STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105765	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews it was determined that the facility did not ensure the resident call system functioned properly, nor did it maintain a reliable communication system for residents to request staff assistance from their rooms (including bathrooms) to a centralized staff work area on one (third) of the three floors where residents resided. Four residents (Resident #46, Resident #12, Resident #16, and Resident #52) out of the fifty-three residing on the third floor reported that the call system was not working. The findings included: During an observation conducted on 03/23/2026 at 9:10 AM, Resident # 16 reported the call light has not worked for over a month and maintenance staff reported it was an issue with the electrical outlets. Record review for Resident # 16 revealed the resident was admitted to the facility on [DATE], with the diagnosis that include Encephalopathy; Type 2 Diabetes Mellitus with others Specified Complication. Review of the Annual Minimum Data Set (MDS) dated [DATE] cognitive section documented a BIMS (Brief Interview for Mental Status) score of 13 out of 15 indicating no cognitive impairment. Inspection of the call light system in Resident #16's bathroom revealed when activated the call light did not light up in the bathroom or outside of the resident's room to notify staff that Resident #16 required assistance. Further observation revealed that while the bathroom call system was activated, no auditory was heard at the nurses' station. Record review for Resident # 46 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Other Neuromuscular Dysfunction of Bladder. Resident # 46 Quarterly MDS dated [DATE].cognitive section documented a BIMS summary score of 15 out of 15 indicating the resident is cognitively intact. Interview on 03/23/2025 at 9:35 AM Resident # 46. reported that there has been no call light in the room since admission to the facility. The resident stated that when assistance is needed, they resort to screaming, and sometimes nursing staff respond. Record review of Resident #52 clinical records revealed the resident was admitted on [DATE] with medical diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side. Quarterly Minimum Date Set (MDS) dated [DATE] cognitive section indicated Resident # 52 had a Brief Interview of Mental Status (BIMS) summary score of 15 out of 15 indicating the resident is cognitively intact. In an interview conducted on 03/23/2026 at 10:10 AM, Resident # 52 revealed the call light had not (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	been working for a long time and when assistance is needed, he waits for someone to enter the room. Resident # 52 then proceeded to press the call light button noted at the end of the call light cord. No light was noted outside Resident # 52's room and no light nor sound was noted in the nurse station to alert staff that the call light was activated in Resident # 52's room. Further observation revealed no staff checked in Resident # 52' s room up to 30 minutes later at 10:40 AM, and no staff came into the room an hour later at 11:30 AM. In an observation conducted on 03/23/2026 at 10:50 AM, in Resident # 12's room, the surveyor used the call light noted on the bed to call for assistance. No light was noted outside the room to notify staff that the call light was used to call for assistance. Further observation revealed no light activated at the nurses' station to alert staff that the call light was used in Resident #12's room. During an interview conducted on 03/23/2026 at 10:30 AM, Staff N Registered Nurse revealed when a resident uses the call light to call for assistance, a light should go on outside the room, indicating that the resident needs help and also at the nurse 's station, indicating the room number that the call light was used. On 03/23/2026 at 11:38 AM Staff L, Certified Nursing Assistant stated: We have a person checking the room every 15 minutes, a different person is assigned every day, I can't put a finger on how many months it's been, but there is a log where they record when they go into the rooms. On 03/25/2026 at 1:41 AM, the Director of Environmental Services reported that before he started working in the facility seven months ago, there was an estimate for repairs to the call lights. He is aware that CNAs are supposed to do 15-minute rounds. He noted that the call lights for the bathroom and the entire third floor are not working and that he can call corporate to check when they will be fixed. Currently, there is no set time for these repairs, including the bathroom call lights. On 03/26/2026 at 9:21 AM the Director of Environmental Services revealed the call light estimate was given to corporate on the same day dated on estimate form, and they had not got back about that, and he believes administrator has called once or twice about it. On 03/26/2026 at 5:50 PM the Administrator revealed the second floor currently operates on a wireless call bell system, with noted challenges related to internet reliability despite backup measures. Plans include exploring repairs using existing system components or transitioning them into a more reliable solution. The third floor is in the process of obtaining estimates and awaiting a few other companies to get back. We have a 15-minute rounds establish, and they are all documented in a log in the nurse station. Review of the Policies and Procedures for call lights, Effective Date: 09/01/2024 Policy: The purpose of this policy is to ensure residents' requests and needs are responded to. Procedure: Call light should be within reach of the resident Answer the residents' call as soon as possible Report malfunctioning call lights to Maintenance, ED, and/or DON promptly Offer stationary bells and/or round frequently on residents if the call light system is malfunctioning.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, it was determined that the facility did not adequately protect one of two sampled residents from sexual abuse. According to a Federal report, on 03/17/2026, vulnerable Resident #32 was sexually assaulted by Resident # 6, who has a documented history of sexually inappropriate conduct toward staff and other residents. At the time of the survey, 112 residents resided in the facility. The findings included:On 03/23/2026 at 9:05 AM Resident # 32 was observed in her room sitting on the side of the bed and stated, I want bathroom. The call system did not work, so the surveyor notified a staff member that the resident needed help.Record review of a Federal Report revealed on 03/17/2026 at 6:07 PM Resident #32 was observed by facility staff in bed with Resident #6 on top of Resident #32. At that time Resident # 32 was not wearing a brief. Further review of report revealed Resident # 32 was sent out to the hospital for a Rape Kit and Sexual Transmitted Disease test to be conducted as a precaution.Review of the hospital's summary report revealed Resident # 32 was admitted for medical clearance following a suspected sexual battery.Review of Resident #32's hospital flowsheets revealed orders for antibiotics Doxycycline 100 milligram (mg) twice a day and Metronidazole 500 mg tablet every 8 hours on 03/19/2026 as prophylaxis treatment.Review of Resident # 32's Hospital Discharge Needs and Care Plan; Post-Hospital Care Requirements revealed Resident #32 required ongoing monitoring and prophylaxis following the