STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105810	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miracle Hill Nursing & Rehabilitation Center, Inc	1329 Abraham Street Tallahassee, FL 32304

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that staff administered medications ordered to treat a urinary tract infection for 2 of 3 residents reviewed after their return to the facility following hospitalization.(Residents #1 and #3)The findings include:Record reviewsOn 11/18/25, a review of Resident #1's electronic medical record (EMR) showed that this resident was admitted to the hospital on [DATE] for nausea and vomiting and received a diagnosis of urinary tract infection (UTI) and sepsis syndrome. Upon discharge back to facility on 10/9/25, the physician ordered Augmentin 875/125mg with instructions for Resident #1 to take 1 tablet by mouth two times daily until 10/22/25. Upon review of the EMR, no order was found for this medication; therefore, it does not appear that staff administered the medication as ordered.On 11/19/25, a review of Resident #3's EMR revealed that the resident was admitted to the hospital on [DATE] and received a diagnosis of acute cystitis, a type of urinary tract infection. The resident was discharged back to the facility on [DATE] with an order for the antibiotic Ofloxacin 400 mg BID to be administered twice daily. Upon review of the EMR, no order for this medication was found; therefore, it does not appear that staff administered the medication.Staff interviewOn 11/19/25 at approximately 9:00 a.m., the Director of Nursing was interviewed. She was asked why the staff did not start the resident's antibiotics as ordered. She stated that the hospital is supposed to send the discharge medication reconciliation with the resident upon return to facility. She reported ongoing issues with receiving paperwork from the hospital and this resident's orders must have been missed. She was asked what the facility's process is to ensure staff complete discharge medication reconciliation upon a resident's re-admission. She stated that the resident's primary nurse is responsible for reviewing the reconciliation and ensuring that prescribed medications are ordered. Policy reviewThe facility policy (last revised April of 2019) entitled Administering Medications, states medications are administered in a safe and timely manner, and as prescribed. 4. states medications are administered in accordance with prescriber orders, including any required time frame.'

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