STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based observations, record reviews, and interviews; the facility's staff failed to provide privacy for one (Resident #38) out of two sampled residents during medication administration. Staff administered medications to Resident #38 in the hallway in front of the first-floor nursing station. There were 176 residents residing in the facility at the time of the survey. The findings includeObservation on 04/20/2026 at 9:20 AM revealed Staff L, a Licensed Practical Nurse (LPN) administering medications to Resident # 38 in the hallway in front of the first-floor nursing station. Staff L, LPN did not redirect or reeducate Resident #38 about privacy during medication administration.Record review of a demographic sheet revealed Resident # 38 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included: Encounter for surgical aftercare following surgery on the digestive system and Dementia.Record review of a Minimum Data Set reference dated 03/20/2026 revealed Resident # 38 had a Brief Interview for Mental Status score of 11 indicating moderate cognitive impairment.Record review of the facility's policy and procedure titled, Right to Personal Preferences revised 01/06/2025 indicated: 3. Dignity and Autonomy: Residents have the right to be treated with respect and dignity .During an interview on 04/20/2026 at 9:23 AM, Staff L, LPN, was asked about privacy during medication administration. Staff L, LPN, stated, I should have administered the medications in the resident's room and pulled the curtain to provide privacy. I am not allowed to give medications in the hallway, but I gave medications to [Resident # 38] because the resident was going to look at the plants.Interview on 04/20/2026, at 2:50 PM with Staff G, RN, First Floor Supervisor regarding privacy during medication administration. Staff G stated, Nurses are not supposed to administer medications in the hallway for residents' privacy.During an interview on 04/22/2026 at 3:46 PM, the Director of Nursing stated, Medications are to be administered in the rooms and if a resident refuses the staff are to educate the resident and update the care plan.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, records reviewed and interviews the facility's staff failed to ensure that an assistive device for hearing was in place for one (Resident #70) out of two sampled residents with a hearing device. Observations showed Resident #70's prescribed hearing device was not in place, even though staff documented in the Electronic Health Records that they had applied the device. At the time of the survey, 16 residents resided in the facility that used hearing devices.The findings included: Observation on 04/20/2026 at 9:43 AM revealed Resident #70 in bed, pulling on a call light wrapped around the bed railing and biting it. Resident #70 shrugged shoulders when greeted. There were two hearing aid devices on the nightstand; one was on a charging device and the other inside a plastic bag (photo evidence). A follow up observation on 04/20/2026 at 11:48 AM revealed Resident #70 seated in a recliner in the dining area not wearing a hearing aid device. Resident #70 was not following staff directions. On 04/20/2026 at 12:16 PM, two hearing aid devices was observed on the nightstand; one on a charging device and the other inside a plastic bag (photo). On 04/21/2026 at 4:02 PM Resident #70 was in bed. The two hearing aid devices were observed on the nightstand, one on a charging device and the other inside a plastic bag (photo evidence). On 04/22/2026 at 11:36 AM, the hearing aid devices were observed on the nightstand one on a charging device and the other inside a plastic bag (photo evidence). On 04/22/2026 at 1:13 PM Resident # 70 was observed in the activities area, no hearing aid device was in place with her head down and not engaged in any activity. Record review of a demographic sheet revealed Resident # 70 was readmitted on [DATE] with that diagnosis included: Unspecified dementia and Cerebrovascular disease. Record review of a Quarterly Review Minimum data set reference dated 02/24/2026 revealed Resident # 70 had a Brief Interview for Mental Status of 00 indicating severe cognitive impairment, used a hearing aid, usually understands others, was dependent for Activities of Daily Living. Record review of Resident # 70's medical record revealed care plan indicating the resident has a history of hard of hearing; has bilateral hearing amplifiers kept at bedside as per family preference starting on 03/03/2026 with an approach to: Follow Resident's preferences. 2. Inform Interdisciplinary team and staff of Resident's preferences. 3. Maintain communication with responsible party of Resident's preferences. 