suspected assault alongside management of her chronic conditions. Post-Exposure Prophylaxis completion of the initiated medication regimen for infection prevention.Record review of Resident # 32's clinical records revealed the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included Alzheimer's Disease, Psychosis, Cerebral Infarction, Depressive episode and Mood [AFFECTIVE] Disorder.Record review of a Quarterly Minimum Data Set (MDS) reference dated 03/1/2026 revealed Resident # 32 had a Brief Interview of Mental Status (BIMS) score of 3, indicating severe cognitive impairment and was independent for toileting hygiene and transferring.Record review of a care plan initiated on 03/24/2026 revealed Resident # 32 had depression related to (r/t) depressive disorder, unspecified mood disorder with interventions that included: Monitor/document/report as needed any risk for harm to self: suicidal plan, past attempt at suicide, risky actions (stockpiling pills, saying goodbye to family, giving away possessions or writing a note), intentionally harmed or tried to harm self, refusing to eat or drink, refusing med or therapies, sense of hopelessness or helplessness, impaired judgment or safety awareness, any signs and symptoms of depression, including hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health-related complaints, tearfulness, the resident needs time to talk and encourage the resident to express feelings.Record review of a nursing note dated 03/17/2026 timestamped 8:13 PM revealed Resident # 32 was found in bed at 5:30 PM alert and disoriented unable to explain. No visible injury or findings vital signs. Supervisor and Medical Doctor (MD) notified. incident reported per facility protocol. Resident monitored closely.Record review of a nursing note dated 03/17/2026 timestamped 11:04 PM revealed Resident # 32 was alert and responsive to all stimuli. No signs of distress noted. MD gave orders to transfer resident to nearby hospital diagnosis Sexual Battery. Family made aware.Record review of a nursing note dated 03/17/2026 timestamped 11:40 PM revealed Resident # 32 was transferred to a nearby hospital via non-emergency ambulance company accompanied by two attendants.On 03/24/2026 at 9:28 AM, the Registered Nurse (RN) Supervisor stated: In the evening (03/17/2026) [Staff D, RN] called me to the room and told me [Resident # 32] was observed in bed, while [Resident # 6] was standing by the bed making thrusting movements towards [Resident # 32]. I called the physician, family and 911 emergency services. When the police arrived, they did not make any arrests due to no physical evidence found.During a phone interview on 03/24/2026 at 11:42 AM (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident # 32's son stated: I am aware of the incident that occurred. On that day I was called by a nurse and told that another resident was in my mother's room with pants down and my mother had no incontinent brief on. When I arrived at the facility, I received a different story; they said the male resident was on top of my mother doing his thing. When I spoke to my mother, she told me it's not the first time. My mother complained of a stomachache. If nothing happened, why would they give my mother all these tests?Interview on 03/24/2026 at 3:06 PM the Social Services Director stated: I spoke with the abuse hotline, and the person told me they did not accept the case. They did not give me any physical confirmation. Interview on 03/24/2026 at 3:15 PM Staff G, Certified Nursing Assistant (translated by other surveyor) revealed during rounds Resident #32 was in bed and Resident # 6 was on top of Resident # 32 making a thrusting movement. I didn't see any penetration; I saw the brief belonging to [Resident #32] on the floor. I tried to pull Resident #6 away and yelled help. On 03/24/2026 at 3:55 PM, the Director of Nursing (DON) stated, On the day of the incident I received a phone call from the RN supervisor stating [Resident #6] was found humping [Resident # 32]. The details were Staff G, CNA reported [Resident # 6] was wearing clothes and was making movements on [Resident # 32] who did not have on a brief. I informed the Administrator and instructed for a nursing assessment to be done on [Resident # 32]. I instructed staff to separate the two residents. I told the Social Services Director (SSD) to call the abuse hotline. The SSD told me that the staff are giving two different stories. I instructed [Staff D, CNA] to write exactly what was witnessed. A police detective came and did not arrest anyone. I instructed staff to call 911 for [Resident # 32] to get tested for STDs (Sexually Transmitted Diseases). [Resident # 32] was taken to the hospital.During an interview on 03/24/2026 at 4:28 PM Resident # 46 (Resident # 6's previous roommate) stated: [Resident # 6] told me he only looked under [Resident # 32's] dress but did not touch [Resident # 32]. On 03/24/2026 at 4:35 PM Resident # 32 was observed in the room lying in bed. Resident # 32 was interviewed (translated by another surveyor) and was unable to answer questions.On 03/23/2026 at 9:15 AM Resident # 6 was observed in his room with a 1:1(one to one) monitor at bedside.Review of Resident # 6's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include but not limited to: Paranoid Schizophrenia, Generalized Anxiety Disorder and Other depressive episodes.Review of the Quarterly Minimum Data Set, dated [DATE] indicate a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating Resident # 6 is cognitively intact.Record review of a Care plan initiated on 05/13/2025 and revised on: 03/24/2026 revealed Resident # 6 had behavior problem related to curses, noncompliance with treatment regimen. inappropriate sexual behaviors toward staff and other residents. Resident exhibits sexual inappropriate behavior toward another resident. Interventions included: Encourage the resident to express feelings appropriately. If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident. Intervene as necessary to protect the rights and safety of others. Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes. Provide 1:1 supervision as much as possible.Record review of Psychiatric notes dated 03/18/2026, 02/10/2026 and 12/3/2025 indicated Resident # 6 had diagnosis of depression, psychosis, anxiety, and paranoid schizophrenia.During an observation and interview on 03/24/2026 at 4:42 PM Resident # 6 was in his room with a 1:1 monitor at bedside. Resident # 6 revealed: I went into [Resident # 32's] room to use the restroom because mine was broken. I had been using [Resident # 32's] bathroom all day. I saw [Resident #32] needed help to get on the bed, so I tried to help. I have helped other female residents by covering their breasts when exposed.Interview on 03/25/2026 at 9:41 AM Resident # 34 stated, [Resident # 6] exposed his genitals to me once about a week ago. I don't feel staff are observant enough.On 03/25/2026 at 9:50 AM Resident # 84 stated: Male residents have entered my room without my consent on a daily basis. I easily redirect them with a look and they don't bother me. I try to keep to myself because it's wild in the facility. I have told staff many times. The only reason it hasn't happened to me is because you are here. On 03/25/2026 at 10:10 AM Staff (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	H, CNA stated, I am the 1:1 monitor for [Resident # 6], and he exposed his genitals to me several times in the past. The last time being a