

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Jackson Gardens Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1861 NW 8th Avenue Miami, FL 33136	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>48906</p> <p>Based on observations, interviews, and record review the facility failed to provide privacy for the health care information for residents as evidenced by observations of three computer screens open with resident information visible while unattended on the fourth floor. There were 112 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On 9/24/24 at 10:17 AM; surveyor walked down the hallway on the fourth floor and observed a computer screen with resident's health care information visible and unattended on medication cart number one. (photo evidence) Staff E, Registered Nurse (RN) observed exiting a resident's room and returned to medication cart one. When asked by surveyor the protocol for privacy of resident's information Staff E, Registered Nurse (RN) replied, I am supposed to close the screen before I leave the cart. I left the screen open because I was answering a call light, and it was my mistake. The purpose is for the privacy of residents and only the nurses can view resident information.</p> <p>On 9/24/24 at 10:29 AM; surveyor informed Staff F, Licensed Practical Nurse (LPN) that a resident asked for assistance. Staff F, Licensed Practical Nurse (LPN) then stood up and walked away from the computer screen at the nursing station on the 4th floor, screen remained open with resident information visible. Staff F, Licensed Practical Nurse (LPN) returned to desk and was asked by surveyor the protocol and reason the screen was left open Staff F, Licensed Practical Nurse (LPN) stated: I should have closed it for privacy, I just got up to wash my hands and didn't notice that I left it open. I always close the screen before I walk away for privacy for residents.</p> <p>On 9/25/24 at 5:50 AM; surveyor approached Staff B, Licensed Practical Nurse (LPN) and asked if a medication storage check could be completed on medication cart and Staff B, LPN asked, Can you wait a moment? and removed out a 30 milligram (ml) medication cup with pills from the top drawer inside medication cart two and walked away; medication cart two remained unlocked and the computer screen open with residents' information visible.(photo evidence) Staff B , Licensed Practical Nurse (LPN) returned to cart; when asked about the facility' policy related to residents' health information privacy. Staff B, Licensed Practical Nurse (LPN) replied, The protocol is when I walk away from the cart to close the computer screen and lock the cart. I left it open because you asked me to see the cart and I had to give something to the other nurse. I am not supposed to leave the medication cart open for anyone to provide privacy and for safety of the residents.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/26/24 at 11:15 AM, the Director of Nursing (DON) stated, Computer screens should be closed and resident information not visible while unattended.</p> <p>Record review of Policy entitled, Confidentiality of Information and Personal Privacy 2001 Revised January 2024 Policy Statement: Our facility will protect and safeguard resident confidentiality and personal privacy. Policy Interpretation and Implementation: 1. Facility will safeguard the personal privacy and confidentiality of all resident personal and medical records.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48906</p> <p>Based on observations, interviews and record review the facility failed to provide an environment free from potential safety hazards for one resident (Resident #79) out of nine residents sampled as evidenced by an observation of a shaving razor on the top of the light fixture and bed control with exposed wires next to the resident who was in bed asleep.</p> <p>The findings Included:</p> <p>On 9/23/24 at 9:28 AM Resident#79 was observed in bed with eyes closed. The bed control with exposed wires was observed on the bed next to Resident #79. A blue shaving razor was observed on the top of the light fixture above Resident#79. (photo evidence)</p> <p>On 9/23/24 at 9:33 AM, Staff J, Registered Nurse (RN) was notified, and the razor was removed and placed the trash in a clear plastic bag. Staff J tied the clear plastic bag and entered the Soiled Utility room and placed the clear bag into a biohazard bag and into the Biohazard box and performed hand hygiene. Staff J, RN revealed the shaving razors are kept in the medication room and the nurses give the Certified Nursing Assistants (CNAs); after use the CNAs are responsible for disposing the used razor. When surveyor asked where the razors should be discarded; Staff J, RN revealed the razors should be placed in the sharps container the razor was not placed into the sharps container because there weren't any close by.</p> <p>On 9/24/24 at 12:42 PM, the Corporate Maintenance Director presented the bed control with exposed wires from Resident#79's bed into conference room and stated, I replaced the control, and it is a low voltage so there's no potential to be electrocuted.</p> <p>On 9/24/24 at 1:51 PM This situation was referred to the Life Safety Surveyor.</p> <p>Record review of demographic face sheet for Resident #79 revealed an admitted [DATE] and readmission of 7/23/24 with diagnosis that included: Alzheimer's Disease.