4. Monitor and assist with any changes the Resident may have with his/her personal preferences to update plan of care. Record review of a physician's order sheet revealed Resident # 70 had orders dated 02/04/2026 to apply Hearing Amplifiers-Left /Right after AM (morning) care once a day and order dated 02/05/2026 to remove Hearing Amplifiers-Left /Right after PM (evening) care. Kept in room at bedside as per family preference once a day on night shift.Record review of a 14-day administration history dated 04/09/2026 to 04/22/2026 revealed nursing staff signed that both hearing amplifiers were applied after morning care on 04/20/2026 and 04/21/2026. Record review of Resident # 70's clinical record revealed no progress notes indicating Resident # 70 refused to wear the hearing amplifiers. On 04/22/2026 at 1:42 PM Staff K, Activities Staff revealed Resident#70 does not wear hearing aids. On 04/22/2026 at 2:32 PM Staff J, Certified Nursing Assistant (CNA) stated, I have been working for one year and half. When I have residents with hearing aids, I keep it on the charger and place it in the ear when I come on shift. I did not place the hearing aid for Resident # 70 today. There is reason. I realize I should have. On 04/22/2026 at 2:56 PM Staff N, RN revealed she had not spoken with the assigned CNA about applying Resident #70's hearing device. Interview on 04/22/2026 at 3:10 PM Staff H, RN third-floor unit manager stated: [Resident # 70] has orders for hearing amplifiers after morning care once a day from 7:00 AM to 7:00 PM. It doesn't say as needed and the device is available at the bedside. The nurses are aware that there is a physician's order for the hearing amplifier. The CNAs are made aware during morning discussion that this resident requires a hearing amplifier. I make rounds to ensure the amplifier is in place but sometimes the resident removes it. There are no notes indicating the resident removes the hearing amplifier. On 04/22/2026 at 3:25 PM Staff N, RN and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	surveyor went to Resident #70's room and observed one ear amplifier being charged and the other in a plastic bag (photo). Staff N, RN stated, I don't know why both aren't charging. (photo) During an interview on 04/22/2026 at 3:39 PM the Director of Nursing stated: The nursing staff apply and remove hearing devices according to the physician's order. After applying the device, the nurse signs the order. If a resident has a tendency to remove the device, nursing staff are responsible for monitoring throughout the shift, educate the resident and encourage the resident to use the device. If the resident continues to be non-complainant there should be progress notes and a care plan about the behavior. The Social Services department is also involved. On 04/22/2026 at 5:09 PM Staff I, Social Worker revealed residents are care planned when they receive the hearing amplifiers. If a resident does not want to wear them, the care plan is revised, and a note is written and no staff reported Resident #70 not wanting to wear the amplifiers. Record review of the facility's policy and procedure titled, Handling, Care, and Loss Prevention of Resident Hearing Aide(s) and Amplifier Last Review: July 10, 2025 indicated: I. PURPOSE: To ensure maximum effectiveness of hearing aides/amplifiers (devices) in meeting resident needs, promote psychosocial wellbeing, and prevent accidental loss or mishandling of hearing aids. II. POLICY: Hearing aides and /or amplifiers (devices) will be under the care and custody of the assigned licensed nurse unless otherwise specified. Devices will be stored by nursing staff when not in use or as per resident preferences. II. PROCEDURE: Each shift the nurse assigned to a resident with devices will be responsible for ensuring that the resident devices are present and accounted for.Devices are to be kept stored in handling case or container, labeled with appropriate resident identification information.Gently insert resident devices in the off position after explanation of procedure and adjust volume if needed setting/test hearing aide for effectiveness if needed.Nursing staff must ensure that the devices are properly functioning, and batteries are changed as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, records reviewed interviews facility staff did not administer oxygen therapy at the prescribed rate for one resident (Resident #81) out of one resident investigated as evidenced by Resident # 81 was observed receiving oxygen via nasal cannula at 3.5 Liters Per Minute (LPM) instead of 2 LPM. At the time of the survey, 72 residents in the facility had oxygen orders. The findings included. On 04/21/2026 at 8:20 AM, Resident #81 was observed in bed sleeping the oxygen concentrator was set at 3.5 LPM.On 04/22/2026 at 9:34 AM, Resident #81 was observed asleep with the nasal cannula in place and the oxygen concentrator was set at 3.5 LPM. Record review Resident #81's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include