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	06/30/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews, and facility policy review, the facility failed to fully inform the residents of the risks and benefits and alternate treatment options for 1 of 3 residents sampled for the use of psychotropic medications (Resident #4).The findings included: On 6/29/26, a review of Resident #4's medical record was conducted. Resident #4 was admitted to the facility on [DATE] and discharged on 2/16/26. Review of Resident #4's medical history revealed he had diagnoses that included dementia with psychotic disturbances. Physician's orders included Memantine 5 milligrams (mg) dated 2/9/26 (a medication used to treat moderate to severe Alzheimer's disease), Mirtazapine 7.5 mg dated 2/9/26 (a medication used to treat depression), and Rivastigmine 9.5 mg patch dated 2/10/26 (a medication used to treat moderate to severe Alzheimer's disease). Further record review revealed on 2/12/26 Resident #4 became combative and aggressive and a one-time order of Haldol 5 mg (an antipsychotic medication used to treat severe behavioral problems) was ordered and administered at approximately 8:00 PM. A new order of Haldol 5 mg every 12 hours as needed for agitation and combativeness was written on 2/12/26 and discontinued on 2/14/26. A progress note created by Staff A, Registered Nurse (RN) stated Resident #4 had become increasingly aggressive, agitated and combative and new orders were obtained. Documentation did not include that representative was made aware of the new medication orders. On 6/30/26 at 9:05 AM, an interview was conducted with the facility's Director of Nursing (DON). She reviewed Resident #4's medical record and confirmed there was no evidence that Staff A communicated with Resident #4's representative about the new orders for receiving Haldol or that Staff A provided education regarding the use of and the new orders for Haldol. The DON stated Staff A was no longer employed at the facility. The DON further stated the expectation was for staff to communicate with resident's representatives on any status changes and new orders and to provide education. A review of the facility policy titled Psychotropic Medication Use, revised date February 2025 was conducted. The policy stated prior to initiating the use of, increasing the dose of, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: a. a non-pharmacological alternative, B. the indications and rationale for the recommendation; c. the potential risks and benefits (including possible side effects, adverse consequences, and black box warnings); and d. the resident's/representative's right to accept or decline the treatment.

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