</p> <p>Record review of a Significant Change Minimum Data Set (MDS) with a reference date of 8/5/2024 Section C (cognitive status) revealed a Brief Interview of Mental Status score of 00 indicated, severe cognitive impairment. Section GG (Functional Status) revealed Resident#79 was dependent for all activities of daily living.</p> <p>Record review of a Care Plan revealed Residnet#79 was at risk for falls related to Cognitive Deficit, History of Falls, Impulsivity, Unaware of safety needs, Unsteady Gait/Poor Balance, Use of antihypertensive medications, Use of psychotropic medications, Seizure Disorder/ Epilepsy, and Sarcopenia with a goal of The resident potential for sustaining a fall-related injury will be minimized by utilizing fall precautions/interventions though next review date and interventions included: Encourage and remind resident to use call bell and to wait for staff assistance with transfers, ambulation, toileting, etc. as indicated and assist resident to use bed in the lowest position as tolerated.</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>On 09/26/24 at 11:04 AM The Infection Preventionist and The Director of Nursing stated, Sharps are to be discarded into the sharps container. There is a sharps container in the Biohazard room.</p> <p>Record review of Policy entitled, Safety Precautions, Nursing Services 2001 Revised January 2024 Policy Statement; All personnel shall follow safety precautions established by this facility when providing nursing care/services. Policy Interpretation and Implementation: the following safety precautions have been established for all personnel to follow when providing nursing care/services. Others may be added or amended as necessary. 6. Report all broken or defective equipment to your supervisor. 11. Follow established policies and procedures for discarding used needles or syringes.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>48906</p> <p>Based on observation, interview and record review the facility failed to be free from significant medication error for one Resident (Resident # 5) out of nine sampled as evidenced by during observation of medication administration Nifedipine Extended-Release tablet was crushed by the Registered Nurse. There were 112 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On 9/25/24 at 8:18 AM a medication administration observation was done with Staff C, Registered Nurse (RN) on the third floor's medication cart one. Staff C, RN was observed crushing a Nifedipine ER (Extended Release) 60mg (milligrams) TB24 (tablet extended release 24 hours) and then placed it in applesauce with other medications. Staff C, After Staff C closed the cart and computer screen and was about to enter Resident #5's room; the surveyor asked Staff C, RN to return to the medication cart and asked if this form of medication can be crushed. Staff C, a Registered Nurse (RN) replied, I am not sure because pharmacy did not indicate on the label that it could not be crushed. When the surveyor asked Staff C about the listing of medications that should not be crushed, there was none was available on that medication cart. Staff C, RN then stated: The extended tablet is released throughout the day and if I crush the pill the action is more quickly release and could harm the resident. I should not have crushed the medication. The Assistant Director of Nursing (ADON) approached, and Staff C, RN asked the ADON if Extended-Release tablets can be crushed and the ADON replied, No.</p> <p>On 9/25/24 at 12:28 PM The Pharmacy consultant stated, Extended-release tablets are never to be crushed.</p> <p>On 9/26/24 at 11:17 AM The Director of Nursing stated, Extended-release tablets are not to be crushed.</p> <p>Record review of the facility's Policy entitled, Administering medication 2001 Revised January 2024 Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: 4. Medications are administered in accordance with prescriber orders, including any required tie frame.</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>48906</p> <p>Based on observations, interviews and record review the facility failed to store medications properly as evidenced by two medication carts on the floor out of the six medication carts in the facility were observed unlocked and unattended.</p> <p>The findings Included:</p> <p>On 09/24/24 at 4:45 PM, a medication administration observation was completed with Staff A, Registered Nurse (RN) on the fourth-floor medication cart two. Staff A, (RN) left the cart open, knocked on the resident's door; surveyor asked what the facility's protocol for securing medication in medication carts is. Staff A, RN replied, I left the cart unlocked because I am nervous. Whenever I leave the medication cart I am supposed to lock it. The purpose of locking the cart is for the safety of residents.</p> <p>On 9/25/24 at 5:50 AM; surveyor approached Staff B, Licensed Practical Nurse (LPN) and asked if a medication storage check could be completed on medication cart and Staff B, LPN replied, Can you wait a moment? and pulled a 30 milligram (ml) medication cup with pills inside of it out of top drawer of medication cart two and walked away from medication cart two leaving the cart unlocked, Staff B, LPN returned to the cart and when asked what the protocol is for storing medications, Staff B LPN revealed the cart should be locked when walking away from the cart. I left it open because you asked me to see the cart and I had to give something to the other nurse. I am not supposed to leave the medication cart open for anyone to provide privacy and for safety of the residents.