

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105910	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Coral Reef Subacute Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 9869 SW 152nd Street Miami, FL 33157	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview and record review, the facility failed to ensure one (Resident #131) out of eight residents sampled was treated with respect and dignity during dining, as evidenced by Staff B, Certified Nursing Assistant observed standing while feeding Resident #131. This deficient practice has the potential to affect any residents residing in the facility requiring assistance from staff.</p> <p>The findings included:</p> <p>Observation on 06/02/25 at 12:42 PM, revealed Staff B, Certified Nursing Assistant (CNA) in Resident #131's room standing while feeding Resident #131.</p> <p>On 06/02/25 at 12:44 PM, the surveyor asked Staff B why he was standing while feeding Resident #131. Staff B revealed he prefers to stand and because he takes his time feeding the resident and makes sure the resident is safe.</p> <p>On 06/02/25 at 01:40 PM the Staff Educator (Staff C) acknowledged the identified concern related to dignity during dining and proper feeding practices.</p> <p>Review of the facility policy and procedure titled Dignity dated 11/14/24 states: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. Residents are always treated with dignity and respect. 2. The facility supports dignity and respect for residents by honoring resident goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident's facility stay. 5. When assisting with care, residents are supported in exercising their rights. For example, residents are: <ol style="list-style-type: none"> e. provided with dignified dining experience. <p>Review of the facility's undated document titled Dining Room Audits revealed:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Statement</p> <p>Our facility audits the food and nutrition services department regularly to ensure that residents' needs are met and that dining is a safe and pleasant experience for residents.</p> <p>Policy Interpretation and Implementation</p> <p>I. Sit next to the residents while assisting them to eat, rather than standing over them.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide necessary housekeeping and maintenance services to maintain a sanitary, clean homelike environment with a comfortable interior free of disrepair for 11 out of 32 resident rooms on the East Unit. (Photographic evidence available). There were 156 residents residing at the facility at the time of the survey.</p> <p>The findings included:</p> <p>On 06/02/25 starting at 06:30 AM during the initial tour and resident screenings on the facility's East Unit observation revealed:</p> <p>The chest of drawers in room numbers 4, 6, 9, 11, 15, 17, 18, 19, 20, 21, 25 and 26 noted with chipped paint, grime (dirt ingrained on the surface) and black marks covering the top.</p> <p>The floor in room# 25 bed A was littered with paper all around the bed.</p> <p>Observation in room [ROOM NUMBER]'s bathroom revealed the toilet tissue/paper dispenser was broken.</p> <p>Interview on 06/04/25 at 10:30 AM, Staff A, Registered Nurse (RN) East Unit Manager when showed the photos of the surveyor findings in the residents' rooms, stated: We have a program in our system where we go to report any maintenance concerns called [a building management platform], we enter the room number, location and the issue. Maintenance checks the system often throughout the day. Depending on the urgency of the issue, I checked the location where the issue occurred to see if it has been resolved. If the issue/issues are not resolved, I complete a new ticket in the system or talk to maintenance staff about the issue to find out when the issue will be resolved. I am not sure if the condition of the chest of drawers in the residents' rooms were addressed with maintenance prior to the survey.</p> <p>Interview on 06/04/25 at 11:32 AM, the Director of Maintenance when showed the photos of the surveyor findings in the residents' rooms, stated: I am aware of the disrepair of the furniture, we painted the furniture about six months ago, the issue is the chest of drawers are laminate and does not hold the paint well. Currently the facility is under renovation, and the goal is to replace the furniture within eight months during the renovation process. I have been maintaining the functionality of all the furniture (Changing handles, hinges and often the floor of the chest of drawers) .</p> <p>Review of the facility policy and procedure titled Homelike Environment dated 11/14/24 states: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p> <p>Policy Interpretation and Implementation</p> <p>2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include:</p> <p>a. clean, sanitary and orderly environment</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. inviting colors and decor</p> <p>d. personalized furniture and room arrangements</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a safe environment that is free from potential hazards for one (Resident #54) out of eight vulnerable residents sampled. As evidenced by the electrical cord for an Intravenous (IV) infusion pump attached to a pole at the right side of the resident's bed observed extended across bed connected to an electrical outlet on the left side of the resident's bed. There were 156 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Observation on 06/03/25 at 08:40 AM, Resident #54 was asleep in bed, IV site present on the resident's left arm dated 05/29/25. There was an IV pole with infusion pump attached at the right side of the resident's bed; it was revealed that the IV pump's electrical cord hung from the IV pole on the right side of the resident's bed was positioned under the resident, extending across the bed to the left side of the bed was connected to an electrical socket on the wall behind the bed's left side.</p> <p>Interview on 06/03/25 at 08:44 AM Staff D, Registered Nurse (RN) stated: I am the assigned nurse for [Resident #54], I work 7:00 AM to 7:00 PM shift; I checked on the resident at the start of my shift, the resident was and is doing very well, he is currently on antibiotics for congestion and is tolerating his IV medications. Staff D revealed she is not sure who hung the electrical cord across the resident's bed in the manner observed and acknowledged the way the electrical cord is positioned is not safe for the resident, and she spoke to maintenance in the past about not having any electrical outlets on the right side of the bed.