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	03/11/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, it was determined that the facility failed to ensure that the pharmacist reviewed and documented the resident's medication regimen in the clinical records. This deficient practice was identified in 3 out of 8 (Residents # 25, #33, #35).Findings include: Review of the facility policy Revisión de Medicamentos Innecesarios, Intervención de Farmacéutica Procedure: Indicated that the pharmacist is responsible for conducting a medication regimen review upon a resident's admission to the facility. The policy indicated that the pharmacist utilizes the medication reconciliation, physician orders, and the medication administration record (MAR) to perform this review. The policy further indicated that the pharmacist will complete this review within approximately 72 hours [NAME] the resident is admitted to the facility, Page 1 of 3. 1.Resident #33 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During the review of the clinical record conducted on 03/11/2026 at 11:29 AM, it was observed that the medical record did not contain documentation of the pharmacist's medication regimen review as required by the facility's policy. 2. Resident #35 is a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During the review of the clinical record conducted on 03/11/2026 at 10:48 AM, it was observed that the medical record did not contain documentation of the pharmacist's medication regimen review as required by the facility's policy. 3. Resident # 25 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 3/11/26 at 11:30 AM, it was identified that the medical record did not contain documentation of the medication regimen review (MRR) as per facility policy. 4. Resident Sample #26 is a [AGE] year-old female admitted on [DATE] with diagnosis of Right Total Hip Replacement. During the record review performed 03/11/2026 at 11:00 AM provide evidence of physician admission orders of Keflex 500 mgs 1 tablet PO q 6 hours x 4 doses and Tylenol with Codeine 1-2 tablets q 4 hours for pain on 03/04/26. Medication regimen review performed by pharmacist for this case who had opioids and antibiotics was not found documented on the medical record.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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** Based on medical record review and staff interview, it was determined that the facility failed to ensure that the medication reconciliation included the pharmacist's review and signature in the resident's clinical record 2 out 8 (Resident #33, #35).Findings include:1.Resident #33 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During a review of the clinical reord conducted on 03/11/2026 at 11:29 AM, it was observed that the medication reconciliation form in the resident's medical record lacked documentation of the phatmacist's review and signature.2. Resident #35 is a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. During a review of the clinical reord conducted on 03/11/2026 at 10:48 AM, it was observed that the medication reconciliation form in the resident's medical record lacked documentation of the phatmacist's review and signature.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and staff interview, it was determined that the facility failed that the medication carts were properly secured to prevent unauthorized access to medication.Findings include:During a tour of the medication storage area on 03/10/2026 at 9:05 AM, accompanied by a Registered Nurse (employee #6), it was observed that the medication cart drawers assigned to room # 107 B, 108 A, 108 B, and 109 could be opened even through the medication cart was in the locked position.During a staff interview om 03/10/2026, the Charge Nurse (employee #3) indicated that a defective equipment report had been completed regarding the medication cart. The Charge Nurse further indicated that a representative from Unicare visited the facility and provided a quotation for repair services.Following the observation, the medications from drawers #107 B, 108 A, 108 B, and 109 were relocated to other secured compartments of the medication cart where the drawers could not be opened and the medications remained under staff custody.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations made on 3/10/2026 through 3/11/2026 from 8:00 AM to 4:00 PM, it was identified that the facility failed to assure that all mechanical, electrical and patient care equipment is maintained in safe operating condition. Findings include:Facility policy named: Protocolo uso de equipo electrico en cuarto de los residentes (March 2024 revision) Protocol Use of Electrical Equipment in Residents Rooms, was reviewed on 3/11/2026 at 11:15 AM. The policy states that every equipment brought by the patient will be inspected by the physical plant personnel, after which a seal will be placed on it. Observations during a round performed on 3/10/2026 at 11:00 AM include:Resident # 25 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total Knee Replacement. room [ROOM NUMBER]-A. During the resident interview and observation performed on 3/10/26 at 11:00 AM, it was identified an apnea machine at the head of the bed. Resident stated that she has a diagnosis of sleep apnea. Upon admission she brought her own machine to the facility, which was inspected by the staff. An observation of the equipment was performed by the surveyor on 3/11/2026 at 11:20AM. There is no seal indicating the inspection done, as per facility policy.

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation conducted at front of the nursing station on 03/10/2026, it was determined that the facility did not ensure that the following information was posted and readily accessible to residents, and family members and legal representatives of residents.Findings include:1. During arrival at the facility on 03/10/2026 at 8:20 AM, the following was observed:a. The results of the most recent survey of the facility posted on a bulletin board in front of nurse station were dated 04/23/2024, 04/05/2023 and 05/05/2023.b. This facility's last recertification survey conducted was on 04/29/2025.c. On 03/11/2026 at 3:14 PM, MDS coordinator (employee #3) and Chief Executive Officer (employee #4), were interview they stated that an updated report with respect to the most recent recertification surveys, any certifications, and or complaint investigations at the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, must be available for any individual to review. 2. However, the reason why the last Medicare recertification survey conducted on 04/29/2025 and plan of correction was not included nor was provided.

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F 0725 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview with MDS Coordinator (employee # 3) and document review performed on 3/11/2026 at 11:00 AM, it was determined that the facility failed to ensure the designation of a charge nurse in each shift to perform the specific responsibilities designated by the facility. Findings include:During an interview with the MDS Coordinator (employee # 3) on 3/11/2026 at 11:00 AM, She stated that the registered nurse assigned to each shift is also the charge nurse. During a document review (staff work assignment for the three working shifts of 3/10/26 and 3/11/26) performed with the MDS Coordinator (employee # 3) on 3/11/2026 at 11:00 AM, it was identified that the document does not formally designate the registered nurse as a Charge Nurse, nor specific responsibilities designated by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care.