but were not limited to: Encounter for Palliative Care; Other Viral Pneumonia; Acute Pulmonary Edema. Review of orders dated 03/10/2026 showed Oxygen at a rate of 2 Liter per Minute as needed. Change Oxygen tubing and/or mask and ensure equipment is functioning properly weekly and as needed. Review of Resident # 81's admission Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) summary score of 12 out of 15 indicating moderate cognitive impairment. Section GG (Functional Abilities) revealed the resident needed substantial/maximal assistance Activities of Daily Living and Section O (Special Treatments, Procedures, and Programs) documented the resident had oxygen therapy as needed. Review of the Care Plan initiated on 03/11/2026 with target date 06/24/2026 revealed the resident was at risk for altered airway clearance and shortness of breath (SOB) due to heart failure; 3/22/26-Pneumonia/ pulmonary edema. Goal: The resident will be able to breath without any respiratory distress through next review date. Interventions: Administer oxygen (O2) via nasal cannula as ordered by physician. May obtain pulse oximetry reading as needed as ordered, as indicated for respiratory compromise. During an interview on 04/22/2026 at 12:25 PM, Staff E, Registered Nurse (RN), stated that the resident's order for oxygen was for 2 LPM and did not realize the concentrator was set at 3.5 LPM. Staff E,RN explained that the protocol for oxygen therapy required staff to check the oxygen saturation of all residents who received oxygen, including those with asˆneeded orders, to determine whether oxygen administration was necessary and to set the oxygen concentrator according to the physician's order.Review of the facility's Policy and Procedures for Oxygen Administration reviewed 05/04/2019 and 01/26/2022 indicated. Purpose: To ensure safe, effective and appropriate administration of oxygen therapy to residents with clinical need while minimizing risks such as improper use and fire hazards. Policy Statement: Oxygen is considered a medication and must be prescribed by a licensed provider. Procedure: 1-Physician Order Requirement- Oxygen must be ordered with: Flow rate (e.g., 2 L/min) Delivery method (nasal cannula, mask, etc.) Frequency (continuous or PRN).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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 - Few	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 observations interviews and records reviewed the facility's staff failed to safely secure medications and biologicals on one (First floor cart one) out of three medication carts on the facility's first floor. As evidenced by medications observed unsecured on unattended medication cart one. This deficient practice increased the risk to residents' safety. The findings included. During an observation on 04/20/2026 at 8:33 AM, it was noted that medications and eye drops were left unattended on medication cart one located on the first floor. The cart was parked next to the hallway, and the nurse was in a resident's room two doors across the hallway. A resident was observed propelling in wheelchair down the hallway. (Photo evidence).On 04/20/2026 at 8:48 AM Staff B, Licensed Practical Nurse (LPN) returned to the medication cart.In an interview on 04/20/2026 Staff B, LPN, was asked about the unattended medications left on top of the cart. Staff B, LPN revealed a resident had an emergency and she should not have left the medications on top the cart unattended because anyone could have taken them. During an interview on 04/23/2026 at 1:51 PM Staff G, Registered Nurse (RN), First floor Unit Manager was informed of the identified concerns and shown photographic evidence of medications left unattended. Staff G, RN First Floor Unit Manager stated that staff should not leave medications out of view. She (Staff B, LPN) had an emergency but still she should have the medications with her. Review of the facility's Policy titled Medication Storage. Last Revision Date: April 28, 2015, and Last Review Date: January 28, 2026, indicates: The facility safely stores medications.Procedure:1. Medication storage at the facility is designed to:c. Minimize the risk of medication diversion, and;d. Reduce potential dispensing errors.Review of the facility's policy titled: Medication Preparation and General Guidelines. Effective: April 12, 2015, and Reviewed: January 28, 2026. Procedures indicated:16) During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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 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. Based on observations, interviews, and record reviews, the facility did not implement effective plans of action to correct identified quality deficiencies in the problem area related to repeated deficient practices for F880 Infection Prevention and Control, as evidenced