</p> <p>Interview on 06/04/25 at 10:35 AM, Staff A, Registered Nurse (RN) East Unit Manager stated: I was told by the nurse about the intravenous (IV) electrical cord issue with [Resident #54], when facing the resident in bed-we repositioned the IV pole from the right side of [Resident #54's] bed to the left side and educated the nurses on repositioning the resident on the right side, so the left arm with the IV site is close to the location of the IV pole for IV therapy administration.</p> <p>Review of the medical records for Resident #54 revealed the resident was admitted to the facility on [DATE], readmitted on [DATE]. Clinical diagnoses include Breakdown (mechanical) of other cardiac electronic device, Chronic Obstructive Pulmonary Disease, Emphysema.</p> <p>Review of the Physician's Orders Sheet for June 2025 revealed Resident #54 had orders that included but not limited to: Piperacillin Sod-Tazobactam Solution Reconstituted 3-0.375 GM-Use 3.375 grams intravenously every 6 hours for Influenzas like symptoms until 06/03/2025</p> <p>Record review of Resident # 54's Significant Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental status Score (BIMS) 9 on a 0-15 scale, indicating the resident is cognitively moderately impaired.</p> <p>Record review of Resident # 54's Care Plans Dated 05/22/25 revealed: Resident #54 is on IV antibiotic medications and IV Fluids is using a mid-line on the left arm Date Initiated: 05/27/2025, Revision on: 05/27/2025. Resident #54 will not have any complications related to IV Therapy through the review date. Interventions include-</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy and procedure titled Accidents and Incidents-Investigating and Reporting Dated 01/28/25 states: All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator.</p> <p>Policy Interpretation and Implementation</p> <p>1. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure medications and treatment ointments were stored in accordance with facility policy. As evidenced by ointments and medication were found in the residents' rooms unsecured. There were 156 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On 06/02/25 starting at 06:30 AM during the initial facility tour and resident screenings on the East Unit of the facility, the following were observed: rooms [ROOM NUMBERS] revealed Zinc Oxide ointment on the dresser in both rooms.</p> <p>room [ROOM NUMBER] had a half full 0.9% Sodium Chloride syringe on top of the dresser in the room. (Photographic evidence available)</p> <p>Interview on 06/04/25 at 10:48 AM, Staff A, Registered Nurse (RN) East Unit Manager when showed the photos of the findings in the residents' rooms, stated: The ointments and creams should be stored in the residents' personal drawers and the Sodium Chloride solutions must be stored on the medication cart or the medication room.</p> <p>Review of the facility policy and Procedure titled Medication labeling and Storage dated 01/27/25 states: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.</p> <p>Policy Interpretation and Implementation</p> <p>Medication Storage</p> <ol style="list-style-type: none"> 1. <p>Medications and biologicals are 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.</p> <ol style="list-style-type: none"> 2. <p>The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <ol style="list-style-type: none"> 3. <p>If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</p> <ol style="list-style-type: none"> 4. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others.</p> <p>5.</p> <p>Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on observations, interviews and record review, the facility's Quality Assurance and Performance Improvement (QAPI)/ Quality Assessment and Assurance (QAA) committee failed to demonstrate effective action plans were implemented to correct identified quality deficiencies in the problem area related to repeated deficient practices for F641- Accuracy of assessment and F761- Label/Store drugs and biologicals. Facility's failure to accurately code the Minimum Data Set (MDS). Facility's failure to store medications appropriately. There were 156 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Review of the facility's survey history revealed, during a recertification survey with exit dated 01/19/ 2024, F641- Accuracy of assessment was cited for inaccurate coding of MDS section B for Corrective lenses. F761- Label/Store drugs and biologicals was cited due to facility's failure to ensure medications were securely stored. F867-Quality Assurance and Performance Improvement was cited due to the QAPI/QAA committee's failure to monitor previous problem areas identified with existing need for improvement based on the committee's continued evaluation of their performance improvement projects.</p> <p>Interview on 06/05/2025 at 01:00 PM, the Administrator revealed the QAPI committee meets on the third Tuesday of each month, the last meeting was held on May 20, 2025. The committee includes Medical Director, Administrator, Director of Nursing, Assistant director of nursing, Infection Preventionist, Director of Rehabilitation, MDS, Nurse Educator, Wound Nurse, Business Office, Human Resources, Director of Maintenance, Director of Housekeeping, Director of Food Services, Registered Dietitian, Social Worker, Activities Director, all unit managers, providers, Medical Records, Pharmacist consultant, Laboratory Diagnostic, Resident concierge, and others. Each department is assigned specific objectives or focus areas to monitor and report on monthly. The purpose of these meetings is to enhance the quality of care and services we provide by continually evaluating and improving our processes. It involves a thorough review of all aspects of care to ensure everything is working as intended, identifying any errors or areas of concern, and taking corrective action when needed. This process is not done in isolation; it requires the collaboration and input of the entire team. By working together, we can find solutions, implement improvements, and create a culture of accountability and excellence that benefits both staff and the individuals we serve.</p>		