

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  South Dade Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  17475 S Dixie Hwy Miami, FL 33157	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42532</b></p> <p>Based on observations, record reviews, and interviews, the facility failed ensure two residents (Resident #142, Resident #117) out of two residents observed during dining were treated with respect and dignity, as evidenced by staff member observed standing while feeding the residents. This facility's deficient practice has the potential to affect any of the 114 residents residing in the facility that required assistance from staff with eating.</p> <p>The finding included:</p> <p>Observation of Resident #117 on 07/21/2024 at 12:30 PM revealed the resident sitting up in bed, Staff A set up the tray and opened containers. The staff was then observed feeding the resident while standing by the resident's bed.</p> <p>Interview with Staff A, Certified Nursing Assistant (CNA) on 07/21/2024 at 12:30 PM. Staff A explained she did not get the chair because the chair was behind the wheelchair, and she will grab the chair now.</p> <p>Review of clinical records for Resident #117 revealed an initial admitted [DATE] and readmitted [DATE]. Clinical diagnosis includes but not limited to Degenerative Disease of Nervous System, Unspecified Psychotic Disturbance, Mood Disturbance, and Anxiety.</p> <p>Observation of Resident #142 on 07/21/2024 at 12:42 PM revealed the resident sitting up in bed, staff set up the tray and opened containers. Staff B, a Registered Nurse (RN) was observed feeding the resident while standing at the resident's bedside.</p> <p>Interview on 07/21/2024 at 12:42 PM; Staff B, RN revealed he is comfortable feeding the resident like that. He asked, Do I need to grab a chair?</p> <p>Review of clinical records for Resident #142 revealed an initial admitted [DATE] and readmitted on [DATE]. Clinical diagnosis includes but not limited to Dysphagia Following Other Cerebrovascular Disease and Muscle Weakness (Generalized).</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Director of Nursing on 07/25/2024 at 11:01AM. She reported the Certified Nursing Assistants (CNAs) and nurses received orientation training when they were hired. In the training the CNAs were trained with the protocol for feeding the residents, to grab a chair and be seated to be at the same level as the resident in a dignified manner. The CNAs and nurses when they were hired, they were following the prior hired CNAs and nurses to see the process with care. After those days of training, if the staff required more training, then they would be given by the facility.</p> <p>Record review of Policy and Procedures on Residents Rights implemented on 11/27/2019 revised by Corporate team revealed Policy: The facility will inform the resident both orally and in writing in a language that the resident understands his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility will also provide the resident with prompt notice (if any) of changes in any State or Federal laws relating to resident rights or facility rules during the resident's stay in the facility. Receipt of any such information must be acknowledged in writing. Resident Rights 1-Residents rights. The resident has the right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906</b></p> <p>Based on record review and interview the facility failed to ensure a level 1 Preadmission Screening and Resident Review (PASRR) was completed accurately prior to admission and failed to revise the screening following admission for one resident (Resident #63) out of 17 sampled residents. There were 179 residents residing in the facility at the time of the survey.</p> <p>The findings Included:</p> <p>Record Review of Resident #63's Level I PASRR (Preadmission Screening and Resident Review) documented Section I: PASRR Screen Decision Making: A: MI (Mental Illness) or suspected MI (check all that apply) - Anxiety and Major Depressive disorder checked off. Findings based on documented history were-Section II Other indicators for PASRR screening Decision-Making: All checked no. Does individual have validating documentation to support dementia or related neurocognitive disorder - no. Section III Not a provisional admission. Section IV No diagnosis or suspicion of SMI or ID indicated. Level II PASRR evaluation not required. PASRR Level I dated 1/5/2024.</p> <p>Record Review of Resident #63's Psychological Intake Note dated 6/24/2022 revealed the presenting problem was Schizophrenia and Depression. Patient had a long history of Schizophrenia and depression well controlled on medications. Diagnosis listed: Schizophrenia, Major Depressive Disorder, Recurrent episode, Moderate and Unspecified Anxiety Disorder</p> <p>Record Review of Resident #63's Psychological Consultation dated 7/2/2024 revealed diagnosis include: Schizophrenia and Major depressive disorder, Anxiety.