02/10/2026 an entry at 9:00 a.m. by Staff J, LPNOn 02/16/2026 an entry at 9:00 a.m. by Staff J, LPNOn 02/17/2026 an entry at 9:00 a.m. HELD by Staff C, LPN with no orders to holdOn 02/18/2026 an entry at 9:00 a.m. by Staff J, LPNOn 02/18/2026 an entry at 21:00 (9:00 p.m.) by Staff E, LPNOn 02/19/2026 an entry at 9:00 a.m. by Staff L, LPNOn 02/19/2026 an entry at 21:00 (9:00 p.m.) by Staff E, LPNOn 02/20/2026 an entry at 21:00 (9:00 p.m.) by Staff E, LPNOn 02/23/2026 an entry at 21:00 (9:00 p.m.) by Staff E, LPNOn 02/24/2026 an entry at 9:00 a.m. by Staff L, LPNOn 02/24/2026 an entry at 21:00 (9:00 p.m.) by Staff E, LPNOn 02/25/2026 an entry at 21:00 (9:00 p.m.) by Staff E, LPNOn 02/26/2026 an entry at 9:00 a.m. HELD by Staff C, LPN with no orders to holdOn 02/28/2026 an entry at 9:00 a.m. by Staff B, LPNOn 02/28/2026 an entry at 21:00 (9:00 p.m.) by Staff B, LPNA record review of Resident #3's MAR for the month of February 2026 showed the following administration entries for Vancomycin HCL one gram/200 ml intravenously one time a day:On 02/23/2026 for the 6:00 a.m. dose as no entry.A record review of Resident #3's MAR for the month of March 2026 showed the following administration entries for Cefepime HCL 2 grams/100 ml:On 3/02/2026 an entry at 21:00 (9:00p.m.) by Staff E, LPNA record review of Resident #4 physician orders showed the following:Cefazolin Sodium Intravenous Solution reconstituted 1 (one) GM, use 2 grams intravenously three times a day for osteomyelitis for 39 days every 8 hours ordered 02/09/2025A record review of Resident #4's MAR for the month of February 2026 showed the following administration entries for Cefazolin Sodium per physician orders:On 02/10/2026 an entry at 10:00 a.m. by Staff J, LPNOn 02/14/2026 an entry at 2:00 a.m. by Staff I, LPNOn 02/15/2026 an entry at 2:00 a.m. by Staff E, LPNOn 02/16/2026 an entry at 2:00 a.m. by Staff E, LPNOn 02/16/2026 an entry at 10:00 a.m. by Staff J, LPNOn 02/17/2026 an entry at 10:00a.m. by Staff C, LPNOn 02/18/2026 an entry at 10: a.m. by Staff J, LPNOn 02/ 18/2026 an entry at 18:00 (6:00 p.m.) by Staff E, LPNOn 02/19/2026 an entry at 18:00 (6:00 p.m.) by Staff E, LPNOn 02/20/2026 an entry at 18:00 (6:00 p.m.) by Staff E, LPNOn 02/23/2026 an entry at 18:00 (6:00 p.m.) by Staff E, LPNOn 02/24/2026 an entry at 10:00 a.m. by Staff J, LPNOn 02/25/2026 an entry at 18:00 (6:00 p.m.) by Staff E, LPNOn 02/26/2026 an entry at 10:00 a.m. by Staff C, LPNOn 02/28/2026 an entry at 02:00 a.m. by Staff K, LPNOn 02/28/2026 an entry at 10:00 a.m. by Staff B, LPNOn 02/28/2026 an entry at 18:00 (6:00 p.m.) by Staff B, LPNOn 03/02/2026 an entry at 18:00 (6:00 p.m.) by Staff E, LPNOn 3/03/2026 at 4:30 p.m., during an interview with the DON, ADON and Regional Nurse Consultant, Resident #4 had not received his 10:00 a.m. dose of Cefazolin sodium one gram. Resident #4's next dose of Cefazolin sodium was scheduled for 6:00 p.m.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, interviews, and record review, the facility failed: 1) to ensure proper PPE (personal protective equipment) was utilized for one resident (#5) on Enhanced Barrier Isolation, 2) to properly store a nebulizer for one resident (#3) receiving respiratory treatments, 3) to provide timely dressing changes for a Peripherally Inserted Central Catheter (PICC) for one resident (#3), and 4) to properly dispose of potentially contaminated personal protective equipment and linen for two residents (#3 and 5) out of five sampled residents for infection control. Findings included: On 3/02/2026 at 9:55 a.m., an observation was made in Resident #5's room of one small trash receptacle without a disposable liner. An observation was made of another small trash receptable in the resident's bathroom without a disposable liner. The trash receptacle in the room had gloves, gown and garbage inside. A sign for Enhanced Barrier Precautions was observed outside taped to the door. A record review of physician orders for Resident #5 showed an order for Enhanced Barrier Precautions-right side nephrostomy and indwelling suprapubic catheter dated 02/27/2026.On 3/03/2026 at 10:30 a.m., an observation was made in Resident #3's room. The Director of Nursing (DON) was present