STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106031	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Victoria Nursing & Rehabilitation Center, Inc.	955 NW 3rd St Miami, FL 33128

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure positioning devices were in place as prescribed for two (Resident #184 and Resident # 240).out of thirty-six sampled residents as evidenced by Residents #184 and Resident # 240 were found in bed without their ordered heel protectors. The facility had 311 residents at the time of the survey. The findings included: On 06/15/2026 at 8:57 AM Resident #184 was observed asleep in bed, bilateral heel protectors were noted at the foot of the bed (Photographic evidence).On 06/16/2026, at 9:14 AM, Resident #184 was observed seated in wheelchair participating in activities on the fifth floor. No signs of distress were noted.On 06/17/2026 at 9:38 AM Resident #184 went out of the facility to the hospital.Review of Resident #184's medical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to malignant neoplasm of unspecified part of bronchus or lung, abnormalities of gait and mobility and history of Falling. Resident #184 was discharged to the hospital on [DATE].Review of the Physician's Orders Sheet for June 2026 revealed Resident #184 had orders that included but not limited to: Offload heels and bony prominences on pillows while in bed-every shift for Prophylaxis. Review of Resident #184: admission Minimum Data Set (MDS) Summary dated 05/17/2026 Cognitive Patterns section documented a Brief Interview for Mental Status Score (BIMS) of 14 out of 15, indicating Resident #184 is cognitively intact. The Behaviors section indicated no behavioral concerns were identified.Functional Abilities section revealed Resident #184 required partial assistance with activities of daily living (ADLs), including putting on and removing footwear, bed mobility, and transfers.The Health Conditions section noted that scheduled pain medication was administered within the past five days. Additionally, one fall was reported prior to admission. Special Treatments and Procedures section indicated occupational and physical therapy services were provided during the past seven days.Record review of Resident #184 's Care Plans Reference Date 05/13/2026 revealed the resident is at risk for skin breakdown secondary to decreased skin elasticity, advanced age, impaired bed mobility, Malignant Neoplasm of Lung, Brain and Bone. Interventions included: Apply Bilateral Heel protectors while in bed as ordered. Gentle handling of resident's skin at all times. Keep off pressure sources. Provide pressure relieving devices heel protectors.Interview on 06/15/2026 at 8:57 AM Resident #184 stated she wears the padding (heel protectors) when she is in bed to protect her feet, someone usually puts it on for her, have no concerns with the care. On 06/15/2026 at 9:04 AM, Resident # 240 was observed asleep in bed with bilateral heel protectors placed at the foot; no distress noted. (Photographic evidence)On 06/16/2026 at 8:59 AM, Resident #240 was awake in bed with bilateral heel protectors on his feet.Review of Resident # 240's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to hypertensive heart disease, chronic kidney disease and gout.Review of the Physician's Orders Sheet for June 2026 revealed Resident # 240 had orders that included but not limited to: Resident to wear heel protectors while in bed at all times-every shift.Record review of Resident #240's Quarterly Minimum Data Set (MDS) dated [DATE] Section for Cognitive Patterns documented a Brief Interview for Mental Status Score (BIMS) 13 on a 0-15 scale indicating the resident is cognitively intact. Section for Behaviors documented no (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	behaviors not exhibited. Section for Functional Abilities documented Independent for bed mobility and transfer. Section for Health Conditions documented no falls. Section for Special Treatments and Procedures documented no Occupational and Physical therapy received in the last 7 days.Record review of Resident # 240 's Care Plans Reference Date 06/15/26 revealed the resident is at risk for skin breakdown secondary to: Decreased mobility, Decreased skin elasticity secondary to advanced age, Incontinence, Anemia, and Side effects of psychoactive medications. Interventions include Apply Bilateral Heel Protectors while in bed every shift. Gentle handling of resident's skin at all times. Keep off pressure sources. Provide pressure relieving devices heel protectors, Geo mattress. During an interview on 06/16/2026 at 4:24 PM Staff A, Registered Nurse (RN) stated that during rounds residents with heel protectors are checked to make sure they have them on while in bed.On 06/16/2026 at 4:32 PM, Staff B, a Certified Nursing Assistant, reported via Spanish Translator that nurses provide heel protector order information and are checked during rounds to verify residents with prescribed heel protectors are wearing them in bed.On 06/16/2026 at 4:41 PM Staff C, RN revealed heel protectors are standard orders for all residents when they are in bed and are checked during rounds to make sure the residents have their heel