</p> <p>Review of the medical records for Resident #63 revealed resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included: Paranoid Schizophrenia, Major Depressive Disorder and Anxiety Disorder.</p> <p>Review of the Physician's Orders Sheet for Resident #63 revealed orders that included but not limited to: Trazodone Hydrochloride 100 milligram(MG) Tablet- Give 1 tablet by mouth at bedtime for Depression dated 1/5/2024, Escitalopram Oxalate Tablet 10 MG -Give 1 tablet by mouth one time a day for Depression dated 3/18/2024, Risperidone 3 MG Tablet- Give 1 tablet by mouth every 12 hours for Paranoid Schizophrenia dated 6/14/2024, and Mirtazapine Tablet 7.5 MG- Give 1 tablet by mouth at bedtime for Depression dated 7/2/2024.</p> <p>Record review of Resident # 63's Admission Minimum Data Set (MDS) dated [DATE] revealed: Section A 1500 resident is not currently considered by the state level II PASRR process to have a SMI (Serious Mental Illness) or ID (Intellectual Disability) or a related condition. Section I for Active diagnosis documented Anxiety disorder, Depression, Schizophrenia. Section N for Medications documented resident is taking antipsychotic, antidepressant on a daily basis in the last 7 days. Section O for Special Treatments documented the resident received no psychological therapy.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #63 's Care Plan Reference Date 11/7/2022 and start date 7/19/2025 revealed: Resident is at risk for drug related side effects due to use of psychotropic meds for the diagnosis of: Anxiety, Major Depressive Disorder and Schizophrenia. The interventions included: Encourage activities as tolerated and monitor for behavior/mood changes.</p> <p>On 07/26/2024 at 9:34 AM The Director of Nurses (DON) stated: I oversee completing The PASRRs for residents. My process is to base the PASRR on the information that the hospital gives us before admission. After a psychiatric evaluation that indicates a new mental disorder diagnosis, I am not required to complete a new PASRR.</p> <p>Review of the facility's Policy and Procedure titled PASRR (Pre-Admission Screening and Resident Review) issue 3/2021 Policy: It is the policy of the facility to assure that all residents admitted to the facility receive a Pre-Admission Screening and Resident Review, in accordance with State and Federal Regulations. Procedure: 5. A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has a mental illness or intellectual disability for resident review.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48906</p> <p>Based on observations, record review and interview the facility failed to follow the care plan for two residents (Resident #102 and Resident #72) as evidenced by observations of Resident #102 in bed with full length siderails and observation of Resident # 72 in bed with one full length of two full length padded siderails in the down position while in bed. There were 179 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On 07/22/2024 at 9:19 AM Resident #102 was observed in bed with full length bilateral side rails in the up position.</p> <p>On 07/24/2024 at 12:22 PM Resident #102 was observed in bed with full length bilateral side rails in the up position. Resident #102 stated she is comfortable and feels safe with the siderails and staff move the siderails upon request because she cannot move them herself.</p> <p>Review of the medical records for Resident #102 revealed the resident was admitted to the facility on [DATE] with diagnosis that included but not limited to Parkinsonism.</p> <p>Review of the Physician's Orders Sheet for Resident #102 revealed order dated 1/24/2024 for 1/2 side rails while in bed every shift for bed mobility/enabler. Monitor for placement/safety.</p> <p>Record review of Resident #102 's Care Plan with reference date 04/19/2024 revealed the resident uses 1/2 side rail as an enabler. Interventions included: Put one half side rail up as enabler. Check and release every 2 hours for ADLs (Activities of Daily Living). Ensure that there is no gap between the mattress and the rails. Evaluate the need for continued use on a quarterly basis or as needed. Place call bell and frequently used items within reach and answer calls promptly.</p> <p>Review of Resident #102's Quarterly Minimum Data Set (MDS) dated [DATE] documented in Section C for Cognitive Pattern Brief Interview of Mental Status (BIMS) score of 14 out of 15 to indicate the resident is cognitively intact.</p> <p>On 07/24/2024 at 12:58 PM Staff J, Registered Nurse (RN) stated: This resident currently has full bilateral side rails in place and the physician's order states half (1/2) bilateral side rails. I will inform restorative nursing to change the side rails to 1/2 length as per physician order.