month ago and I have let administration know. Since he has been on 1:1 monitoring he has not been inappropriate with me.On 03/25/2026 at 10:18 AM, during an interview with the DON regarding Resident # 6's history of inappropriate behavior toward other residents and staff, the DON confirmed that the facility's administration and staff had acknowledged Resident #6's actions of exposing his genitals and masturbating in front of staff and other residents. During a telephone interview on 03/25/2026 at 1:59 PM, the Psychiatrist stated: I assessed [Resident # 32] with a Creole speaking nurse and found [Resident # 32] to be so demented that there was no recollection of the incident. There has been no major change in [Resident # 32's] psychological state compared to before the incident. Interview on 03/25/2026 at 5:25 PM about the incident that occurred on 3/17/2026, Staff D, RN stated: After dinner between 5:30 PM to 6:00 PM I was called to [Resident # 32's] room by Staff D, CNA and saw [Resident # 6] standing in the room. [Resident # 6] told me he was using the restroom. I informed the RN supervisor and was instructed to change [Resident # 6's] room to the 2nd floor and place [Resident # 6] on 1:1 monitoring. Record review of the facility's Policies and Procedures titled Policies and Procedures titled, Abuse, Neglect, Exploitation & Misappropriation Effective Date: 11/30/2014 Revision Date: 11/28/2017 revealed POLICY: It is inherent in the nature and dignity of each resident at the center that he/she be afforded basic human rights, including the right to be free from abuse, neglect, mistreatment, exploitation and/or misappropriation of property. The management of the facility recognizes these rights and hereby establishes the following statements, policies, and procedures to protect these rights and to establish a disciplinary policy, which results in the fair and timely treatment of occurrences of resident abuse.Employees of the center are charged with a continuing obligation to treat residents, so they are free from abuse, neglect, mistreatment, and/or misappropriation of property. No employee may at any time commit an act of physical, psychological, or emotional abuse, neglect, mistreatment, and/or misappropriation of property against any resident. Violation of this standard will subject employees to disciplinary action, including dismissal, provided herein. Sexual Abuse is non-consensual sexual contact of any type with a resident. Sexual abuse includes but is not limited to: Unwanted intimate touching of any kind especially of breast or perineal area. All types of sexual assault or battery, such as rape, sodomy and coerced nudity Forced observation of masturbation and/or pornography; and Taking sexually explicit photographs and/or audio/video recordings of a residents) and maintaining and/or distributing them (i.e. posting on social media). This would include, but is not limited to, nudity, fondling, and/or intercourse involving a resident.Other examples of non-consensual sexual contact may include, but are not limited to, situations where a resident is sedated, is temporarily unconscious or is in a coma. Generally, sexual contact is non-consensual if the resident either: Appears to want contact to occur but lacks the cognitive ability to consent; or does not want contact to occur.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, record reviews, and interviews, the facility failed maintain an environment free from accidents and hazards in potentially hazardous or unsafe areas on all three floors where residents resided. Observations included unlocked doors leading to soiled utility and biohazard rooms, laundry chutes, janitor closets, and the clean utility room containing stored oxygen tanks, which posed significant risks to residents' safety. At the time of the survey, 112 residents lived in the facility. The findings include.Observations on 03/23/2026, at 12:06 PM and on 03/24/2026, at 9:32 AM revealed the laundry chute on the third floor was unlocked. (Photographic evidence) Observation on 03/23/2026, at 12:19 PM revealed the third-floor janitors' closet door was unlocked. (Photographic evidence) Observations on 03/23/2026, at 12:27 PM and on 03/24/2026 at 9:14 AM the door third-floor clean utility room that stored the oxygen tanks was unlocked. (Photographic evidence) Observations on 03/23/2026, at 12:32 PM and on 03/24/2026 at 9:14 AM revealed the third-floor soiled utility room was unlocked. (Photographic evidence) On 03/25/2026, at 9:00 AM, the Director of Nursing (DON) explained in an interview that staff were required to keep the laundry chute and soiled utility rooms locked. The DON also noted she did not know whether a resident could inadvertently become locked inside the laundry chute room. She clarified that maintenance had replaced the keypads, especially in the janitors' closets because the doors were being left open. Interview on 03/26/2026 at 9:21 AM, the Director of Environmental Services revealed he changed the locks for the laundry chute on the third and second floors and replaced and installed keypads and combination locks on some doors that did not have keys. Observation on 03/23/2026 at 10:39 AM revealed Staff F from Housekeeping exited the janitor's closet on the second floor without locking the door. (Photographic evidence) On 03/23/2026, at 10:47 AM, the Director of Nursing was informed of the identified concern and remarked: The room should be locked because it contains hazardous materials. Subsequently, the Director of Nursing and the surveyor inspected the janitor's closet, confirming that the room contained hazardous materials. (photographic evidence) On 03/23/2026, at 10:39 AM, Staff F from Housekeeping was interviewed regarding the facility's protocol for the janitor's closet. Staff F stated, I am supposed to keep the door locked. On 03/24/2026 at 9:54 AM The Maintenance Director reported: I changed the lock to a code key to prevent the door from being kept open. Observation on 03/25/2026, at 10:33 AM, revealed the biohazard room located on the second floor was not secured. The Wound Care Registered Nurse was able to open the door without entering a keypad code to dispose of the red biohazard bag from wound care. (Photographic evidence) Interview on 03/25/2026 at 11:19 AM Staff C, Wound Care Registered Nurse stated I also noticed that (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the biohazard room was unlocked and it should always be locked to prevent residents from accessing it. I usually have to enter a code to get in, but it was already open this time. Record review of the facility's Policies and Procedures titled Chemical Storage Revision Date: 08/2025 revealed: Policy: Chemicals and hazardous materials shall be stored and handled in a manner to minimize the risk of injury to staff and residents or property damage. Procedure: Store and dispense chemicals/hazardous materials from originally marked containers or specifically label /marked dispensers. The facility shall have available and maintain SDS's (safety data sheets) for chemicals used or stored Staff are to be trained upon hire and annually on handling and storage of chemicals/hazardous materials. Chemical storage rooms and /or chemical storage cabinets are to be locked when not in direct site of a staff member. Store full and partially empty containers in locked areas per the Life Safety Code and OSHA requirements. Dispose of empty containers in accordance with SDS.

