

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER University Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 724 NW 19th St 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 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>Based on observations, records reviewed and interviews it was determined that the facility did not adequately maintain a safe environment to prevent potential hazards that could have resulted in accidents or injuries in two of five soiled utility rooms. Staff failed to secure two soiled utility room doors on the facility's second floor because paper towels had been placed in the locks, which prevented proper locking. At the time of the survey 140 residents resided in the facility. The findings include: On 04/01/2026 at 1:40 PM, the Wound Care Registered Nurse (RN) completed wound care disposed of a biohazard bag in the soiled utility room, and exited, leaving the soiled utility room door unlocked. On 04/01/2026 at 1:45 PM Staff A, Certified Nursing Assistant (CNA) exited the soiled utility room and the door remained unlocked. On 04/01/2026 at 1:46 PM Staff B, [NAME] exited the soiled utility room and the door remained unlocked. Observation on 04/01/2026 at 1:47 PM revealed someone placed a piece of paper towel in the lock of the soiled utility room door, which stopped the door from locking properly. On 04/01/2026 at 1:48 PM, the Assistant Director of Nursing (ADON), Staff A, CNA, the Wound Care RN, and Staff B, [NAME] looked at the lock together and saw the issue. None of the staff members knew who put the paper towel in the lock. On 04/01/2026 at 2:09 PM, the Wound Care RN left the second soiled utility room on the second floor and did not lock the door. The surveyor checked the lock and saw that a piece of paper towel blocked the lock, which prevented the door from locking (photo). On 04/01/2026 at 3:12 PM, the Wound Care RN was interviewed and stated: The Soiled utility room is to be kept locked. I did not check to make sure it was locked when I left the room because I never thought that the paper towels would be in the lock. I am surprised. During an interview on 04/01/2026 at 4:44 PM, the Director of Nursing (DON) stated: There is a lock on the soiled utility room door that requires a code to enter. The soiled utility room door should be kept locked to prevent residents from entering. There are sharps in containers and biohazard materials in bins inside the soiled utility room. The potential exists for a resident to enter the room and touch the sharps container and open the bins if the door is kept open. Record review of the facility's policy titled, Safety - Prevention of Accidents dated 2001 MED-PASS, Inc. (Revised July 2026) indicated: Policy Statement. Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Policy Interpretation and Implementation Facility-Oriented Approach to Safety Our facility-oriented approach to safety addresses risks for groups of residents. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QAPI reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization. When accident hazards are identified, the QAPI/Safety Committee shall evaluate and analyze the causes of the hazards and develop strategies to mitigate or remove the hazards to the extent possible. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents. The QAPI Committee and staff shall monitor interventions to mitigate accident hazards in the facility and modify as necessary. Individualized, Resident-Centered Approach to Safety. Our individualized, resident-centered approach to safety (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>addresses safety and accident hazards for individual residents. The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices. Implementing interventions to reduce accident risks and hazards shall include the following: a. Communicating specific interventions to all relevant staff. b. Assigning responsibility for carrying out interventions. c. Providing training, as necessary. d. Ensuring that interventions are implemented, and documenting interventions. 4. Monitoring the effectiveness of interventions shall include the following: Ensuring that interventions are implemented correctly and consistently evaluating the effectiveness of interventions.</p>		