</p> <p>Resident #72</p> <p>On 07/22/24 at 10:18 AM Resident #72 was observed in bed. The right full length padded side rail was in the down position and the left side full length padded side rail in the up position. No staff present. (photo evidence)</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/24/24 at 11:20 AM Resident #72 was observed in bed eating lunch independently; the right full length padded side rail noted in the down position and left in the up position. No staff was present. (photo evidence)</p> <p>Record review of Resident #72's demographic sheet revealed an admitted [DATE] with diagnosis that included but not limited to Epilepsy.</p> <p>Record review of Resident #72's physician orders revealed orders dated /13/2023 for Seizures precaution every shift for Preventative measures; order dated 5/6/2024 for B/L (Bilateral) full padded side rails for seizures precautions.</p> <p>Record review revealed a Care Plan initiated on 08/08/2023 and revised on 05/06/2024 for Resident #72's usage of Bilateral full padded side rails while in bed due to seizure. The interventions included: Check and release every 2 hours for ADLs. Ensure that there is no gap between the mattress and the rails.</p> <p>Reviewed the Modification of Quarterly MDS with reference date 5/4/2024 Section C revealed a BIMS score of 3 out of 15 indicating severe cognitive impairment.</p> <p>On 07/24/2024 at 11:23 AM Restorative Registered Nurse (RN) and Staff M, Certified Nursing Assistant (CNA), and restorative CNA approached surveyor. Staff M, CNA stated: I placed the right-side rail in the down position to fit the side table for [Resident # 72] to eat lunch. I left [Resident #72] in the room with one side rail in the down position during lunch because [Resident #72] eats lunch independently. Restorative CNA stated: I do rounds throughout the day to ensure the ordered restorative interventions are in place for the residents. The Restorative RN stated: The bilateral full length padded side rails should be in the up position while the resident is in bed unless staff is present.</p> <p>Review of the facility's Policy and Procedure titled Care Plan date: 3/1/2021. Policy: It is the policy of the facility to create Care Plans in accordance to State and Federal regulations. 10. All staff who personnel who provide care, and at resident's option, private duty nurses or personnel who are not employees of the facility, will be knowledgeable of, and have access to, the resident's plan of care.</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, record review and interviews the facility failed to provide a safe environment for two residents (Resident #43 and Resident #72) out of 17 sampled residents as evidenced by an observation of Resident #43 with smoking materials while not in the designated smoking area. There were 26 residents that smoked residing in the facility that smoked. Observation of one resident (Resident #72) out of two residents reviewed for side rails was noted with one of two full lengths bilateral padded siderails in the down position while in bed and unattended by staff. There were 179 residents residing in the facility at the time of this survey.</p> <p>The findings included:</p> <p>On 07/21/2024 at 12:24 PM Resident #43 was approached while entering the elevator for an interview. Resident #43 stated: I am going downstairs to smoke. I keep my cigarettes and a lighter on me. Resident #43 showed a lighter and box of cigarettes to surveyor. (photo evidence)</p> <p>On 07/21/2024 at 12:26 PM Resident #43 was accompanied by surveyor to the designated smoking area. Resident #43 was observed smoking in the designated area, two staff members were present.</p> <p>On 07/21/2024 at 12:28 PM Staff E and Staff F stated: We are the staff stationed in the smoking area. We keep all the smoking materials including lighters and cigarettes in a locked caddy next to us. (Showed surveyor the cabinet). We light cigarettes for the residents and keep the aprons as well and give them to residents as per their care plan. No residents are allowed to keep cigarettes or lighters on their person.</p> <p>On 07/21/2024 at 12:43 PM Resident #43 approached the surveyor during the interview with Staff E and Staff F and stated he had finished smoking and will return to room. Resident returned to floor with lighter.</p> <p>On 07/21/2024 at 12:58 PM. The Director of Nursing (DON) reported residents are not able to keep lighters on their person; all residents have been educated on the protocol, but a lot have access to outside sources that bring in smoking paraphernalia.</p> <p>On 07/21/2024 at 01:02 PM Resident #43 stated he was allowed to keep his lighter on him. Resident #43 and surveyor returned to smoking area and spoke with the Staff E and Staff F. Resident #43 showed his lighter and a Staff E and Staff F told Resident #43 that he needs to relinquish the lighter and Resident #43 refused.</p> <p>Record review of demographic sheet for Resident #43 revealed an admitted [DATE] with diagnosis that included: Nicotine dependence.