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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, records reviewed and interviews, the facility did not protect residents' information on one of four medication carts (West side cart) and one of two vital signs machines. Staff left an unattended computer screen on the west side medication cart and a vital signs machine open and unattended on the second floor, both displaying residents' information. At the time of the survey, 112 residents lived in the facility. The findings included: Observation on 03/23/2026 at 9:49 AM on the third floor revealed the computer screen was left open on the unattended west side medication cart displaying residents' information. (photo evidence).On 03/23/2026 at 10:00 AM Staff D, Registered Nurse (RN) was asked about the unattended west side cart's open computer screen with residents' information displayed. Staff D, RN stated: I am supposed to close the computer screen by hitting the icon to protect residents' information. The reason I left it open was because I was helping a resident.During an interview on 03/23/2026 at 10:45 AM the Director of Nursing (DON) stated: Staff are to lock the computer screens by turning them off or pressing the hide button to protect residents' information. On 03/24/2026 at 8:47 AM observation on the facility's second floor revealed an unattended vital signs machine screen was left open with residents' information visible.On 03/24/2026 at 8:50 AM Staff E, Registered Nurse (RN) was made aware of the unattended vital signs machine screen was left open; Staff E, RN stated, It should be closed.On 03/24/2026 at 8:56 AM, the Assistant Director of Nursing was interviewed about the facility's protocol for protecting residents' information and stated, Staff are to close the vitals machine once finished because it displays residents' information.` Record review of the facility's Policies and Procedures titled Confidentiality of Records Effective Date: 5/29/2023 revealed: Policy: The facility will protect/safeguard the residents' confidentiality.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews it was determined that the facility failed to honor one (Resident # 92) of two sampled residents' rights to be free from restraints. On two separate occasions, it was noted that the left side of Resident # 92's bed was positioned against the wall, which restricted Resident # 92's ability to exit the bed safely. At the time of the survey 112 residents were residing in the facilityThe findings include:Observation on 03/23/2026 at 9:58 AM revealed Resident # 92 had bilateral side rails up and the left side of the bed against wall. Photo evidence provided. Observation on 03/25/2026 at 9:20 AM revealed Resident # 92 had bilateral side rails up and the left side of the bed was positioned against wall. Photo evidence provided. Record review of a demographic sheet revealed Resident #92 was admitted to the facility on [DATE] with diagnosis that included but not limited to: metabolic encephalopathy and transient alteration of awareness.Record review of the admission Minimum Data Set (MDS) reference dated 02/19/26 revealed Resident #92 had a Brief Interview for Mental Status (BIMS) score of 02 out of 15 indicating severe cognitive impairment. The resident required substantial assistance for eating, toileting, showering, sit to lying and upper and lower body dressing and had impairment on both sides to the upper and lower extremities. Record review of Resident # 92's Activities of Daily Living (ADLs) care plan revealed self-care performance deficit related to (r/t) Weakness, Encephalopathy, Fatigue, Chronic disease burden, Hospital deconditioning, Cognitive fluctuation. Evidence: Total self-care deficit listed, Altered mental status (AMS) and Functional decline. Interventions include: The resident is totally dependent on (1-2) staff for repositioning and turning in bed, the resident is totally dependent on (1) staff for personal hygiene and oral care and the resident requires mechanical lift with (2) staff assistance for transfers. Interview on 03/25/2026 at 9:24 AM with Staff A, Registered Nurse (RN) stated I did not place the bed against the wall because it should remain in the middle to allow safe access from both sides. Placing the bed against the wall is considered a restraint and is not permitted. The resident is confused and frequently attempts to get out of bed. The physician explained that this confusion is due to elevated ammonia levels, and the resident's lactulose has been increased to help manage this condition. I have also observed that the resident attempts to pull down the Percutaneous Endoscopic Gastrostomy (PEG) feeding pole, which increases his risk for injury and could interfere with his treatment. Interview on 03/25/2026 at 9:53 AM with Staff B, Certified Nursing Assistant (CNA) stated I did not put the bed against the wall. I do not know how it was moved or if the resident tried to get out of bed.During an interview on 03/25/2026 at 09:57 AM, the Director of Nursing (DON) stated I will educate the staff not to place the bed against the wall, as it is considered a restraint. I was not aware that this resident is confused or attempts to get out of bed. Review of the facility's policy and procedure titled Resident Rights dated 10/18/2018 documented:Policy: It is the policy of the company to:1. Make residents and their legal representatives aware of residents' rights.2. Ensure that residents' rights are known to staff.3. Ensure residents' rights are honored.