during observations. On Resident #3's night stand was an exposed nebulizer mask not properly stored, opened normal saline flush, and a dirty surface area of the nightstand. On 3/03/2026 at 10: 35 a.m., an observation and interview was conducted with the DON regarding Resident #3's PICC line dressing. Resident #3's PICC line dressing was labeled 2/23. The DON stated PICC line dressings are changed every seven days with the evening shift responsible for changing dressing. The DON stated the dressing should have been changed yesterday. The DON changed the dressing. On 03/03/2026 at 11:05 a.m., an observation was made of Resident #3's room after observation of intravenous administration of antibiotic and PICC line dressing change. Resident #3 and her roommate's trash receptacle was in front of Resident #3's footboard under her wheelchair with PPE hanging over. An observation was made by the DON who stated we should have larger trash bins for residents on isolation. On 3/03/2026 at 2:43 p.m., an observation was made with the DON of an unidentified Certified Nursing Assistant (CNA) providing care for Resident #5. Resident #5 was on Enhanced Barrier Precaution with proper signage posted outside on the door. The unidentified CNA was not wearing a gown. The DON entered wearing appropriate gown and gloves to further instruct the CNA on proper use of gown during resident care. The CNA exited the resident's room, donned a gown and returned to the room, doffed the isolation gown and removed the liner from the trash bin and exited the room. On 3/03/2026 at 3:45 p.m., an observation was made of a small trash receptacle full of doffed gloves and gowns with no trash liner. The trash receptacle was located in front of Resident #5's roommate's bed. Resident #5 had extensive wound dressings and line dressings completed by the DON and Staff A, Registered Nurse (RN). An observation was made of dirty linen tossed on a chair with a removal of a blanket to be returned to the resident. A second small trash receptacle was located in the resident's bathroom missing a liner. The DON found one inside the receptacle and pulled out to place doffed items in. An observation was made of Resident #5's roommate accompanied by a family member entering the room with the overflowing trash receptacle with no liner full of doffed gloves and isolation gowns. A review of the facility's policy titled, Standard Precautions Infection Control, revised date of 8/15/2022, showed the following policy statement:Staff are to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Therefore, all staff shall adhere to Standard Precautions to prevent the spread of infection to residents, staff and visitors.Policy Explanation and Compliance Guidelines:.2. Using personal protective equipment (PPE): a. All staff who have contact with residents and/ or their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely. b. Multiple factors determine the appropriate selection of PPE for a particular task. Refer to the facilities personal protective equipment policy for indications (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and consideration for use of PPE. 5. Resident care equipment and instruments/devices: a. Policies and procedures have been established for containing, transporting, and handling resident care equipment and instruments/devices that may be contaminated with blood or body fluids. Personnel are trained in the use of these procedures. b. Where PPE (e.g., gloves, gowns, etcetera.) When handling resident care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids.6. Care of the equipment: a. Policies and procedures have been established for routine and targeted cleaning of environmental surfaces as indicated by the level of resident contact and degree of soiling personnel are trained in the use of the procedures .8. Employee education and training: Employees are provided job and/ or task specific education and training on preventing transmission of infectious agents associated with health care during their orientation program, annually, during regular scheduled infection control training programs, and when new or modified procedures are implemented in the facility.Photographic evidence obtained