STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	405029	A. Building B. Wing	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Servicios Integrados DE Rehabilitacion (Siro) Inc	Calle 4-L-10 Urb Colinas Del Oeste Hormigueros, PR 00660

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. 47384 Based on observations of the physical environment, review of policies procedures and facility staff interview performed on 04/28/2024 from 8:00 AM through 3:30 PM, it was determined that the facility failed to promote the resident right to receive services in a safe, clean, comfortable, and homelike environment. This deficient practice had the potential to affect 15 out of 15 residents receiving services. Findings include: During observational tour at approximately 10:00 AM of April 28, 2025, two dirty linen carts were observed un attended in the extrerior patio area.

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20423 Based on an interview with the Minimum Data Set- (MDS) coordinator (employee #2), it was determined that the facility failed to accurately electronically transmit resident assessment instrument status correctly in 2 out of 2 closed records reviewed (RR). (Resident #1 and #2) Findings include: 1. During the records reviewed the electronic system identified resident #1 as a hospitalization . On 04/29/24 at 10:00 AM during the record review it was found that Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Left Total Knee Replacement, in the record appears that resident #1 receive her treatment and on 03/14/2025 the resident have an appointment with the Orthopedic physician and do not want to return to the facility to completed her treatment per one day due to the physician planned to discharge on 03/15/2025. She requests to the facility exonerate one day on 03/14/2025 of rehabilitation, and resident was discharged to home on 03/14/2025, with a discharge summary with Home Care, and medical equipment. The MDS Section A A0310 F, she marks 10 discharge assessment- return not administrate. The MDS was completed on 03/14/2025. During the interview on 04/29/205 at 10:15 AM with the MDS Coordinator Employee #2, stated, this resident was discharged to the community, however when the information was entered to the system on 03/18/2025 was documented by error short-term general hospital. On 04/29/2025 at 10:25 AM, she corrects this error as Discharge and was transmitted correctly and accepted. 51829 2. During the records reviewed the electronic system identified resident #2 as a Unplanned (facility Initiated) Discharge. On 4/29/25 10:30 AM during the record review it was found that Resident #2 was a [AGE] year-old male, admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement (Rt TKR). The record revealed that the social work planned the discharge from the moment of admission. Discharge notification was not made because the resident presented changes in health, therefore, he was transferred to the hospital on 01/23/2025 due to an rule out (R/O) of kidney failure. The MDS coordinator employee #2 interviewed on 04/29/2025 at 10:43 AM refer that this resident was hospitalized , however when the information was entered to the system was document by error discharge Home. On 4/29/2025 at 9:41 AM she corrects this error and was transmitted correctly and accepted.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47632 Based on reviews of 8 medical records and interviews conducted on 04/28/2025 to 04/29/2025 from 8:00 AM to 4:00 PM, it was determined that the facility failed to ensure that each resident's medication regimen is free of unnecessary medications. This deficient practice affects 3 out of 8 receiving services at the facility (RS# 102, # 201 and 204). Findings include: During the investigations carried out in the clinical records concerning antibiotic treatment, the following was observed: 1. Resident #201 is a [AGE] year-old female admitted on [DATE] with Right Total Knee Replacement. a. During the medical record review on 04/29/2025 at 2:35 PM, it was noted in the medical order made on 04/26/2025 at 8:00 PM, Augmentin 875 mg 1 oral tablet twice a day for 20 doses. On 04/29/2025 at 3:03 PM, the clinical record was reviewed the admission care plan in the skin status the nursing staff only wrote that the knee area was noted with surgical patch and edema. The medical record was reviewed on 04/29/2025 at 3:15 PM, no physician's progress note was found that could justify prolonging the resident's antibiotic treatment. 51782 2. Resident #102 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During the record review performed on 04/29/25 at 12:00 PM, it was found that has physician order on 04/24/2025 for the antibiotic Cipro 750mg orally every 12 hours for 20 doses. No justification for the use of this antibiotic was observed in the physician notes. a) During the interview with the Director of Nursing (employee #1) she stated that residents arrive with instructions and a prescription from their orthopedic surgeon to continue treatment at her facility. The facility failed to provide evidence in the physician's progress notes justifying the use of this medication. 20423 3. Resident #204 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During the record review performed on 04/29/25 at 1:00 PM, it was found that has physician ordered on 04/27/2025 at 1:15 PM the antibiotic Augmentin 875 milligram (mg) 1 tablet (tab) per mouth (PO) twice daily (BID) per 20 doses. No evidence was found for the justification for the use of this antibiotic in the physician progress notes. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the interview with the Director of Nursing (employee #1) on 04/29/2025 at 1:30 PM she stated that residents arrive with instructions and a prescription from their orthopedic surgeon to continue treatment at the facility. The facility failed to provide evidence in the physician's progress notes justifying the use of this medication. 4. Resident #205 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During the record review performed on 04/29/25 at 2:00 PM, it was found that has physician ordered on 04/25/2025 at 8:10 PM the antibiotic Keflex 500 mg 1 tab PO three time daily (TID) per 10 doses. No evidence was found related of the justification for the use of this antibiotic in the physician progress notes. During the interview with the Director of Nursing (employee #1) on 04/29/2025 at 1:30 PM she stated that residents arrive with instructions and a prescription from their orthopedic surgeon to continue treatment at the facility. The facility failed to provide evidence in the physician's progress notes justifying the use of this medication.