</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>Record review of Medicare - 5 Day Minimum Data Set (MDS) with reference date 7/8/2024, Section C revealed Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicated no cognitive impairment. Section E revealed no potential indicators of Psychosis. Section GG revealed Resident #43 required set up/clean up assistance for eating and oral hygiene. Section H revealed Resident #43 was always continent of bowel/bladder. Section J revealed Received scheduled pain medication regimen in last 5 days. Section N revealed the resident was taking antidepressant medications.</p> <p>Record review of a Care Plan initiated on 06/10/2024 and revised on 6/25/2024 for Resident #43 revealed Resident chooses to smoke. Interventions included: Educate resident on facility smoking policy, keep resident's smoking materials stored at nurses' station, monitor for unsafe actions while smoking and intervene promptly, and provide smoking materials to resident in smoking area(s) only.</p> <p>Record review of Policy titled Smoking Policy, not dated, Policy: This facility shall establish and maintain safe resident smoking practices. Procedure: Prior to and upon admission, residents shall be informed of the facility smoking policy, including designated smoking area and the extent to which the facility can accommodate their smoking or nonsmoking preferences. 13. Residents are not permitted to give smoking articles to other residents. 15. This facility maintains the right to confiscate smoking articles found in violation of our smoking policies. 16. Confiscated items will be itemized and ultimately returned to the resident or his/her legal representative.</p> <p>Resident #72</p> <p>On 07/22/24 at 10:18 AM Resident #72 was observed in bed. Right side full length padded side rail in the down position and the left side full length padded side rail in the up position. No staff present. (photo evidence)</p> <p>On 07/24/24 at 11:20 AM Resident #72 was observed in bed eating lunch independently. Right side full length padded side rail in the down position and left in the up position. No staff was present. (photo evidence)</p> <p>Record review of Resident #72's demographic sheet revealed an admitted [DATE] with diagnosis that included Epilepsy.</p> <p>Record review of Modification of Quarterly MDS with reference date 5/4/2024 Section C revealed a BIMS score 3 out of 15 indicated severe cognitive impairment. Section E revealed no Potential Indicators of Psychosis, no Rejection of Care, and no wandering. Section GG revealed supervision or touching assistance was required for eating and partial/moderate assistance for transfer. Section H revealed Resident #72 was always incontinent of bowel and bladder. Section P revealed Bed rail not used.</p> <p>Record review of Resident #72's physician orders revealed orders dated 5/13/2023 for Seizures precaution every shift for Preventative measures order dated 5/6/2024 for B/L (Bilateral) full padded side rails for seizures precautions, 7/5/2024 for Valproic Acid Oral Solution 250 Milligrams(mg) per 5 milliliters (ml) directions Give 5 ml by mouth three times a day related to EPILEPSY, and 7/28/2021 for Levetiracetam Tablet 500 MG directions Give 1 tablet by mouth two times a day for Seizures.</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>Record review revealed a Care Plan initiated on 08/08/2023 and revised on 05/06/2024 for Resident #72's usage of Bilateral full padded side rails while in bed due to seizure. The interventions included: Check and release every 2 hours for ADLs (Activities of Daily Living). Ensure that there is no gap between the mattress and the rails.</p> <p>On 07/24/2024 at 11:23 AM the Restorative Registered Nurse (RN) and Staff M, Certified Nursing Assistant (CNA), and restorative CNA approached surveyor. Staff M, CNA stated: I placed the right-side rail in the down position to fit the side table for [Resident # 72] to eat lunch. I left [Resident #72] in the room with one side rail in the down position during lunch because [Resident #72] eats lunch independently. Restorative CNA stated: I do rounds throughout the day to ensure the ordered restorative interventions are in place for the residents. Restorative RN stated, the bilateral full length padded side rails should be in the up position while the resident is in bed unless staff is present.</p> <p>Record review of policy entitled Accidents and Incidents dated 3/1/2021 revealed Policy: It is the policy of the facility to report Accidents and Incidents in accordance to State and Federal regulations. Procedure: 1. The facility will ensure that: a. The resident environment remains as free from accidents hazards as is possible, and b. Each resident receives adequate supervision and assistance devices to prevent accidents.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42532</b></p> <p>Based on observations, record review and interviews the facility failed to administer oxygen therapy at the prescribed rate for one resident (Resident # 26) out of two residents reviewed. As evidenced by observations of Resident # 26 receiving oxygen via nasal cannula at 3 Liters Per Minute (LPM). There were 14 residents residing in the facility that are require oxygen therapy.