STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	405034	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Multy Medical Skilled Nursing Facility	Americo Miranda Ave Entrada Principal Centro Rio Piedras, PR 00935

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 observations, review of logs, policies and procedures and interview, it was determined that the facility failed to ensure that the medication room conserves adequate temperature levels and relative humidity. This deficiency affects 17 out of 17 residents in the facility.Findings include:The facility policy named Control de Temperatura y Humedad - Cuarto de Medicamentos Temperature Control and Humidity- Medication Room was reviewed on 03/26/2026 at 11:31AM and states The room temperature must be maintained between 72 and 78 degrees Fahrenheit (ˆF), and the relative humidity between 20% and 60%. If either of these readings is outside the specified range at the time of measurement, this must be reported, and the corrective actions taken must be documented. The medication room was visited on 03/26/2026 at 8:44AM and it was noted that the temperature was 71.9 ˆF and the relative humidity was 72%.The temperature and relative humidity logs from December 2025 through March 2026 were reviewed on 03/26/2026 at 1:27PM and the following was noted:On January 2026 the temperature was over 78 ˆF 7 out of the 31 days, and the relative humidity was over 60% 7 out of the 31 days.On February 2026 the temperature was over 78 ˆF 2 out of the 28 days, and the relative humidity was over 60% 3 out of the 28 days.On March 2026 the relative humidity was over 60% 21 out of the 26 days. On an interview with the director of nursing (employee #1) on 03/26/2026 at 1:30PM she states that no correctives actions were taken or documented.

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on staff interview, it was determined that the facility failed to ensure the submission if Payroll-Based Journal (PBJ) data to CMS.Findings include:On 03/25/2026 at 2:20 PM, an interview was conducted with the Director of Nursing (DON) (employee #1) to determine who was responsible for completing and submitting the Payroll-Based Journal (PBJ). The DON stated that she was not responsible for this task.1.At 2:42 PM, an interview was conducted with the Director of Compliance, who reported that PBJ reporting had been the responsibility of the administrator's resignation, PBJ data had not been submitted and the facility had recently become aware that no one had been assigned to continue this responsibility.2.This finding indicates the facility failed to ensure ongoing compliance with federal requirements for PBJ data submission.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of Quality Assessment Performance Improvement- QAPI and interview with facility compliance officer (employee #2) on 03/26/2026, it was determined that the facility failed to consider residents feedback as quantifiable data to enhance care and ensure safety. Findings include:1.Review of QAPI activities of year 2025 and first quarter of year 2026 on 03/26/2026 at 10:30 AM, the following was identified:A. Administration clerk officer (employee #6) present on 03/26/2026 at 9:50 AM information collected during year 2025 related with resident satisfaction surveys.B. Accordingly with information provided by facility compliance officer (employee #2) on 03/26/2026 at 11:55 AM facility collect on an ongoing basis resident experience while receiving services at the facility in a satisfaction survey questionnaire. He explain that this information is not discussed as part of QAPI committee meeting and activities.C. Facility failed to align healthcare services provided considering resident needs and expectations in order to identify areas where they can improve their services.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on review of Quality Assessment Performance Improvement- QAPI and interview with facility compliance officer (employee #2) on 03/26/2026, it was determined that the facility failed to maintain a QAPI committee with the participation of administrator, owner, a board member or other individual in a leadership role; in each committee meeting.Findings include:1.Review of quarterly QAPI committee meeting 2025 and 2026 on 03/26/2026 at 10:20 AM, the following was identified:A. QAPI committee meeting performed on January 14, 2026 did not evidence the participation of administrator, owner, a board member or other individual in a leadership role.B. QAPI committee meeting of the first quarterly of year 2025. January, February and March 2025 attendance list did not demonstrate participation of administrator owner, a board member or other individual in a leadership role.C. Review of QAPI rules and regulation updated on 01/08/2026 with QAPI compliance officer (employee# 2) on 03/26/2026 at 11:35 AM did not include in the section of governance and leadership that the Administrator or leadership personnel must be part of the required QAPI committee members. D. During interview on 03/26/2026 at 11:35 AM QAPI compliance officer (employee# 2) stated that administrator, owner, a board member or other individual in a leadership role; did not participate in each committee meeting.

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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. Based on the observations and interviews conducted, it was determined that the facility failed to provide a safe environment, specifically regarding the bathrooms in the residents' rooms. This deficiency was observed in 5 of the 16 residents interviewed.Findings include: During the initial pool interviews 5 residents were interviewed (75, 76, 77, 78 and 79) and the 5 residents stated that the water came out of the bathroom when they were showering. Also, they state that the nursing staff instructed all the resident to put the bed sheets on the bathroom floor when they are going to take a shower, so the water does not go out of the bathroom.The resident #76 was visited on 03/25/2026 at 9:15AM and it was noted that she just came out of the shower and there was water under the bed that came from the bathroom when she was showering. A nurse came in the room and asked the resident if she put the bed sheets on the floor before showering but the resident didn't.The resident #76 was visited on 03/25/2026 at 8:10AM and it was noted that she was getting out of the shower again. This time the resident did put the bed sheet on the bathroom floor, but the water was out of the bathroom either way.

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain the physical environment in a safe and functional manner to ensure resident safety. Specifically, handrails were not maintained in good repair.Findings Include:During a tour of the facility on 03/26/2026, observation of handrails located in corridors revealed the following:Handrails with loose corner sectionsHandrails with uneven surfaces, creating irregular gripping areasThese conditions were observed in the following locations: Next to room [ROOM NUMBER]Next to room [ROOM NUMBER]Next to room [ROOM NUMBER]Next to room [ROOM NUMBER]Next to room [ROOM NUMBER]Next to room [ROOM NUMBER]Next to room [ROOM NUMBER]Next to room men visitors bathroomInterview with the engineer (employee #3) confirmed that the handrails were not in good repair and no immediate corrective action had been taken at the time of survey. Handrails that are loose or have uneven surfaces may not provide adequate support for residents, increasing the risk of slips, trips, and falls.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on resident interview, record review, and staff report, it was determined that the facility failed to ensure a safe, comfortable, and adequately accessible bathroom environment for 1 out of 1 sampled resident (resident #88). Findings include: Resident #88 is a 59-years-old female admitted on [DATE] with a diagnosis of Left Total Knee Replacement (TKR). During an interview conducted on 03/25/2026 at 9:42 am, the resident reported that the bathroom space was very uncomfortable and difficult to use. She stated that during a recent bathroom use with assistance from nursing staff, she became entangled between her walker and the commode, causing her to slide to the floor. The resident further stated that nursing staff attempted to assist her in maintaining a standing position but were unable to prevent the fall. The resident expressed that the bathroom should be more comfortable and accessible for safe use. Review of facility documentation revealed that on 03/22/2026 at 11:30 AM, an incident/accident report was completed regarding the event. Documentation confirmed that the resident was evaluated by a physician following the incident.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on staff interview, it was determined that the family failed to maintain posted daily nurse staffing information for the required retention period of at least 18 months. Findings include:On 03/25/2026 at 3:15 PM, requested the facility's posted daily nurse staffing information for the previous 18 months. The facility was only able to provide documentation from 10/01/2025 to the present.During an interview conducted on 03/25/2026, the Director of Information Technology (employee #4) stated that attempts were made to retrieve prior staffing postings; however, these efforts were unsuccessful.This finding indicates the facility failed to retain posted nurse staffing information in accordance with federal requirements.