</p> <p>On 09/26/24 at 11:16 AM The Director of Nursing stated, The medication carts are to be locked while unattended.</p> <p>Record review of the facility's policy titled, Storage of Medications 2001 Revised January 2024 Policy Statement: The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and implementation: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls.</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>45019</p> <p>Based on record reviews and interviews the facility failed to demonstrate effective plan of actions were implemented to correct identified quality deficiency in the problem area related to repeated deficient practice for F880-Infection Prevention and Control. As evidenced by staff observed not wearing correct PPE during care of residents on Enhanced Barrier Precautions (EBP) and an enteral feeding syringe not labeled during observations on a recertification survey ending 09/26/24. There were 112 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>Record review of the facility's survey history revealed, during a recertification conducted on June 19, 2023, through June 22, 2023, F 880- Infection Prevention and Control was cited as the facility failed to ensure infection control practices related to hand hygiene was implemented during dining observations.</p> <p>Review of the facility's policy and procedures titled Quality Assurance and Performance Improvement (QAPI) revision dated 01/2024 states: It is the policy of this facility to develop, implement, and maintain an effective, comprehensive data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.</p> <p>Interview with the Administrator/Quality Assurance (QA) on 09/26/2024 at PM. Stated, The QAPI Committee meets every month on the third week of the month. The QAPI committee members are Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Infection Prevention, Maintenance Director, Registered Dietitian, Activities Director, Social Services Director, Admission Director, Maintenance Director, Housekeeping Director and Departments Heads/Representatives. On the prior recertification survey, we were cited for F880 infection control during dining, we provided education to all the staff on hand hygiene, Director of Nursing (DON) and Assistant Director of Nursing (ADON) observed random audits of staff practicing hand hygiene during dining and no concerns were found, we also completed hand hygiene competencies for all the nursing staff. The purpose of QAPI is identify any potential issues or any concerns that need improvement and put in place a plan to improve the areas that need improvement or change. We have monthly QAPI meetings and daily continuous quality improvement meetings. In the daily meetings we discussed the findings and issues from the prior day.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48906</p> <p>Based on observations, interviews and record review the facility failed to ensure infection control standards were followed for two Residents (Resident #101 and Resident #92) out of two of the nine sampled residents as evidenced by observations a tube feeding syringe not labeled, a staff member not wearing a gown while providing hygiene care for a resident receiving tube feeding and an observation of no sign posted for Enhanced Barrier Precaution (EBP) for a Resident with an IV (intravenous)site. There were 122 residents residing in facility at the time of survey.</p> <p>The findings included:</p> <p>Observation on 09/23/24 at 10:15 AM, Resident #92 was asleep in bed; next to the bed was a tube feeding pole with an unlabeled plastic bag containing an enteral feeding syringe hanging on it. (photo evidence)</p> <p>On 9/24/24 at 11:34 AM Resident #92 was observed in bed awake; an unlabeled plastic bag containing an enteral feeding syringe was hanging on the tube feeding pole next to the bed. (photo evidence)</p> <p>Record review of demographic sheet for Resident#92 revealed an admitted [DATE] with diagnosis that included: Dysphagia Oropharyngeal Phase and Anorexia.</p> <p>Record review of a Quarterly Minimum Data Set (MDS) with reference date of 6/20/2024 Section C (Cognitive status) revealed a - Brief Interview for Mental Status score of 14, indicated no cognitive impairment. Section GG (Functional Status) revealed Resident#92 required substantial maximal assistance for eating and oral hygiene, dependent for personal hygiene and bathing.</p> <p>Record review of a Care Plan initiated on 6/14/2024 revealed Resident#92 required enhanced barrier precaution related to open wound, tube feeding with a goal of Enhanced Barrier Precaution will be maintained through next review date and interventions included: Follow infection control guidelines as indicated, Maintain enhanced barrier precaution as indicated during dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or intravenous access line care, urinary catheter care, feeding tube care, tracheostomy/ventilator care, ostomy care, or during wound care and educate resident, responsible party or caregivers regarding enhanced barrier precaution.