</p> <p>The finding included:</p> <p>During observation on 07/22/2024 at 9:15 AM Resident # 26 was noted in bed sleeping with nasal cannula in her nose. The oxygen concentrator's flow meter was set at 3 LPM.</p> <p>Record review of the physician orders dated 06/13/2024 documented orders for Oxygen at 2 LPM via nasal cannula as needed.</p> <p>During observation on 07/23/2024 at 11:30 AM The resident was in bed, awake with the head of the bed elevated with nasal cannula in her nose and the oxygen concentrator's flow meter was set at 3 LPM.</p> <p>Observation of Resident # 26 on 07/24/24 at 02:37 PM Resident was in bed sleeping; the nasal cannula was in place and the oxygen flow meter was set up at 2 LPM.</p> <p>Review of clinical records for Resident # 26 revealed an initial admitted [DATE]. Clinical diagnosis includes but not limited to, Chronic Obstructive Pulmonary Disease, Unspecified; Respiratory Failure, Unspecified, Whether Hypoxia or Hypercapnia; Respiratory Disorders in Disease Classified Elsewhere; Dependence on Supplemental Oxygen.</p> <p>Review of the Admission Minimum Data Set (MDS) Section O Special Treatments, Procedures and Programs dated 05/08/2024 revealed the resident was receiving oxygen therapy.</p> <p>Review of the Care Plan initiated on 05/01/2024 with next review date 08/08/2024 the resident is at risk for ineffective breathing pattern related to COPD. Patient has Shortness of Breath or trouble breathing when lying flat. Goal: the resident will demonstrate an effective respiratory rate, depth and pattern, increase activity tolerance discomfort through next review date for 90 days. Interventions: Adjust head of bed and body positioning to assist ease of breathing. Administer medication and oxygen as ordered. Arrange activities to allow adequate rest and increase activities as tolerated. Instruct resident in relaxation techniques. Keep Head of Bed elevated to facilitate easy respirations. Monitor laboratories reports and refer to doctor. Monitor lungs sounds, pallor, cough and character of sputum. Monitor resident's anxiety and give support/assistance as needed. Monitor respiratory rate, depth and effort.</p> <p>Interview with Staff C Registered Nurse on 07/23/2024 at 11:35 AM. She stated the protocol that she follows every day at start of the shift is to make rounds and check the residents and the orders for oxygen; She explained did not realized the order for Resident #26 was 2 LPM and the concentrator flow meter was set at 3 LPM.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  South Dade Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  17475 S Dixie Hwy Miami, FL 33157	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Director of Nursing (DON) on 07/26/2024 at 8:31 AM. The DON was informed of the concerns regarding the oxygen setting for Resident #26. She reported the protocol was for the nurses to make rounds at starting of the shift and ensure the oxygen concentrator was set following doctor's orders.</p> <p>Record review of Policy and Procedures: Oxygen Concentrator issued 03/2020 revealed Policy: To administer oxygen for the treatment of certain diseases or conditions. Policy Explanation and Compliance Guidelines: The maintenance department, or oxygen concentrator supplier, assists with the maintenance of oxygen concentrators according to manufacturer's recommendations and as needed. Oxygen should be administered only under orders of the attending physician, except in the case of an emergency, in an emergency, oxygen may be administered without physician's order, however, the order should be obtained immediately after the crisis is under control. 1- Care of the Resident- a-Obtain physician's orders for the rate of flow and route of administration of oxygen (mask, nasal cannula, etc.).</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48906</p> <p>Based on observations, record review and interview the facility failed to ensure accuracy in providing medications to meet needs for three residents (Resident #121, Resident #95 and Resident #163) out of 17 sampled residents as evidenced by three medication omissions noted during medication administration observation. There were 179 residents residing in the facility at the time of survey.</p> <p>The findings Included:</p> <p>On 07/24/2024 at 08:31 AM a medication administration observation was made on the second floor, [NAME] medication cart with Staff H, Licensed Practical Nurse (LPN) for Resident #121. During medication administration Staff H, LPN dispensed one (1) Calcium 500 plus vitamin D chewable tablet into the medication cup. Review of the Electronic Medication Administration Record (EMAR) revealed Resident #121 physician order dated 5/29/2023 for Oyster Shell Calcium/Vitamin D Tablet 500-200 Milligram (mg) per Unit directions- give 1 tablet by mouth two times a day for SUPPLEMENT. Staff H, LPN approached the room and was stopped by surveyor and asked to return to medication cart. The surveyor asked if this was the correct form of medication and Staff H, LPN replied: No the order is for the regular tablet, but I don't have it in my cart right now I will notify my supervisor.