

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Floridean Nursing and Rehabilitation Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 47 NW 32nd Place Miami, FL 33125	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on observations, record review and interview the facility failed to ensure pharmacy procedures were followed as per facility policy for two out of four carts in use.</p> <p>The findings included:</p> <p>On initial entrance to the facility on [DATE] at 06:07 AM; the 1st floor's [NAME] Medication cart assigned to Registered Nurse (Staff A) was observed unlocked in the hallway, Staff A was observed in a resident's room taking care of the resident. Staff A came out of the resident's room, greeted the surveyor and proceeded to lock the unlocked medication cart.</p> <p>During an observational tour on 05/20/24 at 08:12 AM the 1st floor [NAME] Medication Cart assigned to Licensed Practical Nurse (Staff C) was observed with Two (2) round white pills in a medication dosage cup sitting on top of the cart, at the time of the observation, Staff C was in room a resident's room administering medications to a resident.</p> <p>Interview on 05/20/24 at 08:13 AM Licensed Practical Nurse (Staff C) reported that the pills fell on the floor and she needs to discard them, she is not allowed to leave pills on the cart unattended and will put the pills in the drug buster, she checked the medication cart and no drug buster was available on cart at the time and she will have to go get the drug buster from the medication storage room.</p> <p>Interview on 05/21/24 at 03:36 PM Director of Nursing (DON) stated: I will of course do an in-service with all the nurses to educate them on correct medication storage .</p> <p>Review of the facility policy and procedures titled Storage of Medications revision date April 2024 states: The facility stores all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>Review of the undated facility policy and procedures titled Medication storage states: medications will be stored in a manner that maintains the integrity of the product and that ensures the safety of the residents and is in accordance with Florida Department of Health Guidelines.</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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