STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105939	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palmetto Subacute Care Center	7600 SW 8th Street Miami, FL 33144

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations record reviews and interviews, the facility's failure to ensure drugs and biologicals used in the facility are stored and labeled properly, failed to ensure expired medical supplies are discarded and failed to ensure controlled medication are reconciled in accordance with professional standards; as evidence by an antibiotic eye ointment observed with no open and or expiration date for Resident #75, two normal saline bottles on Resident# 54's night stand and an unreconciled controlled substance for Resident #76. The findings included: 1) On [DATE] at 9:07 AM, review of the second floor North Medication Cart#2 with Staff B, Registered Nurse (RN). revealed one antibiotic eye ointment for Resident#75. without an open date or expiration date prescribed for Resident# 75, the label read dispense date [DATE] (photo). The Medication Administration Record revealed it was last administered on [DATE] at 1:00 PM to Resident#75. When asked what was the open or expiration date Staff B, RN reported it was opened on a previous shift and would refer to the supervisor. 2) On [DATE] at 9:20 AM a check of the suction machine on the third-floor emergency cart was completed with Staff D, RN. The short tubing that connects the suction machine to canister had an expiration date of 2018 (photo) Staff D, RN acknowledged the expired date and stated That tubing was in the bag with the suction machine and would have been the first tubing used upon emergency. The supervisor checks the emergency cart every day. On [DATE] at 1:21 PM The Nursing supervisor stated: All eye drops and ointments should be labeled with an open date and an expiration date. If it isn't labeled staff should reorder not write the date it was found open and the suction machine on the emergency cart should be checked daily on the night shift. (continued on next page)

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3) On [DATE] at 9:13 AM, during a medication administration observation for Resident#54 with Staff E, RN on the second floor's South Medication cart#2 revealed two bottles of saline observed on Resident# 54's bedside. After the medication administration Staff E, RN was asked if saline solutions are permitted at the resident' bedside. Staff E stated:: No. and returned to Resident#54's bedside and discarded the two bottles of normal saline in the trash bin in the room Staff E, RN revealed: [Resident#54] has a colostomy, and we use the saline to clean it. I did round this morning and did not notice it was there. 4) On [DATE] 09:05 AM Resident #76 was in bed and complained of knee pain to the surveyor. Staff N, Licensed Practical Nurse (LPN) was asked about Resident#76 pain management. Staff N revealed Resident#76 received Tramadol 50 mg(milligram) tablet by mouth 8:00 AM and had been reassessed at 8:30 AM and she reported an improvement. Review of the Medication Administration Record (MAR) for Resident #76's Tramadol revealed Staff N, LPN signed at 8:06 AM for a Tramadol administration and record review of the controlled substance log sheet revealed the last signature for the administration of Tramadol 50 mg tablet to Resident#76 was on [DATE] at 3:00 AM by another staff member (photo). Staff N, LPN stated, I administered the medication at 8:06 AM and usually sign at the time of administration but I didn't because I was with [Resident#76] at that time Staff. Staff N, LPN reassessed Resident #76 with the surveyor and resident reported a relief of pain. Record review of a demographic sheet for Resident#76 revealed an admitted : [DATE] with Diagnosis that included: GOUT and record review of Resident#76's [DATE] physician's order sheet revealed orders dated [DATE]: Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) *Controlled Drug* directions: give one tablet by mouth every six hours as needed for Moderate Pain for 10 Days and Tramadol HCl Oral Tablet 50 MG (Tramadol HCl) *Controlled Drug* Give one tablet by mouth one time a day for Pain Management (prior to Rehab) for 10 Days. On [DATE] at 2:41 PM The Director of Nursing was asked the protocol for signing out controlled substances and replied, Narcotics should be signed out at the time of administration. Record review of a Policy entitled, Medication Labeling Storage Published: [DATE]. Policy Statement: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys. Policy Interpretation and Implementation. Medication Labeling 1. Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices. 2. The medication label includes, at a minimum: a. medication name (generic and/or brand); d. expiration date, when applicable. 4. Antiseptics, disinfectants, and germicides used in any aspect of resident care must have legible, distinctive labels that identify the contents and the directions for use and shall be stored separately from regular medications. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a Policy titled, Controlled Substances effective date ,d+[DATE] revised ,d+[DATE] revealed Policy: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances and medications classified as controlled substances by state law are subject to special ordering, receipt, and record keeping requirements in the facility, in accordance with federal and state laws and regulations. Before a controlled drug can be dispensed, the pharmacy must be in receipt of a clear, complete, and signed written prescription from a person lawfully authorized to prescribe controlled substances. IV. Documentation of a Controlled Substance Prescription: 1. Each controlled substance prescription is documented in the resident's medical record with the date and time of receipt and the signature of the person receiving the prescription. The prescription is recorded on the physician order sheet or telephone order sheet or posted elsewhere in the record and recorded on the MAR.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on interviews and record reviews the facility failed to notify the hospice provider of a significant change in condition for one resident (Resident #239) out of two sampled hospice residents as evidenced by no documentation indicating the hospice provider was notified of Resident #239's transfer to the hospital via emergency services. The findings included: Record review of Resident #239's demographic face sheet revealed an initial admitted d 8/23/21 a readmitted [DATE] and a discharged date of 7/4/24 with diagnosis that include Alzheimer's disease with late onset. Review of Resident # 239's physician's order sheet indicated an order dated 9/1/22 for: Routine Hospice Care for diagnosis of End stage Alzheimer's. Record review of Care plan initiated on 9/2/22 and revised on 8/15/24 revealed Resident #239 was at end of life with a of terminal illness and has chosen a palliative approach to care, comfort Care and is under hospice services with a goal that Resident #239 will receive comfort/palliative care according to individual wishes and facility policy through the review date. Interventions included: Assess and treat pain, administer medications per orders, assess emotional and spiritual needs of resident/family/caregiver and meet same when possible. Review of a hospice visit report revealed the last evaluation provided by the hospice nurse was on a note dated 7/2/24. Further record review revealed a progress note dated 7/8/24 indicating Resident #239's family members met with the Director of Nursing (DON) on 7/8/24 and reported they did not inform the facility of their new phone number; and had not received the voice mail until Saturday 7/7/24 when the phone data was transferred to the new phone. Record review of progress note revealed Resident#239 was transferred to the hospital and a voicemail was left for the family. There was no documentation found to indicate that hospice was notified. On 12/18/24 at 11:45 AM The Nursing supervisor revealed when a resident is receiving hospice care and is sent to the hospital the doctor, family and hospice nurse are notified immediately, and it is documented in the progress notes. On 12/19/24 at 9:12 AM Staff A, Registered Nurse for Hospice (RN) stated, I remember visiting [Resident #239] while he was residing in the facility however I don't recall if I was notified when he was discharged to the hospital. (continued on next page)

