STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	686125	A. Building B. Wing	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lilac at Silver Palms	14601 NE 16th St North Miami, FL 33161

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42532 Based on observation, record reviews and interviews the facility failed to develop a comprehensive care plan for one (Resident #2) and failed to implement care plan for two (Resident # 6 and Resident # 7) out of seven sampled residents. As evidenced by a fall care plan was not developed for Resident #2 who is at high risk for falls; and staff failed to implement Care Plan interventions to prevent worsening of wounds for Resident # 6 and Resident #7. The findings included: Resident #2 On 02/24/2025 at 11:10 AM Resident #2 was observed sitting in his wheelchair watching television, no distress noted. Review of Resident #2's the clinical revealed he was admitted to the facility on [DATE] and readmitted on [DATE]. Clinical diagnoses include, but were not limited to, History of Falling and Osteoarthritis. Record review of Nurses Notes dated 12/09/2024 revealed during rounds, the resident was noted lying on the floor on his left side beside the bed. Resident remained alert and verbally responsive, no acute distress observed, active range of motion completed, resident was able to move upper extremities, resident reports pain to left shoulder, rated 4/10, pain management measures in place, Nurse Practitioner (NP) made aware, no new orders at this time, call placed to resident's Power of Attorney (POA). Record review of Nurses Notes dated 12/10/2024 revealed the X-ray results received with the following conclusion: Modest osteoarthritis, but no pelvic or hip fracture. Results relayed to NP no new orders received. care ongoing. (continued on next page)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Nurses Notes dated 01/05/2025: During rounds, the resident was found on the floor lying on his left side beside the bed. The resident remained alert and verbally responsive. The call light was noted on the bed. Reddened area noted to top of scalp and skin tear to left knee. Vital signs obtained .active range of motion done. The resident was transferred to bed via mechanical lift. Neurological assessment completed. Resident's skin tears to his left knee cleanse with normal saline, pat dry and standard techniques applied. Safety measures maintained, bed at lowest position with call light within reached. The physician made it aware. New orders received for skull X-ray. On 01/07/2025 the resident's daughter was made aware of the [NAME] X-ray result that there was no fracture. Record review of Quarterly Minimum Data Set (MDS) Section C Cognitive Patterns dated 01/23/2025 revealed the resident Brief Interview for Mental Status (BIMS) summary score was 06 out of 15 indicating severe cognitive impairment. Review of the Quarterly MDS Section J for Health Conditions dated 01/23/2025 revealed the resident had two or more fall since admission. Review of a Care Plan initiated on 8/12/2024 with the next review dated 5/1/2025, revealed there was no Fall Care Plan developed for Resident # 2. Interview on 02/24/2025 at 1:19 PM the MDS Coordinator revealed Resident # 2 had a baseline care plan for fall, but she did not realize a fall care plan was not developed. Review of the facility's Policy and Procedures for Comprehensive Care Plans implemented 11/2020 and review dated 07/27/2022 and noted Reviewed by Clinical Services revealed: Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with residents rights, that include measurable objectives and timeframes to meet a resident's medical nursing and mental and psychosocial needs that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines: 2- the comprehensive care plan will be developed within seven (7) days after the completion of the comprehensive MDS assessment. All Care Assessment Areas (CAAs)triggered by the MDS will be considered in developing the plan of care. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the care plan. The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record. 48906 Resident #6 On 2/24/2025 at 11:57 AM during observation of Resident #6's wound care performed by the wound care nurse assisted by Staff A, Licensed Practical Nurse (LPN), it was noted that both nurses were not wearing gowns as is part of the required Enhanced Barrier Precautions (EBP). Record review of Resident # 6's demographic sheet revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that include: Venous Insufficiency and Peripheral Vascular Disease and chronic non-pressure ulcer of the right heel and midfoot. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a Minimum Data Set (MDS) with reference dated 2/5/2025 for end of Stay revealed Resident #6's a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated the resident has no cognitive impairment; was incontinent of bowel and bladder and had one arterial ulcer present. Record review of a Care Plan initiated on 12/31/2024, revised on 01/28/2025 revealed Resident #6 had actual skin breakdown related to Vascular wound on the right heel; goal included: current skin impairment will be minimized through next review date with interventions that included: Enhanced Barrier Precautions . During an interview on 2/24/2025 at 3:21 PM Staff A, LPN was asked about the required Personal Protective Equipment (PPE) for Resident under Enhanced Barrier Precaution; Staff A, LPN stated: For residents under Enhanced Barrier Precautions, staff are supposed to wear masks, gown, and gloves. I didn't do it because I forgot. On 2/24/2025 at 2:44 PM the wound care nurse was asked if residents with wounds are under Enhanced Barrier Precautions. The wound care nurse revealed; all residents with wounds are under Enhanced Barrier Precautions to prevent the spread of infection. Staff are to wear gloves, gown and masks before providing wound care. The wound care was asked why no gown was being worn during the wound care for Resident # 6. The wound care nurse replied, I didn't wear a gown or mask with [Resident # 6], and I didn't wear a mask with [Resident#7], that was mistake. I was supposed to wear it. Resident #7 Review of the facility's Pressure Ulcer List indicated Resident #7 has a stage 3 (full-thickness skin loss, extending into the subcutaneous tissue /fat layer) on the right heel. On 2/24/2025 at 1:56 PM, Resident #7 was in bed, Staff B, Certified Nursing Assistant (C N A) was providing hygiene care and was not wearing a gown as a required part of Personal Protective Equipment (PPE) for Enhanced Barrier Precautions (EBP). Review of Resident #7's demographic sheet revealed the resident was admitted on [DATE] with diagnosis that included: Stage 3 Pressure Ulcer of the right heel. Record review of a physician's order sheet dated 1/27/2025 revealed Resident #7 was under Enhanced Barrier Precaution for wound. Record review of a Significant change MDS reference dated 12/30/2024 revealed Resident #7 had a BIMS score of 2, which indicated severe cognitive impairment, had one stage 3 pressure ulcer/injury and was always incontinent of bowel and bladder. Review of a Care Plan initiated on 04/15/2023 and revised on 04/15/2023 revealed Resident #7 is at risk for skin breakdown, with goal to minimize risk for further skin breakdown and complications with current skin impairment; interventions included: Enhanced Barrier Precautions. During an interview on 2/24/2025 at 2:04 PM Staff B, CNA was asked about the required PPE for a resident under Enhance Barrier Precaution Staff B stated: I should wear a gown. I forgot to put it on. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/24/25 at 3:54 PM The Infection Preventionist stated, Staff should wear a gown and gloves when providing care for residents under Enhanced Barrier Precaution. The purpose of Enhanced Barrier Precaution is to help prevent infection. All residents with wounds are under Enhanced Barrier Precaution. We keep the PPE in one caddy for the entire hallway. I ensure that there are enough PPE in the caddy each morning and the supervisor's double check. On 2/24/25 at 3:58 PM, the Director of Nursing stated: Nurses are required to wear gloves and gowns when providing care for residents under enhanced barrier precautions. Resident who have wounds are under Enhanced Barrier Precautions.