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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. 47384 Based on observations of the Kitchen, review of policies procedures and facility staff interview performed on 04/28/2025 from 8:00 AM through 3:30 PM, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. Findings include: During observational tour of kitchen on April 28, 2025, approximately from 8:27 AM through 12:00 PM the following was identified: 1. Chicken pieces were observed in the freezer. They were found in a broken, sealed package with exposed parts outside the wrapping and covered in plastic wrap. Kitchen staff indicated that they had been received from the supplier in that condition. 2. Kitchen staff were observed using a scoop to serve rice. Staff cleaned the utensil without the proper process of letting it air dry after sanitizing. 3. The kitchen supervisor was observed near the food serving area without wearing a hairnet.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47632 Based on observations, staff interviews and review of policies and procedures on 04/28/2025 through 04/29/2025 at 8:12 AM through 3:30 PM, it was determined that the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings incliude: 1. During the round conducted in the residents' rooms, the following was observed: a. On 04/28/2025 at 9:48 AM, the physical therapy assistant (employee #4) was observed entering room [ROOM NUMBER] A without washing her hands and without wearing gloves while placing ice packs on Resident #201. The Director of Nursing (DON) (employee #1) was interviewed on 04/29/2025 at 10:45 AM, and asked for a policy and procedure for the placement of cold compresses. When the DON provided the policy, the lack of integration of hand washing and glove use into the procedure was noted. 20423 2. During the medication Pass performed on 4/29/2025 from 8:10 AM till 8:50 AM it was observed the following: a. During the medication pass with the registered nurse employee #3, it was observed that the failed to wash her hand on 4 out of 10 opportunity to wash her hands before open the door of 5 resident rooms.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. 51829 Based on an interview with the Infection Control coordinator (employee #1) on 4/29/2025, it was determined that the facility failed to ensure an antibiotic stewardship program that promoted appropriate antibiotic use and included education of nursing and medical staff. Findings include: 1. During the review and interview of the Infection Control Program's Stewardship antibiotic program, the following were identified: a. Prolonged use of antibiotics in residents without documented justification in a report sent to the Puerto Rico Department of Health on a monthly basis. The report demonstrates the monthly volume of patients using antibiotics but is not specific. b. Policies and procedures that include written stewardship material were reviewed: dosage, indication, renal adjustment, administration, precaution, monitoring, and dilution and stability of the antibiotic. Despite having them available, they do not maintain an educational program on the appropriate use of antibiotics for physicians and nursing professionals, thus impeding the appropriate use of antibiotics and their justification in residents. On 4/29/25 3:30 PM during the interview with the Infection Control Program Coordinator (Employee # 1) revealed that they have no education on the appropriate use of antibiotics of Stewardship for physicians and nursing professionals.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47384 Based on observations of the physical environment, review of policies procedures and facility staff interview performed on 04/28/2025 from 8:00 AM through 3:30 PM, it was determined that the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. This deficient practice had the potential to affect 18 out of 18 residents receiving services at areas where the deficient environment and items. Findings include: 1. Water damage and humidity noticed on bathroom ceiling and A bed area of room [ROOM NUMBER]. 2. Water drops caused by condensation on air conditioning vents were observed wetting the floor in front of exit door to back patio, this is a slip and fall risk.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47384 Based on observations of the physical environment and facility staff interview performed on 04/28/2025 from 8:00 AM through 3:30 PM, it was determined that the facility failed to maintain an effective pest control program so that the facility is free of pests. Findings include: 1. During the observations performed in the resident's rooms, the following was observed: a) On 04/28/2025 at 10:23 AM several spiders (3) were observed in room [ROOM NUMBER].