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	105765	A. Building B. Wing	03/26/2026

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Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations records reviewed and interviews it was determined that the facility did not accurately complete Level I Preadmission Screening and Resident Review (PASRR) forms for two out of three sampled residents diagnosed with a Serious Mental Illness (SMI). Resident # 5's diagnosis of Schizophrenia was omitted on the Level I PASRR form despite being admitted to the facility with this diagnosis. 2. The Level I PASRR for Resident # 6 did not include documentation of exhibited behaviors posing potential risks to others. At the time of the survey, there were 112 residents residing in the facility. The findings included: Resident # 5On 03/23/2026 at 10:13 AM, the surveyor observed Resident #5 lying in bed with eyes closed.On 03/23/2026 at 11:45 AM, Resident #5 was observed walking in the hallway with a walker the surveyor greeted the resident, but Resident #5 did not respond.Record review of Resident #5's clinical records revealed an admission date of 5/9/2025 and readmission on [DATE] with diagnosis that included: Schizophrenia, Generalized Anxiety Disorder, Mood Disorder, and Psychosis. Record review of an admission Minimum Data Set (MDS) reference dated 5/16/2025 revealed Resident#5 was not considered by the State Level II Preadmission Screening and Resident Review (PASRR) process to have Serious Mental Illness and/or Intellectual Disability or a related condition diagnosis that included: Anxiety disorder and Psychotic disorder, received no Psychological Therapy. Further review of a Quarterly MDS reference dated 2/14/2026 revealed Resident #5 had diagnosis that included: Schizophrenia, Psychotic disorder, and Anxiety disorder, and was taking antipsychotic medications. Record review of a Care Plan started on 05/13/2025 revealed Resident # 5 had a behavior problem related to noncompliance with treatment regimen, refuses Activities of Daily Living (ADL) care, refuses labs, refuses medications, resists care, and Delusions with interventions that included: Notify Medical doctor for continuing of refusing medications, provide a program of activities that is of interest and accommodates residents status and Psych consult as ordered. Record review of Resident # 5's physician's order sheet revealed orders dated 2/12/2026 for Risperidone Oral Tablet 1 milligram (MG) directions: Give 1 tablet by mouth two times a day related to Schizophrenia.Review of Resident # 5's medical records revealed the resident was evaluated by a Psychiatrist on 2/10/26.Review of the most recent PASRR provided by the Director of Nursing (DON) dated 2/18/2026, Section I: PASRR Screen Decision- Making A. MI or suspected MI (check all that apply): Anxiety, Schizoaffective Disorder, Delusional Disorder, Mood Affective Disorder, Adjustment Disorder and Insomnia were checked. Schizophrenia was not checked. On 03/26/2026 at 1:45 PM, the DON stated, [Resident #5] was initially admitted on [DATE] with Schizophrenia diagnosis and hospitalized on [DATE] and returned on 2/9/2026. At the time of return the Psychiatrist did not include Schizophrenia in diagnosis list so I did not include in the PASRR. The diagnosis of Schizoaffective is not in the psychiatric notes and the PASRR is incorrect. Resident # 6Record review of a Federal Report revealed on 03/17/2026 at 6:07 PM, Staff G, CNA, reported to the Registered Nurse (RN) supervisor, that Resident # 6 was found in another resident's room, on top of the other resident with his clothes fully on and the other resident was not wearing a brief.On 03/23/2026 at 9:05 AM Resident # 6 was observed in room with a 1:1 monitor. On 03/24/2026 at 4:42 PM Resident #6 was observed in room with a 1:1 monitor at bedside. Resident #6 was interviewed and stated, I have helped female residents cover their breasts by adjusting their shirt.Record review of a demographic sheet for Resident # 6 revealed an admission date of 5/13/2025 with diagnosis that included: Paranoid Schizophrenia, Generalized Anxiety Disorder, and Other depressive episodes.Record review of Resident # 6's physicians order sheet revealed orders dated: 5/16/2025 for Remeron Oral Tablet 30 MG (Mirtazapine) directions: Give 1 tablet by mouth at bedtime for depression, 5/23/2025 for Haloperidol Oral Tablet 10 MG (Haloperidol) directions: Give 1 tablet by mouth at bedtime for psychosis, 6/24/2025 for Haloperidol Decanoate Solution 100 MG/ML directions: Inject 1 ml intramuscularly one time a day every 21 day(s) for Psychosis and 7/16/2025 (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for Klonopin Oral Tablet 1 MG (Clonazepam) *Controlled Drug* directions: Give 1 tablet by mouth three times a day for anxiety and labile behavior.Record review of an admission Minimum Data Set reference dated 5/20/2025 revealed Resident#6 was not considered by the State level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, had Anxiety disorder, Depression (other than bipolar), Psychotic disorder, was taking Antipsychotics and Antidepressants and received no Psychological TherapyRecord review of Psychiatric notes dated 3/18/2026, 2/10/2026 and 12/3/2025 indicated Resident # 6 had diagnosis of: Depression, Psychosis, Anxiety, and Paranoid Schizophrenia.Record review of a Care plan initiated on 05/13/2025 and revised on: 03/24/2026 revealed Resident#6 had behavior problem related to curses, noncompliance with treatment regimen, refuses labs, yells out, Mood swings, inappropriate sexual behaviors toward staff and other residents, refuses medications. Resident exhibits sexual inappropriate behavior toward another resident Related to paranoid schizophrenia, other specified depressive episodes, and psychotic disorder with delusions due to known physiological condition with interventions that included: Administer medications as ordered. Monitor/document for side effects and effectiveness. Anticipate and meet The resident's needs. Assist the resident to develop more appropriate methods of coping and interacting. Encourage the resident to express feelings appropriately. If reasonable, discuss The resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident. Intervene as necessary to protect the rights and safety of others. Approach/Speak CNA in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes. Provide 1:1 supervision as much as possible.On 03/25/2026 at 9:41 AM Resident #34 stated, [Resident #6] has exposed genitals to me once about a week ago. I did not report that to staff. I don't feel staff are observant enough.On 03/25/2026 at 10:10 AM Staff H, Certified nursing assistant (CNA) was interviewed outside of room and stated, I am the 1:1 monitor for [Resident # 6] today. [Resident # 6] exposed his genitals to me several times in the past with the last time being a month ago. I informed administration. On 03/25/2026 at 10:18 AM, the DON was made aware of identified concerns and revealed the facility was aware Resident # 6 had exhibited behaviors of exposing his genitals and masturbating in front of staff and other residents.Resident #6's most recent PASRR was requested and the Director of Nursing (DON) the PASRR provided for Resident #6 dated 9/4/2025, Section I: PASRR Screen Decision- Making A. MI or suspected MI: Check all that apply Anxiety, Psychotic, Schizophrenia Substance abuse was checked. Depression was not checked.During an interview about the facility's policy for completing a Level I PASSR on 03/25/2026 at 12:56 PM, the DON stated, We review the clinical information before filling out the PASRR. For [Resident # 6] Depression was not checked on the PASRR and should have been checked. Surveyor asked why a new PASRR had not been completed to include Resident # 6's recent behaviors towards other residents, and the DON replied, I will get back to you.On 03/25/2026 at 1:02 PM the DON stated, I completed a new PASRR today, to include the diagnosis of Depression and yes to the question has the individual exhibited actions or behaviors that may make them a danger to themselves, or others and a Level II is now required. Record review of the facility's Policies and Procedures titled, Preadmission Screening and Resident Review (PASRR) Effective Date: 11/08/2021 revealed Policy:The center will assure that all Serious Mentally III (SMI) and Intellectually Disabled (ID) residents receive appropriate pre-admission screenings according to Federal/State guidelines. The purpose is to ensure that the residents with SMI or are ID receive the care and services they need in the most appropriate setting.Procedure:It is the responsibility of the center to assess and assure that the appropriate preadmission screenings, either Level I or Level II, are conducted and results obtained prior to admission and placed in the appropriate section of the resident's medical recordIf an individual is declared exempt from a PASRR screening, the Center should make sure that appropriate documentation is on the chart upon admission. Individuals who are exempted from this assessment (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	include:Those who are admitted after a release from an acute care hospital for a period not to exceed 30 days as part of a medically prescribed period of recovery.Those who are certified by a physician as to be terminally ill with a 6-month prognosis and are not a danger to self or others.Those who are comatose, ventilator dependent, functions at significantly disabling Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis, CHF or COPD.d. Those with a diagnosis of dementia or its related disorders with detailed documentation supporting this diagnosis.There are no exceptions for Intellectually Disabled (ID) screenings.If it is learned after admission that a PASRR Level II screening is indicated, it will be the responsibility of Social Services/designee to coordinate and/or inform the appropriate agency to conduct the screening and obtain the results.Results of the screening evaluation will be placed in the appropriate section of the individual's medical records and any recommendations for services will be followed.Recommendations will be incorporated in the individual resident's plan of care and approaches/interventions developed to meet the identified needs of the individual.Social Services/designee will be responsible for coordinating significant change updates of these screenings, conducted by the appropriate agency. These results, along with the results from the previous years will be kept in the appropriate sections of the resident's records.