</p> <p>On 07/24/2024 at 08:52 AM a medication administration observation was made on the third floor, east medication cart with Staff N, Registered Nurse (RN) for Resident #95. During medication administration Staff N, RN dispensed one Aspirin 81 mg chewable tablet into the medication cup. Record review of electronic medication administration record revealed physician order dated 10/20/2023 for Aspirin Tablet 81 mg, directions- give 1 tablet by mouth one time a day for Deep Vein Thrombosis Prophylaxis. Staff N, RN approached the room and was stopped by surveyor and asked to return to medication cart. The surveyor asked Staff N, RN if that was the correct form of medication. Staff N, RN replied: No this is not the correct form of Aspirin according to the physician's order, I will dispose of this pill and give the Enteric coated form.</p> <p>On 07/24/2024 at 09:52 AM a medication administration observation was made on the third floor, east medication cart with Staff I, RN for Resident #163. During medication administration Staff I, RN dispensed one Diphenhydramine Hydrochloride (HCL) 25 mg tablet into the medication cup. Record review of electronic medication administration record revealed physician order dated 7/20/2024 for Diphenhydramine HCl Capsule 25 MG directions- give one capsule by mouth one time a day for Skin erythema for 5 Days. Staff I, RN approached the room and was stopped by surveyor and asked to return to the medication cart. The surveyor asked if that was the correct form of medication. Staff I, RN replied: No this is not the correct form and I do not have the capsules in my cart and will notify the physician.</p> <p>Record review of Policy entitled Medication Preparation for Dispensing no date revealed Policy: all medications will be prepared (blister card, vials, Atomick box) and administered in a manner consistent with the general requirements outlined in this policy. Procedure: D. Medication inspection. 1. Conform that the medication name and dose are correct.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>48906</p> <p>Based on observations, record review and interview the facility failed to have a medication error rate below 5% as evidenced by three medication omissions out of 25 medications administration opportunities. There were 179 residents residing in the facility at the time of survey.</p> <p>On 07/24/2024 at 08:31 AM a medication administration observation was made on the second floor, [NAME] medication cart with Staff H, Licensed Practical Nurse (LPN) for Resident #121. During medication administration Staff H, LPN dispensed one (1) Calcium 500 plus vitamin D chewable tablet into the medication cup. Record review of Electronic Medication Administration Record (EMAR) revealed Resident #121 physician order dated 5/29/2023 for Oyster Shell Calcium/Vitamin D Tablet 500-200 Milligram (mg) per Unit directions- give 1 tablet by mouth two times a day for SUPPLEMENT. Staff H, LPN approached the room and was stopped by surveyor and asked to return to medication cart. Staff H was asked if this was the correct form of medication and Staff H, LPN replied: No the order is for the regular tablet, but I don't have it in my cart right now I will notify my supervisor.</p> <p>On 07/24/2024 at 08:52 AM a medication administration observation was made on the third floor, east medication cart with Staff N, Registered Nurse (RN) for Resident #95. During medication administration Staff N, RN dispensed one Aspirin 81 mg chewable tablet into the medication cup. Review of the electronic medication administration record revealed physician order dated 10/20/2023 for Aspirin Tablet 81 mg, directions- give 1 tablet by mouth one time a day. Staff N, RN approached the room and was stopped by surveyor and asked to return to medication cart. Staff N, RN was asked if that was the correct form of medication. Staff N, RN replied: No this is not the correct form of Aspirin according to the physician's order, I will dispose of this pill and give the Enteric coated form.</p> <p>On 07/24/2024 at 09:52 AM a medication administration observation was made on the third floor, east medication cart with Staff I, RN for Resident #163. During medication administration Staff I, RN dispensed one Diphenhydramine Hydrochloride (HCL) 25 mg tablet into the medication cup. Review of the electronic medication administration record revealed physician order dated 7/20/2024 for Diphenhydramine HCl Capsule 25 MG directions- give one capsule by mouth one time a day for 5 Days. Staff I, RN approached the room and was stopped by surveyor and asked to return to the medication cart and was asked if that was the correct form of medication. Staff I, RN replied: No this is not the correct form and I do not have the capsules in my cart and will notify the physician.