protectors on.On 06/16/2026 at 4:48 PM Staff D, CNA stated via Spanish Translator that all residents have orders for heel protectors when in bed and checks during rounds to make the residents are wearing the heel protectors.On 06/16/2026 4:54 PM Staff E, RN stated: I conduct my rounds at least every two hours, all residents are prescribed heel protectors while in bed, during rounds I make sure the residents have their heel protectors on while in bed.On 06/16/2026 at 4:58 PM Staff F, RN stated via Spanish Translator that all residents have orders for heel protectors while in bed and made sure during rounds residents are wearing heel protectors while in bed. Review of the facility policy and procedure titled Repositioning revision date 01/2026 states: The purpose of this procedure is to provide guidelines for the evaluation of resident repositioning needs, to aid in the development of an individualized care plan for repositioning, to promote comfort for all bed or chair bound residents and to prevent skin breakdown, promote circulation and provide pressure relief for residents. Interventions-5: Use and remove heel protectors as ordered for all residents.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, records reviewed and interviews, it was determined that the facility did not maintain adequate supervision to ensure a safe environment that is free from accident and hazards as evidenced by one (Resident #48) out of five residents who smoked was observed removing a lighter that he kept in his pocket. There were 311 residents residing in the facility at the time of the survey. The findings included: Observation on 06/17/2026 at 10:36 AM revealed Resident #48 seated in a wheelchair wearing a smoking apron while he smoked outside in the facility's designated smoking area, the resident reached into his pocket and took out a lighter. On 06/17/2026 at 10:38 AM, Staff G, a Certified Nursing Assistant and Activities Attendant, explained that the protocol for residents who smoked required staff to secure all smoking materials at the nursing station. When a resident wanted to smoke, a CNA or Activities Attendant escorted the resident to the designated smoking area, provided a smoking apron, handed over a cigarette, and lit it for the resident. Staff G did not know how the resident obtained a lighter and confirmed that residents were not permitted to possess lighters. Record review of Resident #48's clinical records revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Clinical diagnoses include Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side; Epilepsy, Unspecified, Not Intractable, without Status Epilepticus and Nicotine Dependence. Record review of orders dated 02/18/2026 showed Resident #48 is safe to smoke under supervision every shift.Review of Resident # 48's Smoking assessment dated [DATE] revealed the resident smoked one to two cigarettes per day, was not able to light his own cigarette, used an apron, needed supervision and required the facility to store lighters and cigarettes. The smoking policy and designated smoking area of the facility were explained to the resident. He stated that he would comply. Review of the Annual Minimum Data Set (MDS) dated [DATE] showed a Brief Interview For Mental Status (BIMS) score of 9 out of 15, indicating moderate cognitive impairment. The resident required supervision for eating and oral hygiene, and substantial/maximal assistance with toileting, bathing, dressing, and personal hygiene. Health Conditions noted tobacco use, and the resident was not receiving oxygen therapy.Review of Care Plan initiated on 2/20/2023 and the next review date 8/9/2026. The resident is safe to smoke under supervision and wear the smoking apron.Goal: Resident will be compliant with smoking policy and only smoke in designated areas of facility by next review date. Resident will continue to adhere to facility smoking policy. Resident will not smoke inside facility.Interventions: Approach resident non-judgmentally. Continue teaching facility policy. Encourage/praise resident for use of appropriate behavior. Keep residents' supply of cigarettes and lighter at nursing station. Orient resident on permitted smoking area. Provide resident with cigarettes while smoking area only. Resident will be re-educated on the dangers of smoking. Resident will be supervised while smoking by staff. Resident will have designated smoking times. Resident will not be allowed to keep his/her own cigarettes. During an interview on 06/18/2026 at 10:21 AM, the Compliance Officer/Risk Manager stated that residents who smoked were not allowed to keep smoking materials with them. Instead, staff stored these items at the nursing station, and when a resident wanted to smoke, an activities attendant brought the materials and accompanied the resident to the designated smoking area. Residents who were alert and oriented, considered safe smokers, could light their own cigarettes. For others who did not meet the safety requirements, the attendants lit cigarettes for them. Review of the Policy and Procedures Smoking Policy Reviewed January 2026 Policy Statement: [NAME] Nursing and Rehabilitation Center has established and maintains safe resident smoking practices. Policy Interpretation and Implementation: 11-Residents are not permitted to keep cigarettes, lighters, electronic-cigarettes, pipes, tobacco and other smoking items in their possessions. 14- [NAME] Nursing and Rehabilitation Center maintains the right to confiscate smoking items found in violation of our smoking policies