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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 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, record reviews, and interviews, it was determined that the facility did not uphold the residents' right to adequate and appropriate health care for one (Resident #32) out of two sampled residents who returned to the facility after hospitalization with medication orders to continue post-discharge. Resident # 32 was transferred to the hospital after being sexually assaulted in the facility. The hospital's medical provider ordered and instructed the continuation of prophylactic medications for Resident # 32 upon discharge; however, the facility failed to implement this order. This omission increased Resident # 32's risk of an untreated sexually transmitted infection. At the time of the survey, 112 residents resided in the facility. The findings include: Record review of a Federal Report revealed on 03/17/2026 at 6:07 PM Resident # 32 was observed by facility staff in bed with Resident #6 on top of Resident # 32. At that time Resident # 32 was not wearing a brief. Further review of report revealed Resident # 32 was sent out to the hospital for a Rape Kit and Sexual Transmitted Disease test to be conducted as a precaution.On 03/23/2026 at 9:05 AM Resident # 32 was observed in her room, seated on the side of the bed and stated: I want bathroom. The call system was not working so the Surveyor notified a staff member that the resident needed assistance.On 03/25/2026 at 10:19 AM Resident # 32 was in bed with no apparent distress and voiced no concerns.Review of the hospital's summary report revealed Resident # 32 was admitted for medical clearance following a suspected sexual battery.Review of Resident #32's hospital flowsheets revealed orders for antibiotics Doxycycline 100 milligram (mg) twice a day and Metronidazole 500 mg tablet every 8 hours on 03/19/2026 as prophylaxis treatment.Review of Resident # 32's Hospital Discharge Needs and Care Plan; Post-Hospital Care Requirements revealed Resident #32 required ongoing monitoring and prophylaxis following the suspected assault alongside management of her chronic conditions. Post-Exposure Prophylaxis completion of the initiated medication regimen for infection prevention. Record review of nursing notes dated 03/20/2026 timestamped 7:00 PM revealed around 16:00 PM [Resident #32] was readmitted to Gardens Nursing and Rehabilitation. [Resident # 32]. Primary admitted diagnosis sexual assault of adult.Record review of Resident # 32's clinical records revealed the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included Alzheimer's Disease, Psychosis, Cerebral Infarction, Depressive episode and Mood [AFFECTIVE] Disorder.Review of Resident#32's electronic health records revealed a Physician's progress note dated 03/22/2026 that did not address the continuation of prophylaxis post exposure medication.Record review of the March 2026 physician's order sheet revealed Resident # 32 had no orders pertaining to prophylaxis medications.Record review of a Quarterly Minimum Data Set (MDS) reference dated 03/1/2026 revealed Resident #32 had a Brief Interview of Mental Status (BIMS) score of 3, indicating severe cognitive impairment and was independent for toileting hygiene and transferring.During an interview on 03/25/2026 at 11:34 AM the Director of Nursing (DON) was asked about the facility's continuation of care for Resident #32 after hospitalization. The DON stated: We refer to the discharge list. I noticed the resident was receiving prophylaxis in the hospital, but we did not carry those orders over. I can call the doctor now to see what prophylaxis medications are to be ordered for [Resident # 32]. The DON then returned at 11:35 AM and reported the physician was called and lab work for the other resident involved in the sexual assault was ordered.Record review of the facility's Policies and Procedures titled, Medical Care-Standards of Practice/Physician Services Effective Date: 12/01/2024 revealed Policy:Residents will be admitted under the care of a physician of his/her choice provided the physician adheres to applicable federal, state, and local regulations along with Center policy and procedures. The physician will be licensed by the appropriate state Board of Medicine and will adhere to the Standards of Practice.Procedure:6. The assigned physician is responsible for verifying the history and physical information is relevant and /or adds additional information as needed to reflect (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the current status of the resident. This is to include but not limited to: A new H & P annually, at a minimum.A revision of the existing H & P that is 12 months old ONLY when the revision is considered minor and there has been no significant change in the residents' condition.