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/19/24 at 9:39 AM the DON was asked who was notified when Resident #239 was discharged to the hospital; the DON stated: The family came to facility to retrieve the belongings and told me the hospice nurse called them to see how the resident was doing in the hospital. They also mentioned they didn't know he had been transferred and I told them a voicemail was left on the phone number we had. It was revealed through the conversation that the family's phone information was being transferred to a new phone and the information was received once it was transferred. The nurse on the floor was supposed to notify hospice but there is no documentation that hospice was notified however it is the standard. Record review of a hospice contract dated 8/29/13 titled Nursing Facility Services Agreement: Facility shall immediately inform Hospice of any change in the condition of a Hospice Patient. This includes, without limitation, a significant change in a Hospice Patient's physical, mental, social or emotional status, clinical complications that suggest a need to alter the Plan of Care, a need to transfer the Hospice Patient to another facility, or the death of a Hospice Patient. Record review of a policy titled Hospice Program published 10/3/24 documented: Hospice services are available to residents at the end of life. Policy Interpretation and Implementation Our facility has an agreement in place with at least one Medicare-certified hospice to ensure that residents who wish to participate in a hospice program may do so. 10. In general, It is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative .The responsibilities include the b. Twenty-four-hour room and board care; C. hospice and delineated in the hospice plan of care; Notifying the hospice about the following: emotional status. A significant change in the resident's physical, mental, social, or care. Clinical complications that suggest a need to alter the plan of (3) A need to transfer the resident from the facility for any condition. The resident's death. Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day.