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to administer oxygen therapy as ordered for two out of twenty-six residents receiving oxygen (Resident #23 and Resident # 329). As evidenced by Resident # 23's oxygen concentrator was observed at 2.5 Liters Per Minute (LPM) instead of 3 LPM and Resident # 329's oxygen concentrator was being delivered at 1.5 LPM instead of 2 LPM. The findings included: Observations on 06/15/2026 at 8:27 AM and on 06/16/2026 at 8:26 AM revealed Resident #23 receiving oxygen (02) running at 2.5 Liters Per Minute (LPM) via Nasal Canula (NC) (photographic evidence).On 06/17/2026, at 9:52 AM, Resident #23 was observed awake in bed, receiving oxygen at 3 LPM via nasal cannula.Review of Resident #23's clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Acute Upper Respiratory Infection, Atherosclerotic Heart Disease of native coronary artery without angina pectorisReview of Resident # 23's June 2026 Physician's Orders Sheet revealed on 06/10/2026, the physician ordered Oxygen Via Nasal Cannula at 3 LPM continuous with humidifier every shift for shortness of breath.Record review of Resident # 23's Quarterly Minimum Data Set (MDS) dated [DATE] revealed: Section for Cognitive Patterns documented Brief Interview for Mental Status Score (BIMS) 11 on a 0-15 scale indicating the resident is moderately impaired cognitively. Section for Functional Abilities documented the resident as dependent on care. Section for Health Conditions documented no shortness of breath. Section for Special Treatments and Procedures documented no special treatments received.Record review of Resident # 23's Care Plans Reference Date 03/27/2026 revealed: Resident has Oxygen Via Nasal Cannula at 2 LPM as needed when O2 Sat 92 % or for Shortness of Breath related to Respiratory Insufficiency, and Chronic Heart failure. Interventions include giving medications as ordered by physician. Observe/document side effects and effectiveness. Monitor oxygen saturation as ordered.On 06/15/2026 at 8:39 AM, Resident # 329 was observed asleep in bed, receiving oxygen at 1.5 LPM via NC; no distress observed (photographic evidence).On 06/16/2026 at 8:56 AM Resident out of facility for dialysis treatment.On 06/17/2026 at 9:50 AM, Resident # 329 was asleep in bed with O2 at 2 LPM via NC. No distress observed.Review of Resident #329 clinical records revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Pleural effusion, not elsewhere classified.Review of Resident #329 June 2026 Physician's Orders Sheet revealed the resident had orders that included but not limited to: Oxygen Via Nasal Cannula at 2 LPM continuous-every shift for Shortness of Breath.Record review of Resident # 329's Quarterly Minimum Data Set (MDS) dated [DATE] Section C for Cognitive Patterns documented Brief Interview for Mental Status Score (BIMS) 13 on a 0-15 scale indicating the resident is cognitively intact.Section for Functional Abilities documented partial assistance for care. Section for Health Conditions documented no shortness of breath. Section for Special Treatments and Procedures documented oxygen therapy.Record review of Resident # 329's Care Plans Reference Date 05/31/26 revealed the resident has oxygen therapy via nasal cannula at 2 LPM continuously for Shortness of Breath related to Pleural Effusion and Chronic Heart Failure. Interventions include Give medications as ordered by physician. Observe/document side effects and effectiveness. Monitor oxygen saturation as ordered. Interview on 06/16/2026 at 4:24 PM Staff A, Registered Nurse (RN) stated that the residents that are on oxygen therapy orders are checked every time rounds are completed by the nurse, which is at least every two hours. Oxygen saturation and prescribed flow rates are verified during each round.On 06/16/2026 at 4:41 PM Staff C, RN revealed oxygen saturation and prescribed flow rates are verified during each rounding with residents. Nasal tubing are checked to make sure they are not touching the floor as an infection control procedure.06/16/2026 at 4:54 PM Staff E, RN stated: I conduct my rounds at least every two hours, I check the residents' oxygen saturation and make sure the prescribed flow rates are verified during each rounding session with the resident.On 06/16/2026 at 4:58 PM Staff F, RN via Spanish Translator revealed that during rounds the (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's oxygen therapy order are verified with the flow rate on the concentrator to make sure it is correct and also check the oxygen saturation for residents on oxygen therapy.Review of the facility policy and procedure titled Oxygen Administration revision date 01/2026 states: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation-Verify that there is a physician's order and flow rate for this procedure. Review the physician's order or facility protocol for oxygen administration.