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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, record reviews and interviews the facility failed to store medications and biologics properly for one (Resident #84) out of seven sampled residents. Resident # 84 had an over-the-counter topical medication used to relieve oral pain a medicated lotion at bedside. There were 112 residents residing in the facility at the time of survey. The findings included:Observation on 03/23/2026 at 10:03 AM in Resident # 84's room revealed a container of [brand] over-the-counter topical medication used to temporarily relieve oral pain on the side table and a medicated lotion on the nightstand. (photo evidence). On 03/23/2026 at 10:19 AM Staff E, Registered Nurse (RN) was made aware of the identified concern and stated: Residents cannot have medications at the bedside without a physician's order. During an interview with the Director of Nursing (DON) on 03/23/2026 at 10:46 AM it was revealed that Resident #84 did not have physician's order to keep over-the-counter topical medication used to temporarily relieve oral pain or medicated lotions at the bedside. Record review of the facility's Policies and Procedures titled Subject: Medication Storage Effective Date: 12/08/2023 revealed Policy:The facility shall store all drugs and biologicals in a safe, secure, and orderly manner.Procedure:1. Drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received.Only the issuing pharmacy is authorized to transfer medications between containers.2.The nursing staff shall be responsible for maintaining medication storage AND preparation areas in a clean, safe, and sanitary manner.6.Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.7.Drugs shall be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.

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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 interview and record review, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to demonstrate effective plans of action were implemented to correctly identify quality deficiencies in the problem area related to repeated deficient practices for F689 Free of Accident Hazards and Supervision and Devices, F761 Label and Store Drugs and Biologicals, F880 Infection Prevention and Control and F919 Resident Call System. These repeated deficiencies had the potential to affect 112 residents residing in the facility at the time of the survey. The findings included: Review of the facility's survey history revealed, during a recertification survey with exit dated 09/13/2024, F689 Free of Accident Hazards and Supervision and Devices was cited related to the facility failed to ensure the facility remained free from accident hazards as evidenced by not providing direct supervision for 1 of 23 residents who smoke and excess lint in 1 of 2 dryers in the laundry room. F761 Label and Store Drugs and Biologicals was cited related to unsecured medications at bedside and wound treatment carts. F880 Infection Prevention and Control was cited related to rodent control, blood glucose monitoring, wound care, and maintaining separation between the soiled linen area and the clean laundry area. F919 Resident Call System was cited related nonfunctioning of the residents' call systems in room and bathrooms. During this survey with exit dated 03/26/2026 the facility was cited F689 Free of Accident Hazards and Supervision and Devices, F761 Label and Store Drugs and Biologicals, F880 Infection Prevention and Control and F919 Resident Call System. Interview with the Administrator on 04/05/2026 at 5:51 PM revealed the (QAPI) Quality Assurance and Performance Improvement (QAPI) meetings are held once per month and as needed. The last meeting was held on 02/25/2026, and a stabilization meeting was held on 03/12/2026. The Quality Assessment and Assurance (QAA) committee required members, including Administrator, Director of Nursing (DON), Assistant Director of Nursing, Medical Director, Admissions, Social Services, Minimum Data Set (MDS), Activities, Dietary, Infection Preventionist, Therapy, Maintenance, and Business Office. The purpose of the QAA committee is to review and discuss the overall operations of the facility, identify areas where improvement may be needed, discuss potential solutions, and develop plans to address those areas in order to enhance outcomes and maintain standards of care. The QAA committee becomes aware of issues through reports presented by each department, staff reporting, clipboards at nursing stations, communication among department heads, and concerns identified during daily rounds. Issues that could endanger residents are addressed immediately and less urgent concerns are scheduled for later review and follow-up. Record review of Quality Assurance Performance Improvement (QAPI) policy revealed the Center has a comprehensive, data-driven Quality Assurance Performance Improvement Program that focuses on indicators of the outcomes of care and quality of life. The center's QAPI program is an on-going comprehensive review of care and services provided to residents, including medical care, clinical care, rehabilitation, pharmacy services, dining services, social service, community life services, hospitality services, environmental services, admissions, business office, and medical records, as well as continuity of care, infection control, plant technology and safety management, information management, human resources, leadership and credentialing, resident/family education, and allegations of abuse, neglect, misappropriation of resident property. Review of activities may include infection control, incident/accident reports, resident/family complaints/satisfaction, interdisciplinary care planning, medication use, environment of care/safety, restraint reduction, wound care/prevention, staff orientation, in-service and competence, weight program, psychotropic drug reduction, fall prevention, medication error, and physician services. The program is a coordinated effort among departments and services within the organization and involves leadership working with input from center staff, residents and families. The center will obtain feedback to assist in identifying problems and areas of opportunity and will collect and monitor data from different departments reflecting their performance. The center will establish (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	performance indicators, utilize performance indicators to establish goals, identify opportunities for improvement, evaluate progress towards goals, and ensure systems and actions are in place to improve performance. The center will establish and utilize a systematic approach to identify underlying causes of problems, develop and monitor action plans, and review and develop corrective actions on medical errors and adverse events. The center will monitor department performance systems to identify issues or adverse events and oversee the development of corrective actions. The center utilizes performance improvement projects to improve a systemic problem or improve quality, and at a minimum must conduct one performance improvement project annually.