</p> <p>Record review of Policy entitled Medication Preparation for Dispensing no date revealed Policy: all medications will be prepared (blister card, vials, Atromick box) and administered in a manner consistent with the general requirements outlined in this policy. Procedure: D. Medication inspection. 1. Conform that the medication name and dose are correct.</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, record review and interview the facility failed to properly store medications and biologics for two residents out of 17 sampled residents as evidenced by observations of medication at the bedside of Resident #62 and Resident #373 and unattended pills in a medication cup on top of second floor's East Medication cart. There were 179 residents residing in the facility at the time of survey.</p> <p>The findings Included:</p> <p>On 07/21/2024 at 10:38 AM a tube labeled Hydrocortisone 1/2 % cream observed on side table and a bottle of normal saline solution on Resident#62's nightstand (photo evidence) The surveyor notified the 7:00 AM-3 :00 PM supervisor, Registered Nurse (RN) and Staff D, Licensed Practical Nurse (LPN). All entered room together. The 7:00 AM-3 :00 PM RN, supervisor removed a bottle of normal saline and a tube of hydrocortisone cream and stated that over the counter medications are not allowed to be kept in resident's rooms for safety purposes.</p> <p>Staff D, LPN stated I do rounds shift with the previous nurse when I come on my shift. I visualize each resident and check their rooms to ensure no potentially hazardous materials are present. I did not visualize these items in resident's room during rounds.</p> <p>On 07/21/2024 at 11:52 AM a metered dose inhaler and a tube of pain relief cream was observed on side table next to Resident#373's bed. (photo evidence) Staff D, LPN was made aware and entered room with surveyor and removed medications.</p> <p>On 07/23/2024 at 8:20 AM an observation was made on the second floor; there were three pills inside a medication cup unattended on top of the East Medication cart. (photo evidence)</p> <p>On 07/23/24 at 08:21 AM Staff D, LPN returned to the East medication cart. (translated by Staff J, RN) Staff D, LPN stated I left the medication to get a book I needed; this is not proper protocol, and medications should not be left unattended.</p> <p>On 07/26/24 at 10:02 AM, the Director of Nursing stated, all department heads do sweeps of residents' rooms daily to remove any unauthorized medications or materials that can harm the residents; we educate the residents at that time if something is found. No medications should be left on top of the medication cart unattended.</p> <p>Record review of Policy entitled Labeling of Medications Storage of Drugs and Biologicals date implemented 11/28/2017 date reviewed/revised: 1/16/2019 Policy: It is the policy of this facility to ensure that all medications and biologicals used in the facility will be labeled and stored in accordance with current state, federal regulations. Policy explanation and Compliance Guidelines: 1. All medications and biologicals will be labeled in accordance with applicable federal and state requirements and current accepted pharmaceutical principles and practices.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 observations, interview and record review, the facility's quality assurance and assessment committee failed to demonstrate effective plan of actions were implemented to correct identified quality deficiencies in the problem areas related to repeated deficient practice for F755 Pharmacy Services and Procedures and F867 QAPI-QAA Improvement Activities .These repeated deficient practices has the potential to affect any of the 179 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Review of the facility's survey history revealed, during a Recertification survey with exit dated 03/09/2023 the facility was cited F755 Pharmacy Services and Procedures and F867 QAPI-QAA Improvement Activities.</p> <p>Record review of the facility policy and procedure title Quality Assurance Performance Improvement (QAPI), implemented June 2021states- 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>Policy Explanation and Compliance Guidelines:</p> <p>11. Governance and Leadership</p> <p>a) The governing body and/or executive leadership is responsible and accountable for the QAPI program.</p> <p>b) Governing oversight responsibilities include, but are not limited to the following:</p> <p>I. Approving the QAPI plan annually, and as needed.</p> <p>II. Ensuring the program is ongoing, defined, implemented, maintained and addresses identified concerns.</p> <p>III. Ensuring the program is sustained during transitions in leadership and staffing.</p> <p>IV. Ensuring the program is adequately resourced, including ensuring staff time, equipment, and technical training as needed.</p> <p>V. Ensuring the program identifies and prioritizes problems and opportunities that reflect organizational processes, functions, and services provided to residents based on performance indicator data and resident and staff input, and other information.