</p> <p>Record review of a physician's order sheet for Resident#92 revealed orders dated 5/5/24-Enhanced Barrier Precaution directions: Encourage and assist resident to maintain enhanced barrier precautions for Percutaneous endoscopic gastrostomy (PEG) tube every shift and 4/3/24 Enteral Tube directions: Flush with 30 mil Liters (mL) to 50 ml of water before and after medication administration and five ml to ten ml of water between each medication every shift and 4/3/24 to check for residual every shift every shift.</p> <p>On 9/25/24 at 6:47 AM, Staff I, Certified Nursing Assistant was observed wearing a mask and gloves while rendering hygiene care to Resident #92. No gown was worn.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/25/24 at 7:03 AM Staff I, Certified Nursing Assistant was approached by surveyor and asked what Personal Protective equipment is required while rendering hygiene care to Resident#92. Staff I, Certified Nursing Assistant replied, I gave care to resident #92 and I wore gloves and a mask. I do not need to wear a gown.</p> <p>On 9/24/24 at 11:34 AM Resident#92 was observed in bed with eyes open. Hanging on the tube feeding pole next to the bed was an unlabeled plastic bag containing an enteral syringe. (photo evidence.</p> <p>On 9/25/24 at 12:08 PM a side-by-side observation with Staff H, License Practical Nurse (LPN) and surveyor conducted in Resident#92's room of the tube feeding equipment was conducted. When the surveyor asked Staff H, LPN what is the facility's protocol for labeling tube feeding equipment. Staff H, LPN replied, The overnight shift is responsible for labeling the equipment because they hang it up. When I come on shift I do rounds but did not notice the syringe bag was not labeled. At 10:00 AM, I flushed the tube and reconnected at 2:00 PM, I flushed the PEG (Percutaneous Endoscopic Gastrostomy) tube this morning at 10:00 AM and administered medications. The purpose for labeling the syringe and all equipment is to ensure its a new one used each shift because it can be old. This morning the syringe was hanging, and I opened it so that it signified to me that it was new.</p> <p>2) On 9/23/24 at 10:27 AM Resident #101 observed in bed. An Intravenous (IV) site observed on the left upper extremity dated 9/23/24. No Enhanced Barrier Precaution (EBP) sign noted on the door or next to Resident's name (photo evidence).</p> <p>Record review of the demographic sheet for Resident #101 revealed an admitted [DATE] with diagnosis that included: Osteomyelitis of Vertebra of the Lumbar Region.</p> <p>Record review of an Admission Minimum MDS dated [DATE] Section C (Cognitive Status) revealed a Brief Interview of Mental Status score of 15 indicating the resident is cognitively intact, Section GG (Functional Status) revealed Resident#101 was independent for eating, set up clean for oral hygiene and dependent for toileting and transfer. Section I (Active Diagnosis) revealed Resident #101 had no Multidrug-Resistant Organism (MDRO) and Section O (Special Treatments) revealed Resident#101 received IV Medications.</p> <p>Record review of a Care Plan initiated on 8/22/2024 revealed Resident #101 was on IV antibiotic therapy related to Osteomyelitis to Lumbar area with a goal of receiving ordered IV antibiotic therapy without complications through next review date and interventions included: Administer Antibiotic medications as ordered by physician, Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms of medications as indicated.</p> <p>Record review of Physician's order sheet revealed orders dated 9/16/24 for Enhanced Barrier Precautions: Encourage and assist resident to maintain enhanced barrier precautions for PICC (Peripherally Inserted Central Catheter) line every shift, 8/23/24 for Vancomycin Hydrochloride (HCL) Intravenous Solution 500 Milligrams(mg) per 100 Mil liters(mL) directions: Use one mg intravenously one time a day every Monday, Wednesday, Friday after dialysis for 51 Days, 9/6/24 Cefepime HCl Intravenous Solution one gram per 50 mL directions: Use one gram intravenously one time a day every Monday, Wednesday, Friday for Infection</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/26/24 at 11:04 AM, the Infection Preventionist stated, Once a resident is identified as requiring Enhanced Barrier Precaution (EBP) for TF (Tube Feeding), tracheostomy, indwelling catheters, wounds that are draining, IV lines, I get an order for EBP and place a red sticker next to their name on the door. Staff are aware of the precaution, interventions and the appropriate Personal Protective Equipment required for EBP. Staff need to wear disposable gowns and gloves while providing care.</p> <p>Record review of the facility's policy entitled, Enhanced Barrier Precautions Revised: 4/1/2024 Policy: it is the policy of this facility that Enhanced Barrier Precautions, in addition to Standard and Contact Precautions will be implemented during high-contact resident care activities when caring for resident that have an increased risk for acquiring a multidrug-resistant organism (MDRO) such as a resident with wounds, indwelling medical devices or resident with infection or colonization with an MDRO. Procedures: Enhanced Barrier Precautions (EBP) consists of the use of gowns and gloves for high-contact care activities which include but may not be limited to: Dressing, Bathing/Showering.</p>