by staff failed to store respiratory equipment in a plastic bag after use for Resident #131. The findings included.Review of the facility's survey history revealed the facility was cited F880 Infection Prevention and Control during the recertification survey with an exit dated 13/03/2024.The Administrator stated in an interview on 04/23/2026 at 1:10 PM that the facility held its Quality Assurance and Performance Improvement (QAPI) meetings on the third Wednesday of every month. Committee members included the Administrator, Risk Manager/Director of Social Services/Director of Nursing, Medical Director, Infection Control/Prevention Officer, Consultant Pharmacist, and Department Heads. The QAPI team reviewed multiple data sources to identify gaps, trends, or opportunities for improvement in systems of care. These sources included Minimum Data Set (MDS) patterns, Nursing Home Compare indicators, state survey results, resident care plan progress, complaint trends, satisfaction feedback, caregiver turnover, emergency room visits, hospital utilization, and infection control data. The facility monitored trends and implemented strategies to support ongoing improvement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105719	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palace at Kendall Nursing and Rehabilitation Cente	11215 SW 84th Street Miami, FL 33173

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 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, record review and interviews the facility failed to follow infection control protocol for one (Resident #50) out of two residents sampled who receive respiratory treatments as evidenced by two separate observations of Resident # 50's respiratory equipment not being stored in plastic bag after use. The findings included:Observation and interview on 04/21/2026 at 09:28 AM revealed Resident #50 in bed awake, alert and oriented a nebulizer mask noted on the bedside table was not in a plastic bag. (Photographic evidence). When asked about the nebulizer mask Resident # 50 revealed the mask had been sitting on the bedside table since 06:00 AM that morning (04/21/2026). Record review of Resident #50's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include but are not limited to: Chronic obstructive pulmonary disease (COPD), wheezing and pulmonary edema. Record review of Resident #50's Care Plan for April 2026 revealed Mitigation strategies to prevent respiratory exposure/infection. Interventions included: Reinforce hand washing and sanitizing practices, Standard and transmission-based precautions as indicated and Resident will be assessed for fever, bilateral breath sounds (BBS), shortness of breath (SOB), coughing, sneezing or other respiratory symptoms and/or other complaints every (Q) shift. Record review of the admission Minimum Data Set (MDS) dated [DATE] revealed in Section C for Cognitive Patterns a Brief Interview for Mental Status (BIMS) score of a 15 which indicates the resident is cognitively intact. Section GG for Functional Abilities revealed dependence on toileting, showering, lower body dressing and sit to lying. Section I for Active Diagnosis revealed a diagnosis of COPD. Record review of Resident #50's physician's order sheets revealed orders dated 04/08/2026: Albuterol Sulfate solution for nebulization (NEB); 0.63 mg(milligram)/3 mL (milliliter); alpha-methyltryptamine: 3 mL; inhalation Special Instructions: To be administer over 15 minutes, every 8 Hours - as needed (PRN).Order dated 03/30/2026: Ipratropium bromide solution; 0.02 %; 2.5 mL; inhalation Special Instructions: To be administered over 15 minutes, every 6 Hours: 11:00 PM, 05:00 AM, 11:00 AM, 05:00 PM.Order dated 03/30/2026 -Change aerosol mask and tubing for neb TX (treatment) administration weekly and PRN.on Tue (Tuesday) 07:00 PM - 07:00 AM shift.During an interview on 04/22/2026 at 12:20 PM Staff A, Licensed Practical Nurse (LPN) stated: When a nebulizer mask is not in use, it should be stored in a clean plastic bag at the bedside. If it has been left in the bag on the dresser for several hours, it should be replaced to maintain cleanliness and prevent contamination. Nebulizer masks are typically changed according to facility policy or manufacturer guidelines, or sooner if they become soiled, damaged, or contaminated. If unsure of the exact schedule, staff should refer to infection control policy or consult the nurse/educator for clarification. During an interview on 04/22/2026 at 11:35 AM the Director of Nursing stated All oxygen-related equipment, such as a nebulizer mask, is stored in a designated storage bag that hangs on the dresser beside the bed. Equipment is changed weekly on Tuesdays, including the bag if needed. When not in use, items are kept in the bag to maintain cleanliness. The mask should be either replaced or properly cleaned according to protocol.