</p> <p>VI. Ensuring that corrective actions address gaps in systems and are evaluated for effectiveness.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>VII. Setting clear expectations around safety, quality, rights, choice and respect.</p> <p>c) The QAA Committee shall communicate its activities and the progress of its subcommittee PIPs to the governing body (if leadership role is greater than the administrator) at least quarterly, with a formal meeting no less than annually.</p> <p>d) The QAA Committee shall submit supporting documentation of ongoing QAPI activities to the governing body upon request.</p> <p>e) QAPI training that outlines and informs staff of the elements of QAPI, and goals of the facility will be mandatory for all staff.</p> <p>Review of the Quality Assurance and Performance Improvement (QAPI) Committee Meeting Sign-in Sheets dated 04/25/24, 05/30/24, and 06/27/24 documented the facility had a QAA Committee meeting monthly. Attendees included: Administrator, Medical Director, Director of Nursing (DON), Assistant Director of Nursing (ADON), 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, and Consultant Pharmacist.</p> <p>Quality Assurance and Performance Improvement (QAPI) overview and interview was conducted on 7/26/2024 at 9:34 AM with the Director of Nursing/Quality Assurance (QA), Administrator/QA, Assistant Director of Nursing/QA. They reported, the QAA Committee meets every month on the last Thursday of the month; the last meeting was held on 06/27/2024. The committee consists of the Medical Director, Administrator, DON, Assistant Director of Nursing (ADON), corporate staff, pharmacy representative and all interdisciplinary team members. The focus of QA committee is to go over every department's reportable incident, benchmarks, and projects issues. If we are noticing trends in any area we investigate the root cause analysis of the trend, we then come up with interventions, collect the data, work on fixing the issues and follow up with the department heads in the concerned areas. The findings are reported at the following month's QA meeting, we then decide if to continue the interventions or resolve.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906</b></p> <p>Based on observations, record review and interview the facility failed to meet infection control standards for one resident (Resident #30) out of 17 sampled residents as evidenced by an observation of an unchanged Intravenous dressing. There were 179 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On 07/21/2024 at 10:11 AM Resident #30 was observed in bed. An Intravenous (IV) site dressing dated 7/17 was observed on the resident's left upper extremity. An empty bag labeled Ceftriaxone 1 Gram/Normal saline 100 ML IV medication hanging on pole next to resident, dated 7/21. (photo evidence)</p> <p>On 07/25/2024 at 03:50 PM Resident #30 was observed in bed. An Intravenous (IV) site dressing dated 7/17 was observed on left upper extremity.</p> <p>Review of the medical records for Resident #30 revealed resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included: Endocarditis.</p> <p>Review of the Physician's Orders Sheet for Resident #30 revealed orders that included: Transparent dressing change every 72 hours every night for seven days dated 7/16/2024, Ceftriaxone Sodium Reconstituted 1 GM IV every 24 hours for Respiratory Infection for seven days dated 7/16/2024, Check IV site every shift for signs and symptoms of infection infiltration or pain document dated 7/16/2024.</p> <p>Review of Resident # 30's Discharge Return Anticipated Minimum Data Set (MDS) dated [DATE] revealed Section C- a Brief Interview for Mental Status score was undetermined. Section GG- partial/moderate assistance for personal hygiene and dependent for transfer. Section I- No Urinary tract infection (UTI) (LAST 30 DAYS).</p> <p>Record review of Resident #30 's Care Plan revealed Resident had renal insufficiency related to chronic kidney disease with a goal to be free from infection through the review date. Interventions included: Monitor for signs or symptoms of hypovolemia or hypervolemia.</p> <p>On 07/25/2024 at 04:15 PM, The evening shift supervisor was notified by surveyor that Resident #30's IV dressing was dated 7/17. The evening shift supervisor revealed IV dressings should be changed every 72 hours and Resident #30's IV should have been changed and will be changed now.</p> <p>On 07/26/2024 at 09:02 AM. The facility's Infection Preventionist reported the facility protocol for midline or central IV lines dressings changes is weekly; the physician's order supersedes the protocol.</p> <p>Record review of facility's Policy entitled, PICC/Midline/CVAD Dressing change date implemented 3/2020 Policy: It is the policy of this facility to change peripherally inserted central catheter (PICC), midline or central venous access device (CVAD) dressing weekly or if soiled, in a manner to decrease potential for infection and or cross contamination. Physician's orders will specify type of dressing and frequency of changes.</p>		