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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, record reviews, and interviews, the facility did not adhere to proper infection prevention and control protocols. Specifically, Staff C, a Wound Care Registered Nurse (RN), failed to perform hand hygiene during wound care procedures. At the time of the survey, there were 112 residents living in the facility. The findings include:Observation on 03/25/2026 at 10:33 AM of wound care performed by Staff C, Wound Care Registered Nurse (RN) for Resident # 62's stage 4 sacral wound; Staff C, Wound Care RN gathered required supplies to treat the resident's wound according to physician orders dated 03/20/2026 to cleanse sacral wound with saline, pat dry. Apply Honey impregnated. Cover with border dressing daily and as needed (PRN) in the morning for Wound Care and as needed for Wound Care . Staff C, Wound Care RN performed hand hygiene and gown and gloves were applied. The procedure was explained to the resident, and the old dressing dated 03/25/2026 was removed. Staff C, Wound Care RN removed gloves and applied new gloves before cleaning the wound with normal saline. Gloves were removed again and clean gloves were applied to dry the wound. Staff C, Wound Care RN then removed gloves and applied new gloves to place the honey dressing over the wound, followed by the silicone dressing, and dated the new dressing. After completing the procedure, Staff C, Wound Care RN removed gloves and applied clean gloves to discard the trash into the biohazard bag. The waste was taken to the biohazard room, which was noted to be unlocked. Staff C, Wound Care RN then removed gloves and used hand sanitizer after leaving biohazard room.Record review of a demographic sheet revealed Resident # 62 was admitted to the facility on [DATE] with diagnosis that included but not limited to: Pressure ulcer of sacral region, stage 4. Record review of the Quarterly Minimum Data Set (MDS) reference dated 03/05/2026 revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of 14 indicating no evidence of cognitive impairment, requiring substantial assistance for eating, toileting, showering, sit to lying and upper and lower body dressing. Impairment on both sides to the upper and lower extremities. Record review of Resident #62's skin integrity care plan revealed the resident is at risk for impaired skin integrity related to: Positioning preferences/tolerance increase risk, Impaired mobility and Incontinence.During an interview on 03/25/2026 at 11:19 AM with Staff C, Wound Care RN the infection control concerns were discussed and Staff C, Wound Care RN stated: I have been a wound care nurse at this facility for 2 years; I normally perform hand hygiene throughout the treatment, but I was a little nervous during this observation. I also noticed that the biohazard room should always be locked to prevent residents from accessing it. I usually have to enter a code to get in, but it was already open this time.Review of the facility's policy and procedure titled Infection Control Guidelines for All Nursing Procedures April 2013 stated 3. Employees must wash their hands for ten (10) to fifteen (15) seconds usingantimicrobial or non-antimicrobial soap and water under the following conditions:a. Before and after direct contact with residents.b. When hands are visibly dirty or soiled with blood or other body fluids.c. After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin:After removing gloves.d. After handling items potentially contaminated with blood, body fluids, or secretions.f. Before eating and after using a restroom; andg. When there is likely exposure to spores (i.e., C. difficile or Bacillus anthracis)(Note: Alcohol-based hand rubs are inactive against spores.For effectivemechanical removal of spores, wash hands for 30-60 seconds with soap and water or 2% chlorhexidine gluconate.)4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations:a. Before and after direct contact with residents.b. Before donning sterile gloves.c. Before performing any non-surgical invasive procedures:d. Before preparing or handling medications.e. Before handling clean or soiled dressings, gauze pads, etc.f. Before moving from a contaminated body site to a clean body site duringg. After contact with a resident's intact skin.h. After handling used dressings, contaminated equipment, etc.i. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105765	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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	After contact with objects (e.g., medical equipment) in the immediate vicinity ofj. After removing gloves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 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 observations records reviewed and interviews the facility failed to ensure a safe bathing environment for one resident (Resident #100) out of two sampled. Resident #100 sustained a cut on the bottom of his right foot in the shower from a protruding metal screw, which secured the metal grate drain cover. This deficient practice increased Resident #100's risk for serious chronic wound complications such as an infection. The findings included: During the Residents' Council meeting held on 03/25/2026 at 1:45 PM Resident #100 reported he sustained a cut on his foot in the shower.On 03/25/26 at 3:25 PM Resident #100 was observed in his room sitting in a chair the resident showed the surveyor an undated bandage on the bottom of his right foot and reported the cut was treated by a Staff I Registered Nurse (RN) on 03/24/2026. The resident removed the bandage and a cut measuring approximately 1.5 inches long with scant yellow drainage was noted.On 03/25/26 at 3:27 PM inspection of Resident #100's shared bathroom shower revealed visible mildew residue accumulated on the floor tiles, hair collected in the round metal grate drain cover and found one of the three metal screws securing the drain cover protruded and was not fastened properly. (Photographic Evidence) Record Review of Resident #100's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses include but not limited to Epilepsy, Transient Ischemic Attack (TIA) Major Depressive Disorder, Recurrent and Other Chronic Pain and Weakness. Review of the comprehensive Minimum Data Set submitted 02/20/2026 cognitive section revealed a Brief Interview of Metal Status score of 14 out of 15 indicating the resident is cognitively intact. The functional section revealed Resident #100 required set-up and clean up assistance for Activities of Daily Living.Record review of a Skin/Wound Note with effective date: 03/25/2026 timestamped 16:14 (4:14 PM) completed by Staff N, Licensed Practical Nurse note text indicated: Resident evaluated by wound care nurse for wound under right plantar. Treatment administered as standard order by wound care physician .Record review of progress notes completed by the Director of Nursing (DON) dated 3/25/2026 time stamped 17:40 (5:40 PM) Note Text: Resident reported that he sustained a cut to his foot approximately two days ago while in the shower. Resident stated he did not report the injury at the time. Resident further stated that a nurse later inquired about his limping. Wound care treatment was initiated, and the wound care nurse was notified MD (Medical Doctor was notified, and new order was received to transfer the resident to the hospital for further evaluation and treatment. Resident was educated on the importance of hospital evaluation, including potential risks of untreated wounds such as infection and delayed healing . Record review of physician order dated 03/25/2026 indicated standard order: Clean wound on right plantar foot with saline, pat dry. Apply Med honey to wound bed, Cover with boarder dressing gauze and PRN (as needed), in the morning for wound care and as needed. During an interview on 03/26/2026 2:24PM the Director of Maintenance/ Housekeeping and Laundry revealed he was informed on 3/25/2026 of a screw in Resident #100's shower posing a hazard and had received emails from the administration concerning the shower needing to be cleaned with picture attachments and further reported that Resident #100's shower was inspected on 3/8/2026 and 03/23/2026 and stated: I had not gotten around to getting the shower cleaned.Record review of the facility's Physical Environment - Room Repairs policy dated 09/26/2023 revealed, Maintenance Director or Designee will complete room rounds 2-4 time per month. Findings from these rounds will be prioritized and the repairs made as indicated. Apart from completing room rounds, a maintenance log is kept at the nurse's station for any repairs staff find need completed throughout the day. Staff will put maintenance request into the log; maintenance department will check log throughout the day to complete tasks. Any repairs requiring immediate attention are to be reported directly to the Maintenance Director or Administrator.Record review of facility complete room procedure included: 3.) Scrub bathroom floor (if ceramic tile) 4.) Complete 8-step room cleaning procedure (20-25 min)