STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106089	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis at the Conch Republic Nursing and Rehab	5860 W Junior College Rd Key West, FL 33040

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(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. Based on record review and interview the facility failed to ensure that services provided meet professional standards of practice when physician orders were not followed for medication administration for 1 (Resident #9) of 3 residents reviewed. Findings include: Review of Resident #9's admission record documented an admission date of 5/6/2024 with diagnoses that include unilateral primary osteoarthritis, right hip, gastro-esophageal reflux disease without esophagitis, schizoaffective disorder, bipolar type, unspecified severe protein-calorie malnutrition, cognitive communication deficit, pressure ulcer of sacral region, stage 4, contracture, left knee, and contracture, right knee. Review of Resident 39's physician order dated 9/11/2024 read, Midodrine HCL oral tablet 5 MG (milligrams) Give 1 tablet by mouth every 6 hours as needed for BP (blood pressure) less than 110/60. Review of Resident #9's weight and vitals summary from 6/1/2025 through 6/24/2025 documented a blood pressure (B/P) of 105/57 mm/Hg (millimeters of mercury) at 11:23 am on 6/2/2025, a B/P of 106/56 at 1923 (7:23 pm), a B/P of 108/64 at 2216 (10:16 pm) on 6/3/2025, a B/P of 104/50 at 9:23 am on 6/4/2024, a B/P of 102/56 at 2052 (8:52 pm), a B/P of 106/64 at 10:55 am on 6/5/2025, a B/P of 105/70 at 1542 (3:42 pm) on 6/6/2025 a B/P of 87/46 at 10:45 am on 6/13/2025, a B//P of 100/65 at 9:13 am on 6/16/2025, a B/P of 99/61 at 2206 (10:06 pm) on 6/16/2025, a B/P of 102/64 at 11:17 am on 6/18/2025, a B/P of 103/65 at 2155 (9:55 pm) on 6/18/2025, a B/P of 106/67 at 12:09 pm on 6/19/2025, a B/P of 106/62 at 12:18 pm on 6/23/2025, a B/P of 104/60 at 2238 (10:38 pm) on 6/23/2025 and a B/P of 100/70 at 10:26 am on 6/24/2025. Review of Resident #9's medication administration record (MAR) had no administration of midodrine administered. During an interview on 6/25/2025 at 6:10 AM Staff E, Registered Nurse (RN) stated, I really don't know if she [Resident #9] has orders for midodrine. Oh, she [Resident #9] does, no I didn't see that. I should have given the medicine if her [Resident #9] pressure[blood pressure] was low. She [Resident #9] should have gotten the medicine. During an interview on 6/25/2025 at 11:45 AM Staff D, RN stated, We should follow all orders for medicine when they have parameters ordered. I did not give her [Resident #9] the midodrine. I should follow all doctor's orders. I guess I didn't see it.

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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(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 - Some	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** Based on observation, interview and record review the facility failed to ensure all drugs and biologicals used in the facility were stored and labeled in accordance with current professional standards, including proper refrigeration and expiration dates for three of four medication carts observed. Findings include: During an observation on [DATE] at 5:35AM through 5:50 AM there was an unlocked medication cart and unattended with a cup of medications with 2 small white medications observed in the medication cup. Staff A, Registered Nurse (RN) returned to the medication cart from a residents room at 5:50 AM. Observation of the medication cart #1 was conducted with Staff A, there were two NovoLog insulin pens that were opened with no dates opened on the insulin pen or the pharmacy bag and no expiration dates. There was one unopened insulin aspart with pharmacy instructions to refrigerate until opened. There was one unopened insulin glargine with pharmacy instructions to refrigerate until opened. There was one unopened basaglar with pharmacy instructions to refrigerate until opened. There were two opened insulin Lantus with no date opened or expiration date, one opened Humalog insulin with no date opened or expiration date There was one bottle of opened Latanoprost eye drops with no date opened or expiration date During an interview on [DATE] at 6:00 AM Staff A,RN stated, We should label all insulin and eye drops when they are opened, Insulin will expire 30 days after it is opened, I can't tell you when the eye drops expire. I should not have left the cart open, I just thought it was locked. It should always be locked. I don't know how that happened. During an observation of medication cart #2 on [DATE] at 6:10 AM with Staff B, Licensed Practical Nurse (LPN) there was one opened insulin novolog with no date opened or expiration date, one unopened insulin glargine unopened with pharmacy instructions to refrigerate until opened and one bottle of latanoprost eye drops with no date opened or expiration date. During an interview on [DATE] at 6:18 AM Staff LPN stated, All insulin and eye drops should be labeled when they are opened. All insulin should stay in the refrigerate until we need it, I don't know why it's (the insulin) in the cart, it shouldn't be. During an observation of medication cart #3 on [DATE] at 6:25 AM with Staff C, RN there was one opened novolog insulin with an expiration date of [DATE], one unopened insulin glargine with pharmacy instructions to refrigerate until opened, and one unopened humalog insulin with pharmacy instructions to refrigerate until opened. During an interview on [DATE] at 6:32 AM Staff C, RN stated, All insulin should be refrigerated until they are opened, they have opened insulin, so I don't know why they aren't in the refrigerator. All insulin is not good after 30 days, that insulin is expired and we shouldn't keep that on the cart. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 8:10 AM the Director of Nursing (DON) stated, I expect all nurses to have each cart locked when they are not within reach of the cart. All carts should be reviewed daily for any medications that might be expired and if we get meds (medications) from pharmacy that need to be refrigerated they should be taken to the med room and placed in the refrigerator. I expect staff to follow all pharmacy recommendations for expired meds and meds needing to be refrigerated. Review of the policy and procedure titled, Medication labeling and Storage read, Policy heading: The facility stores all medications and biologicals in locked compartments under proper temperature , humidity and light controls. Policy Interpretation and Implementation : Medication Storage: 6. Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses station or other secured location. Medication Labeling: 2; The medication label includes, at minimum d. expiration date., when applicable. Review of the policy and procedure titled, Storage of Medications read, Policy heading: 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. Only persons authorized to prepare and administer medications have access to locked medications, 7. Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses station or other secured locations. .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews and policy review, there were concerns that the dietary department failed to ensure food safety, covering, labeling and dating of foods, food temperatures and equipment failure. Findings include: A tour of the kitchen was conduct on 6/23/25 at 6:30AM with the Administrator (ADM). An observation was made in the walk-in cooler of 27 assorted glasses with no date or identifying label. There were 11 bags of what appeared to be assorted cookies in the walk-in cooler with no identifying label. An observation was made in the walk-in cooler of five 9-ounce bowls and three 4-ounce bowls of what appeared to be some type of fruit or pudding with no identifying label, date or covering. An observation was made at 6:40AM of six ¼ size food containers and 1 full size steam table pan in the steam table. An observation was made of the MC taking the food temps of the food on the steam table. The 6 ¼ steam table pans consisted of: 1. pureed sausage temp 100 degrees 2. pureed eggs temp 125 degrees 3. Cream of wheat temp 140 degrees 4. Regular scrambled eggs temp 140 degrees 5. Grits temp 150 degrees 6. Sausage Links temp 150 degrees A policy titled Food Preparation and Service dated 2022, read, Food Preparation, Cooking and Holding Time/Temperature (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1. The danger zone for food temperatures is above 41 degrees, and below 135 degrees. 2. 2. Potentially hazardous foods include meats, poultry, seafood, cut melon, eggs, milk, yogurt and cottage cheese. 6. The following internal cooking temperatures/times for specific foods are reached to kill or sufficiently inactivate pathogenic microorganisms. 155 degrees eggs held for service, and mechanically tenderized meats. Hot foods are held at 135°F or higher on the steam table.

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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. Based on observation, interview, and policy and procedure review, the facility failed to maintain an infection prevention and control program designed to help prevent the transmission of communicable diseases and infection, by failing to perform hand hygiene during medication administration for three (Residents #20, #21 and #22) of six residents observed for medication administration. Failure to follow proper infection control standards increases the risk of adverse health outcomes for facility residents. Findings include: During an observation of medication administration on 6/24/2025 at 5:15 AM Staff F, Registered Nurse (RN), was observed returning to the medication cart ,removed medication cart keys from their pocket, unlocked the medication cart, activated and typed on the computer, then Staff F, RN began to prepared medications without performing hand hygiene, removed medications from the drawers, donned gloves without performing hand hygiene and opened a drawer to remove a liquid medication. The bottle of medication had the foil protective layer in place. Staff F attempted and was unable to remove the protective foil. Staff F, RN pierced the foil with their gloved right hand. The gloved hand that pierced the bottle was observed to have liquid on it after puncturing the foil and Staff F pressed the foil along the entire rim of the liquid medication bottle. Staff F doffed gloves and entered Resident #20's room without performing hand hygiene, assisted Resident #20 in repositioning in their bed, elevated the head of the bed for Resident #20, administered their medications and exited the room ,returning to the medication cart without performing hand hygiene. During an observation of medication administration on 6/24/2025 at 5:25 AM, Staff F, RN returned to the medication cart from a residents room, removed medication cart keys from their pocket, unlocked the medication cart, activated and typed on the computer, removed medication cards and began to prepare medications for Resident #21 without performing hand hygiene. Staff F, RN entered Resident #21's room without performing hand hygiene and administered Resident #21's oral medications. Staff F, RN removed gloves from box and dropped one glove on the floor, picked up the glove and threw it in the trash can, and donned gloves without performing hand hygiene,. Staff F, RN applied a topical medication to Resident #21's skin, doffed gloves, exited the room and returned to the medication cart without performing hand hygiene. During an observation of medication administration on 6/24/2025 at 5:35 AM , Staff F, RN returned to the medication cart, removed medication cart keys from their pocket, unlocked the medication cart, activated and typed on the computer, removed medication cards and began to prepare medications for Resident #22 without performing hand hygiene. Staff F entered Resident #22's room without performing hand hygiene and administered oral medications. Staff F exited the room without performing hand hygiene and returned to the medication cart and began to prepare medications for another resident. During an interview on 6/24/2025 at 5;50 AM Staff F, RN stated, I should not have done that, I should have just not put gloves on and not used my finger to open the lactulose. I guess it might be contaminated now that I did that. I did not use the hand sanitizer or wash my hands, I guess I just got nervous being watched. I should have done that; I should have washed my hands. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/24/2025 at 8:50 AM the Director of Nursing (DON) stated, I would expect all staff to follow our infection control standards for handwashing when they give meds (medications). Review of the policy and procedure titled Handwashing/Hand Hygiene read, Policy statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 2. All personnel shall follow the handwashing/hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors. Indications for hand hygiene: 1. Hand hygiene is indicated: a. immediately before touching a resident; d. after touching a resident; e, after touching the resident's environment; g. immediately after glove removal. 5. The use of gloves does not replace hand washing/hand hygiene.