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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. 51065 Based on record reviews and interview, the facility failed to demonstrate effective plan of actions to correct identified quality deficiency in the problem area related to repeated deficient practice for F761-Label/Store Drugs and Biologicals. As evidenced by nurse not signing narcotic log at time of medication administration and not labeling antibiotic eye ointment with expiration and opened date. Review of the facility's survey history revealed; during the recertification survey with an exit dated 08/24/2023 the facility was cited F761 for failure to secure a controlled medication. Review of the facility's policy and procedures titled Quality Assurance and Performance Improvement (QAPI) Plan revision dated 09/2024 states: Our QAPI plan includes the policies and procedures used to identify and use data to monitor our performance and establish goals, thresholds for improvement measures, and data at the facility, state, and national levels. Such data and performance measures will be used to: i. Identify and monitor our performance ii. Establish goals and thresholds for our performance measurement. iii. Utilize resident, staff, and family input. iv. Identify and prioritize problems and opportunities for improvement. v. Systematically analyze underlying causes of systemic problems and adverse events. vi. Develop corrective action or performance improvement activities. During an interview on 12/19/2024 at 2:16 PM, the Director of Nursing (DON) revealed the Quality Assurance and Performance Improvement (QAPI) committee meet on the third Wednesday of each month. The committee includes the Medical Director, Corporate Medical Director, Administrator, DON, Infection Prevention, Dietitian, Food Service Director, Environmental Services, Human Resources, Social Worker, Activities Director, Business Office, Rehab Director, Educator, and MDS. The Pharmacy Consultant come quarterly, and the pharmacy representative comes monthly. Every department need to be presenting for their own department. They should all have an area of performance improvement for their specific department and reports are submit for corporate on any projects they are working on. For the previously cited deficiencies, audits were done weekly for approximately 3 months. Monitoring and surveillance are done by observations, competencies, and cameras. I have a huge screen TV in my office, and I watch the staff; for example, when they are passing meds

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906 Based on observations, interviews and record review the facility failed to implement infection control protocols for the disinfectant wipes on two out of three floors in the facility, as evidenced by one container of expired disinfectant wipes observed on the second floor and two containers of expired disinfectant wipes on the third floor, and two containers of disinfectant wipes with expiration dates that were illegible. There were 85 residents residing in the facility at the time of survey. On [DATE] at 9:55 AM, during a facility tour, disinfectant wipes were observed secured to the walls. Further observations revealed one container of disinfectant wipes on the second floor and two containers of disinfectant wipes on the third floor had an expiration date of [DATE] and two other disinfectant wipes containers expiration date was not legible (photographic evidence). On [DATE] at 10:03 AM, a visual tour to look at the disinfectant wipes was conducted with the Minimum Data Set (MDS) Coordinator on the second and third floors. The MDS Coordinator stated: According to the dates on the containers these wipes are expired, and I will notify the Housekeeping director to change them. During an interview on [DATE] at 10:43 AM, the Housekeeping/Maintenance Director stated: I am responsible for replacing the disinfectant wipes when they run out. I check the wipes containers weekly on each floor. If the container is expired, I throw it away. The reason some of the containers have an expiration date of [DATE] is because I placed new wipes from a new container into the old containers and I change the bottle when it breaks. I don't know how staff will be able to know it is not expired. On [DATE] at 1:47 PM, The Certified Nursing Assistants (CNAs) on the second floor were asked how and when the disinfectant wipes were used. Staff G, CNA replied, I use the disinfectant wipes to clean equipment, and I check the expiration date and tell maintenance if its expired. Staff H, CNA replied: We use the disinfectant wipes to clean equipment. We check the expiration date of the wipes and if its expired we tell the nurse and the maintenance. We don't use the wipes that are expired. Staff I, Certified Nursing assistant (CNA) replied, I use the disinfectant wipes to clean equipment. I check the expiration date of the wipes and if its expired I don't use them and tell the nurse and the maintenance. We don't use the wipes that are expired. Staff J, CNA stated: We use the disinfectant wipes to clean equipment. We check the expiration date of the wipes and if its expired we tell the nurse and the maintenance. We don't use the wipes that are expired. On [DATE] at 1:21 PM, the Nursing supervisor stated: Staff should check expiration dates before using the wipes. If they notice the wipes are expired it should be communicated to maintenance. Interview on [DATE] at 12:55 PM, with the Facility's Infection Preventionist and Director of Nursing. Both revealed the Environmental Services personnel replace expired or finished Personal Protective Equipment (PPE). Staff should not be using any expired PPE or disinfectant wipes. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of a Policy titled, Infection Prevention and Control Program Revised [DATE]. Policy Statement: 1. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. 2. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. Policy Interpretation and Implementation 1. Coordination and Oversight a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist).