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	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Vista Nursing and Rehabilitation Center	5860 W Junior College Rd Key West, FL 33040

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25618 Based on observation, maintenance log review, staff and resident interview, the facility failed to ensure they provided housekeeping and maintenance services for 11 out of 28 sampled rooms. The findings included: On 6/24/24 during a tour of the second-floor resident rooms, observed in rooms 201, 205, 210, and 219 the air conditioner (a/c) vents above the resident's bed had a dark/black colored substance around the vent and appeared rusted in some areas. In rooms 203, 205, 210, 226 and 229 the bathroom floor tiles around the toilet were discolored, chipped and not in good repair. The caulking around the toilets was noted to be a dark brown discoloration and had some pieces missing. In room [ROOM NUMBER], the bed next to the bathroom, the bed frame was noted to be rusted and not in good repair. In room [ROOM NUMBER] a towel was observed under the a/c unit under the window, the bedside table and bedside nightstand molding around the bedside table and nightstand were missing showing exposed wood. On 6/24/24 around 2:00 p.m., in an interview with Resident #78, she said since her admission to the facility in January 2024 the toilet had been leaking and the tile around the toilet had been discolored and damaged prior to her moving into the room. On 6/24/24 at 4:00 p.m., in an interview with Resident #33's wife, she confirmed the towel under the a/c unit and the missing molding around the over the bedside table and the nightstand leaving the wood exposed. She said the a/c had been leaking for a long time and the towel was there to stop the water. She also said the molding around the bedside table and nightstand had also been missing for several months and she had mentioned the missing molding to the staff a long time ago. Review of the Maintenance Service version 1.3 policy stated that the maintenance service shall be provided to all areas of the building, grounds and equipment. The Maintenance Department was responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER: Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 5860 W Junior College Rd, Key West, FL 33040	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/27/24 at 11:31 a.m., a tour of rooms 201, 203, 205, 210, 214, 219, 226 and 229 was conducted with the Housekeeping Director. He confirmed the a/c vents in rooms 201, 205, 210, and 219 the a/c vents had a dark/black colored substance around the vents and some of the vents appeared rusted in some areas. He confirmed in rooms 203, 205, 210, 226 and 229 the bathroom floor tiles around the floor toilet were discolored, chipped and not in good repair. He also confirmed the caulking around the toilets was missing in some areas and the caulking which remained were a dark brown and discoloration. He confirmed the a/c unit had a blanket under the a/c and the molding around the bedside table and nightstand were missing. The Housekeeping Director said he had known about the bathroom floor tiles around the toilet being discolored, and in disrepair. He further said he was aware of the missing caulking around the toilets and the dirty and rusted a/cs in the resident's rooms. He said the reason why the damaged floor tiles had not been repaired was because the toilets were still leaking, and it would not be practical to replace the bathroom floor tiles and caulk the toilets prior to fixing the leaking toilet. The Housekeeping Director said he had documented the damaged bathroom floor tiles, the missing and discolored caulking around the toilets, the dirty and rusted a/c vents in the resident's room, the leaking a/c unit in room [ROOM NUMBER] and missing molding on some of the resident's furniture several weeks ago but does not know they had not been addressed by maintenance. On 6/27/24 at 1:10 p.m., in an interview with the Administrator (AD) and Assistant Administrator (AAD), they confirmed the facility's Maintenance Service policy stated the building maintenance shall be provided to all areas of the building, grounds, and equipment. They said when a facility staff had noted any building damage and/or a needed repair they were required to log the area of concern into the computer system, so the maintenance department could have a record of the area of concern to ensure it was addressed in a timely manner. They also said senior management staff did weekly Guardian Angel rounds where they document on the Guardian Angel Rounding Tool utilized as a preventative, pro-active approach to address concerns and grievances before they escalate to a serious issue. The AD and AAD said after they reviewed the computerize maintenance log and the Guardian Angel Rounding forms, the areas of needed repairs identified on 6/24/24 and confirmed on 6/27/24 by the Housekeeping Director were not noted on the maintenance log as required and those areas were not repaired in a timely manner to ensure the building, and equipment are maintained in a safe and operable manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER: Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 5860 W Junior College Rd, Key West, FL 33040	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30599 Based on interview and record review the facility failed to provide an ongoing activities program to meet the needs of 3 (Residents #44, #20, and #16) of 3 residents reviewed for activities by failing to ensure the residents had choices and were encouraged to participate in activities. The findings included: On 6/24/24 at 11:45 a.m., Resident #16 was observed lying in bed. When asked about activities Resident #16 said there were not a lot a lot of activities. They have Bingo and play for a cookie. On 6/26/24 at 8:38 a.m., Resident #16 was observed sleeping in bed. The resident's breakfast tray was observed sitting at bedside still covered. Review of Resident #16's care plan reads, [Resident #16] is independent on staff etc. [sic] for meeting emotional, intellectual, physical, and social needs r/t (if dependent) Cognitive deficits, Immobility, Physical Limitations The resident will maintain involvement in cognitive stimulation, social activities as desired through review date All staff to converse with resident while providing care, if appropriate. Ensure that the activities the resident is attending are: Compatible with physical and mental capabilities; Compatible with known interests and preferences; Adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation), Compatible with individual needs and abilities; and Age appropriate. Resident does not want a calendar posted in her room nor the daily chronicle Thank resident for attendance at activity function The resident's preferred activities are: Listening to gospel music, getting fresh air. On 6/26/24 at 11:39 a.m. Review of the activities electronic documentation showed no documented participation in activities for the last 30 days. On 6/27/24 at 10:09 a.m., in an interview the Assistant Administrator said documentation for activities would be in the electronic record under task questions for activities. On 6/27/24 at 11:04 a.m., the Assistant Administrator verified there was no documentation Resident #16 was offered or attended activities for the last 30 days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5860 W Junior College Rd Key West, FL 33040	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/27/24 at 11:35 a.m. Resident #16 stated staff do not encourage her to participate in activities. She states she likes to go outside but she could never find a staff member to assist her to go outside. Resident #16 stated she would like to be able to go outside of the facility on trips. She stated she had suggested going to the butterfly conservative. She said the facility has a bus, but they never go anywhere. On 6/27/24 at 12:40 p.m., in an interview the Director of Activities said Resident #16 did not attend group activities. The Activities Director said she had not been documenting the resident's refusal to attend activities. The Activities director verified Resident #16 had been asking to go on outside activities. The activities Director verified the facility had a bus for transportation, but the bus had been down for a couple of weeks. The Activities Director said the bus broke down on a regular basis. She stated city transportation for residents 55 and over was free but the last time they had taken residents on an outing was at Christmas 2023. 25618 The Activity Director job description stated the Director of Activities was responsible for planning, organizing, developing, and directing the overall operation of the activities department in accordance with policies and procedures, current federal, state and local standards, guidelines and regulations to assure that an on-going activities program was designed to meet, in accordance with comprehensive assessment, the interest and the physical, mental, cultural, spiritual, emotional, psychosocial and recreational interest of each resident. Section 5 of the job description stated the Activity Director was to perform the following activity duties: record residents' activity participation daily in each resident's medical record and quarterly document the response of the resident to the activity program and revise the activity program as needed. Keep group records of participation of scheduled activities. On 6/24/24, observation of Resident #20 at 11:52 a.m. and 1:45 p.m. revealed the resident was in his room, in bed during those observations with the television on but was facing the window and unable to view the television. The resident was not observed involved in an out of room facility activity program during the day. On 6/25/24, observation of Resident #20 at 11:00 a.m., 12:35 p.m., and 3:00 p.m. revealed the resident was in his room wearing his hospital gown, in bed during those observations with the television on. Resident #20 was not observed involved in an out of room facility activity program during the day. Review of Resident #20's medical record revealed he was admitted to the facility on [DATE] with a readmitted [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER: Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 5860 W Junior College Rd Key West, FL 33040	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #20's activity plan of care initiated on 1/13/20 and last revised on 1/15/24 stated Resident #20 was independent for meeting emotional, intellectual, physical and social needs. The care plan goal stated Resident #20 would maintain involvement in cognitive stimulation and social activities as desired. Interventions to achieve these goals were to ensure Resident #20 was attending activities of choice compatible with his interests and preferences, introduce Resident #20 to other residents with similar background and interests, invite Resident #20 to facility scheduled activities and for the facility to provide a program of activities that was of interest and empowered the resident by encouraging and allowing choice, self-expression and responsibility. An Interest Summary form dated 1/31/24 stated Resident #20 enjoyed the newspaper, the New York Times, music, film, basketball on television, reading and poetry. The last documented activity progress note was dated 10/14/20 which said Quarterly Review, Resident #20 continued to be self-directed. He enjoyed reading the newspaper, keeping up with current events, watching television and socializing with the staff. Resident had a cell phone that he used to keep in contact with family and friends, Resident enjoyed going outside for fresh air. Resident #20 often would partake in resident shopping and continued to enjoy happy hour, snacks and ice cream. On 6/26/24 at 11:56 a.m. in an interview with the Activity Director, she said she was hired 8/10/21 and became the Activity Director in September 2021. She said as the Activity Director part of her job duties was to create a facility activity calendar each month, ensure each resident was attending an activity of their choice during the week, and document the activities each resident was attending in their medical records. She said she was responsible for completing the quarterly activity section in the Minimum Data Set (MDS) and updating each resident's plan of care, but she did not write a activity progress note in each resident's chart. The Activity Director said after reviewing Resident #20's medical record, that he had declined over the past several months and he liked to stay in his bed most of the day. She said she placed Resident #20 on a one-to-one activity program and staff would read to him at times. She said there were no restrictions on Resident #20 leaving his bedroom and if staff would put him in his recliner chair, he could be brought to the out of room activities. She confirmed the Interest Summary form dated 1/31/24 stated Resident #20 enjoyed the newspaper, the New York Times, music, film, basketball on television, reading and poetry. She also confirmed Resident #20's activity plan of care revised on 1/15/24 stated Resident #20 would maintain involvement in cognitive stimulation and social activities as desired and the facility would invite Resident #20 to facility scheduled activities of interest. She said she was unable to find documentation of the in-room activities of interest which were conducted by the activity staff and out-of-room activities which Resident #20 was invited to attend and which activities Resident #20 had attended since the revision of his activity plan of care dated 1/15/24. On 6/24/24, observation of Resident #44 from 11:00 a.m. to 12:00 p.m. and 1:55 p.m. to 2:15 p.m. revealed the resident in his wheelchair going up and down the second-floor hallway. Resident #44 was not observed involved in a facility activity program during the day. On 6/25/24, observation of Resident #44 from 9:00 a.m. to 10:50 p.m. and 2:05 p.m. to 2:55 p.m. revealed the resident in his wheelchair going up and down the second-floor hallway. Resident #44 was not observed involved in an facility activity program during the day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5860 W Junior College Rd Key West, FL 33040	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #44's medical record revealed he was admitted to the facility on [DATE] with a readmitted [DATE]. Resident #44's activity plan of care initiated on 10/24/19 and last revised on 3/19/20, stated Resident #44 had need for activities and social interaction. The activity care plan goal stated the resident would attend and participate in activities of choice. Interventions stated the activity staff would introduce the resident to other residents with similar backgrounds and interests and encourage interaction. Resident #44 preferred to socialize with other Spanish speaking residents and staff. The care plan stated staff would invite the resident to scheduled activities, provide a Spanish interpreter as needed, and provide Spanish TV channels for resident viewing. Resident #44 preferred to play dominoes, go outside, scheduled activities, Catholic visits, ice cream social and music activities. On 6/26/24 at 11:56 a.m. in an interview with the Activity Director, she said Resident #44 was very active but has slowed down over the past few months. She said Resident #44 was Spanish speaking only and she had to get an interpreter to talk with him. The Activity Director reviewed Resident #44's medical record and his activity plan of care was initiated on 10/24/19 and last revised on 3/19/20. She confirmed Resident #44's activity plan of care stated he had the need for activities and social interaction. The activity care plan goal stated the resident would attend and participate in activities of choice and he enjoyed playing dominoes, going outside, scheduled activities, Catholic visits, ice cream social and music activities. The Activity Director said she was unable to find documentation Resident #44 was invited to attend scheduled activities and had attended his preferred activities as noted in his activity plan of care. On 6/26/24 at 4:06 p.m., in an interview the Assistant Administrator said as part of the job duties, the Activity Director was to ensure each resident had an on-going activity program designed to meet each resident's need and their physical, mental, psychological and recreational needs. She also confirmed as part of the Activity Director job duties, she was to document in each resident's medical record their participation of scheduled activities. The Assistant Administrator said they reviewed Resident #20 and Resident #44's medical record and they were unable to find documentation Resident #20 and Resident #44 had attended scheduled facility activities and/or their preferred activities as noted in their medical records and as required to ensure they maintained and/or improved their psychosocial well-being and independence.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5860 W Junior College Rd Key West, FL 33040	

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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. 25618 Based on record review, and staff interviews, the facility failed to ensure the activities program was directed by a qualified professional who was a qualified therapeutic recreation specialist or an activity professional. This had the potential to affect all current residents residing in the facility. The findings included: On 6/26/24 at 11:56 a.m., The Activity Director said she had been the facility's activity director for almost three years. She said prior to coming to the facility she was a high school teacher with a Bachelor of Science degree in chemistry, and a minor in Physics and Zoology. She said she did not have a certification as a therapeutic recreation specialist or as an activity professional by a recognized accrediting organization. She further said she did not have two years of experience in a social or recreational program within the last 5 years prior to becoming the facility's Activity Director. Review of the Activity Director's employment files revealed she was hired on 8/10/21, signed and accepted the facility's Activity Director position on 9/16/21. Review of the Activity Director job description stated under the qualifications section they were required to have a high school diploma, completion of a training course for activity directors approved by the Department of Health and Human Services. Have two years of experience in a social or recreational program within the last five years, one of which was full-time in a resident activity program in a health care setting. On 6/27/24 at 8:36 a.m., in an interview with the Administrator and Assistant Administrator, they confirmed after reviewing the current Activity Director's employee file, she did not have the required certification showing she had completed a training course for activity directors approved by the Department of Health and Human Services or two years of experience in a social or recreational program within the last five years prior to becoming the facility's Activity Director on 9/16/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Vista Nursing and Rehabilitation Center	5860 W Junior College Rd Key West, FL 33040

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44824 Based on observation, resident and staff interviews and medical record and facility policy review the facility failed to implement interventions to prevent the decline in range of motion for 1 Resident (Resident #45) of 1 resident reviewed. The findings included: The facility policy implemented 11/2020 and revised 7/27/2022 for Comprehensive Care Plans stated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The comprehensive care plan will describe, at a minimum, the following: The services that are to be furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being; Any services that would otherwise be furnished, but are not provided due to the resident's exercise of his or her right to refuse treatment; The resident's goals for admission, desired outcomes, and preferences for future discharge. On 6/24/24 at 11:37 a.m., Resident #45 was dressed and lying in bed. Her sister was there with her. Both of her hands were observed to be severely contracted. The resident was cognitively intact but had difficulty speaking. Her sister said she used to get Physical Therapy, but she was not making any progress, so it had stopped. She said her sister did not wear any splints of any kind and hadn't for a long time. The sister found splints in Resident #45's drawer that looked new and unused. She said her feet were the same way. Review of Resident #45's medical records show she was admitted to the facility on [DATE] with diagnosis including Dementia, Hypertension, Arthritis, and Urinary Tract Infections. Her BIMS score (Brief interview for mental status) was 15 which indicates Resident #45 was cognitively intact. Physician orders written on 3/19/2024 stated Patient to wear bilateral hand orthosis at bedtime only to maintain joints integrity. Orthoses should be removed in the morning to allow for functional use of hands specifically during meals. Treatment Administration records (TAR) were reviewed from March through June. These records are used to record documentation that the Physician orders are completed. For each day since the Physician orders were written an X was listed for every day in the blank which indicates the task was not completed. The Care Plans for Resident #45 were also reviewed and there were no interventions implemented to address contracture care or use of splints. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5860 W Junior College Rd Key West, FL 33040	

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/25/24 at 2:45 p.m., observed resident #45 in room dressed and lying in bed. When asked if she had ever worn splints on her hands or had ever been offered to wear splints, she shook her head no. She shook her head yes when asked if she would like to wear them to prevent further decline of range of motion in her hands. On 6/25/24 at 2:55 p.m., in an interview the Physical Therapy Director said Resident #45 had splints ordered but was not sure if she was using them. She said she did not have any access to the therapy notes because they have had a new computer program since May. She said typically when there is a new order for splints therapy will apply them the first seven days and train nursing to take over afterwards, but she was unable to verify due to not having access to therapy notes. She verified the resident was not receiving any Physical Therapy at this time. On 6/25/24 at 3:10 p.m., in an interview the Registered Nurse (RN), Minimum Data Set (MDS) coordinator said she has been the MDS coordinator since March 4th, 2024. She said she was familiar with Resident #45 and thought she had refused to wear the splints, so she removed the task from her care plan. Upon reviewing Resident #45's care plan she could not find any documentation regarding splints for the Resident #45's contractures. She said the functional portion of the MDS identified Impairment to the upper and lower extremities. She admitted Resident #45 never had a care plan developed for contractures or use of splints. She said the orders for her splint need to be implemented and I need to care plan it. On 6/25/24 at 3:30 p.m., in an interview the Assistant Administrator said she was just made aware of the splint order for Resident #45 and said the order was completely missed. She said somehow the task was not showing up for the nurse to complete. She said there will be a discussion regarding the process to improve it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Vista Nursing and Rehabilitation Center	5860 W Junior College Rd Key West, FL 33040

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 30599 Based on observations, record review, and interview the facility failed to daily post the facility name, current date, total number and actual hours of licensed nursing staff and staff directly responsible for resident care each shift, and the facility census from 6/14/24 to 6/24/24. The facility failed to maintain a record of the daily postings for 18 months. The findings included: On 6/24/24 at 9:12 a.m., upon entrance in the facility, the staffing hours observed posted in the entrance area of the facility was dated 6/13/24. There was one other sheet observed behind the posting dated 6/12/24. On 6/24/24 at 2:03 p.m. , the Assistant Administrator verified the hours had not been posted since 6/13/24. On 6/27/24 at 9:15 a.m. the facility staff posting was observed in the main entrance area. The daily census was not listed on the posting. On 6/27/24 at 9:30 a.m., the Assistant Administrator verified she had not included the daily census on the staffing posting dated 6/27/24. On 6/27/24 at 10:15 a.m. the Assistant Administrator stated she could not locate the documentation of the staffing hours for 6/14/24 through 6/23/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Vista Nursing and Rehabilitation Center	5860 W Junior College Rd Key West, FL 33040

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 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.

44824

Based on observation, facility policy and procedure review, and staff interviews the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety.

The findings included:

The facility's Policy titled food Preparation initiated on 2/9/2023 stated, It is the center policy that all foods are prepared in accordance with the guidelines of the FDA Food Code. The Certified Dietary Manager or [NAME] are responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination; is responsible to ensure that all utensils, food contact equipment, and food contact surfaces are cleaned and sanitized after every use.

On 6/24/24 at 9:15 a.m., the initial kitchen tour was conducted with cook Staff C. The floor had a large puddle of water under and around the three-compartment sink.

Photographic evidence obtained.

Staff C, [NAME] said she had seen it like that a few times.

Dietary Aide Staff D was present during the tour said she has been employed at the facility for four years said the sink leaked all the time and she was tired of stepping through water every day.

On 6/24/24 at approximately 9:20 a.m., the Maintenance Director arrived and said in an interview the ceiling tiles over the sink were leaking due to a crack in the ceiling.

Photographic evidence obtained. He said it had rained the night before and that had caused the puddle of water by the Three Compartment Sink.

He said had a call out to two different companies for repair estimates. He said the pipes were not leaking that the puddle of water was a new problem that he had not dealt with before.

On 6/24/24 at 9:40 a.m., observed water damage to ceiling tile in main kitchen area. Photographic evidence obtained

Staff C and Staff D said the water damage to the ceiling happened approximately two weeks ago when a bad storm hit the area.

The kitchen tour was continued without escort. Observed storage rack to hold clean tops and bottom for plate warmers that were dirty.

Photographic evidence obtained.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Palm Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5860 W Junior College Rd Key West, FL 33040	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The floors were dirty throughout the kitchen. Photographic evidence obtained The oven and stove/flat top was dirty, greasy, grimy and missing knobs. Photographic evidence obtained. Observed cluttered food prep shelves including an unlabeled container storing a white powder Photographic evidence obtained. On 6/24/24 at 10:06 a.m., the Kitchen Manager joined the tour. She said she had been the kitchen manager for a few months. She did not comment on the cleanliness of the kitchen. When shown the observed full grease trap on the stove/flat top, she opened it up and it spilled all over the floor. Photographic evidence obtained. The walk-in refrigerator and freezer were toured. There was a plastic tub of individually stored pieces of unlabeled glazed cake. On 6/26/24 at 11:30 a.m., during a follow up kitchen observation, the Administrator stated, I can't believe we dropped the ball. He said he was working on getting new floors and making the necessary repairs such as the leak in the ceiling.