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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. Based on observations, record review and interviews, the facility failed to provide safe and secure storage of biologicals for five (Resident #31, Resident #184, Resident #202, Resident #224 and Resident #240) out of thirty-six sampled residents. There were 311 residents residing in the facility at the time of the survey. The findings included. Observation on 06/15/2026 at 8:15 AM in Resident # 31's room revealed one tube of toothpaste, and one bottle of body wash were noted on the resident's dresser draped with a clear plastic bag. (photographic evidence). Observation on 06/15/2026 at 8:57 AM in Resident #184's room revealed one liquid air freshener and a bar of open soap on the shelf above the handwash sink, one liquid air freshener on the bedside table and one liquid air freshener plugged into the electrical socket above the bed (Photographic evidence). Observation on 06/15/2026 at 8:19 AM in Resident # 202's room revealed three bottles of lotions, one bottle of cream, one bottle of shampoo and one bottle of cleanser stored on the bedside table in a clear plastic bag (photographic evidence). Observation on 06/15/2026 at 8:34 AM in Resident # 224's room, one solid air freshener was on the bedside table (Photographic evidence). Observation on 6/15/2026 at 9:04 AM in Resident # 240's room, one bottle of mouthwash and shampoo were stored at the bedside in a clear plastic bag (Photographic evidence). During an interview on 06/16/2026 at 4:24 PM Staff A, Registered Nurse (RN) stated that the personal hygiene products are stored in the residents' room in a plastic bag in a dresser. On 06/16/2026 at 4:32 PM Staff B, Certified Nursing Assistant (CNA), stated via Spanish Translator that residents' personal hygiene products are stored in a clear plastic bag inside the closet of the residents' room to prevent any accidents. On 06/16/2026 at 4:41 PM Staff C, RN stated that all residents' personal hygiene products are stored in a clear plastic bag in the closet for safety. On 06/16/2026 at 4:48 PM Staff D, CNA stated via Spanish Translator that residents' personal hygiene products must be stored in a clear plastic bag in the closet for safety. On 06/16/2026 at 4:54 PM Staff E, Registered Charge Nurse stated that Residents' personal hygiene products must be stored in a clear plastic bag in their closet for the safety of all residents. On 06/16/2026 at 4:58 PM Staff F, RN via Spanish Translator stated that residents' personal hygiene products must be stored in a clear plastic bag in their closet for the safety of all residents and staff. On 06/16/2026 at 9:14 AM, Resident #184 sat in a wheelchair during activities on the 5th floor. She did not answer the surveyor's questions about the air fresheners that were in her room.On 06/18/2026 at 9:26 AM Staff E, RN stated that the residents are not allowed to have air fresheners in their rooms, family members often bring them into the facility and had been about the facility's policy that under no circumstances residents are allowed to have air fresheners in their rooms for safety; and instructed staff during rounds to make sure no Air fresheners are in the residents' rooms, if found, remove the air fresheners from the room and notify the unit supervisor for follow up with family. Review of the facility policy and procedure titled Storage of Medications/Biologicals revision date 01/2026 states: The facility stores all drugs and biologicals in a safe, secure and orderly manner. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls.

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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. Based on observations, interview and record review, the facility's quality assurance and assessment committee failed to demonstrate an effective plan of action was implemented to correct identified quality deficiencies in the problem area related to repeated deficient practice for F695-Respiratory/Tracheostomy care and Suctioning, F761- Label/Store Drugs & Biologicals. There were 311 residents residing in the facility at the time of the survey. The findings included: Record review of the facility's survey history revealed, during a Recertification Survey conducted on December 09, 2024, through December 12, 2024, at the facility. F695 Respiratory/Tracheostomy care and Suctioning was cited as the facility failed to administer oxygen as ordered for one (1) Resident. F761-Label/Store Drugs & Biologicals was cited as the facility failed to properly store medications for four (4) residents. Review of the facility policy and procedure titled Quality Assurance and Performance Improvement (QAPI) Committee revision date 01/2026 states: The facility shall establish and maintain a Quality Assurance and Performance Improvement Committee that oversees the implementation of the QAPI Program. The Administrator shall delegate the necessary authority for the QAPI committee to establish, maintain and oversee the QAPI program.The committee shall be a standing committee of the facility and shall provide reports to the Administrator and governing board (body). Review of the Quality Assurance and Performance Improvement (QAPI) Committee Meeting Sign-in Sheets dated 04/01/2026, 05/06/2026, and 06/03/2026 documented the facility had QAA Committee meetings monthly. Attendees included: Administrator, Medical Director, Director of Nursing (DON), Infection Control Preventionist, Risk Manager, Dietary Manager, Clinical Dietician, Director of Housekeeping, Director of Maintenance, Director of therapy, Director of Human resources, Director of admissions, Director of Business office, Director of Social Services, Director of Activities, MDS (Minimum Data Set) Coordinator. During an interview on 06/18/2026 at 3:00 PM the Administrator (NHA) stated that the QAA Committee meets every month, the last meeting was held on 06/03/2026. The committee consists of the Medical Director, Administrator, Director of Nursing (DON), Infection Preventionist and all interdisciplinary team members. The purpose of QAPI is to identify and implement interventions to improve the quality of care provided to the residents and make sure the residents are safe. QAPI is an ongoing program, a working tool, where multiple members get together to come up with solutions for problems and issues that occur in the facility.