

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2025
NAME OF PROVIDER OR SUPPLIER MIAMI JEWISH HEALTH SYSTEMS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5200 NE 2ND AVENUE MIAMI, FL 33137		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced survey for complaint number 2025002044 was conducted at Miami Jewish Health System on . The complaint allegations were substantiated with deficiencies. The facility was not in substantial compliance with CFR 42, PART 483, Requirement for Long -Term Care Facilities. The following is a description of the non-compliance	F 000			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 755	<p>Continued From page 1</p> <p>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interviews facility failed to administer medications as ordered by a physician in accordance with professional standards for two residents (Resident #1 and Resident #6) out of four sampled residents as evidenced by staff failed to administer an accurate dose of a _____ for Resident #1 and failed to administer a _____ lowering medication as ordered for Resident #1.</p> <p>The findings included:</p> <p>Observation on _____ at 9:12 AM of Resident #6's medication administration being completed by Staff B, Registered Nurse (RN) revealed the medications administered by _____ included _____ 15 ml (milliliters). The label on the bottle of _____ read 30 ml daily by _____ (photographic evidence).</p> <p>Review of Resident #6's physician orders revealed order dated _____: Oral Solution 10 gm/15 ml (grams/milliliters) directions: Give 15 ml by _____ in the morning for _____.</p> <p>Record review of Resident #6's demographic sheet revealed the resident was initially admitted to the facility on _____ and readmitted on _____.</p>	F 755	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #1 is no longer at the facility.</p> <p>Resident's #6 _____ order was corrected. The physician was called and was advised of the incorrect dosage being administered, and no new orders were given.</p> <p>2. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All resident's with _____ orders were reviewed, any deficiency found were corrected immediately.</p> <p>An audit was conducted which reviewed a sample of new orders for accurate transcription and if any deficiencies were found, they were addressed immediately.</p> <p>3. What measures will be put into place</p>		

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F 755	<p>Continued From page 2 with diagnosis that include</p> <p>Review of Resident #6's () revealed a score of 10 out of 15 to indicate moderate</p> <p>During an interview on at 1:45 PM, Staff B, RN was asked about the discrepancies in the label on the bottle and the current order noted on the Electronic Medication Administration Record (MAR). At that time Staff B, RN referred to the physical chart and presented a physician orders worksheet dated ; the document presented revealed physician ordered to lower to 10cc daily.</p> <p>Interview on at 2:45 PM with the Director of Nursing (DON) about The order for Resident # 6; the DON stated: "The order was clarified with the physician and the order should have been 10 ml daily. An incident report was completed. [Resident #6] was not harmed."</p> <p>Review of a demographic sheet for Resident#1 revealed an admission date of , discharge dates of and with diagnosis that included: Hypertensive and</p> <p>Record review of a Medicare 5 day/ Modification of Discharge Return MDS (Minimum Data Set) reference dated revealed Resident #1's () score was undetermined, and the resident required substantial/maximal assistance for eating and was dependent on staff for transferring.</p>	F 755	<p>or what systematic changes you will make to ensure that the deficient practice does not recur; and?</p> <p>Standard parameters will be established through the therapeutic and pharmacy committee. All nursing staff will be educated on utilizing the standard parameters for orders, unless, the physician ordered otherwise. An audit will be conducted to review orders daily by the nurse managers and pharmacist for 7 days, then weekly for 30 days and then monthly for 3 months. If any deficiency is found, it will be corrected immediately.</p> <p>Nursing staff will be educated on accurately administering medications per physician's orders by following the Five Rights. A sample of new orders will be randomly audited on all units by the unit manager or designee daily for 7 days, then weekly for 30 days, and then monthly for 3 months. Additionally, the pharmacy representative will be conducting random medication administration pass observations weekly for 3 months, if any deficiencies are observed an education will be provided to the nurse immediately.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>This corrective action plan will be monitored through a dedicated PIP and nursing home leadership will report</p>		

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F 755	<p>Continued From page 3</p> <p>Record review of Resident #1's physician's orders sheet revealed orders dated for Oral Tablet 5 mg () directions: Give one tablet via () Tube every eight (8) hours for .. (Low) and Vital Signs every 8 hours, Oral Tablet 5 mg () directions: Give 1 tablet via every 8 hours for .. (stopped on) and () directions: Give 1 tablet via every 8 hours as needed for .. (the top number of a reading) less than 100.</p> <p>Review of Nursing Notes revealed on at 2:24 PM [Resident #1] was noted with High (B/P) during my shift, resident does not have any .. medication, patient had scheduled which was not administered. I explained to the son who was in the room that I will contact the Doctor to get an order for .. medication, Son verbalizes "been scared to Mom's B/P went low with medication." I contacted Dr and explained concerns and .. and also suggested as needed (PRN) medication. Doctor ordered .. 2.5 mg daily. Son explained about order, medication, dose and time and he verbalized to be agreed.</p> <p>Record review of The Electronic Medication Administration Record and Treatment Administration Records for .. and .. revealed .. 5 mg was administered on at 6:00 AM the recorded B/P was 138/71, on at 2:00 PM the recorded B/P was .. on at 10:00 PM the recorded B/P</p>	F 755	<p>findings to the monthly Quality and Risk Management committee. The committee will also evaluate the need for extended audits and further education, if necessary, after 90 days.</p>	

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F 755	<p>Continued From page 4</p> <p>was 131/ 60, on at 2:00 PM the recorded B/P was 143/ 63, on at 2:00 PM the recorded B/P was , on at 2:00 PM the recorded B/P was , on at 10:00 PM the recorded B/P was and on at 2:00 PM the recorded B/P was .</p> <p>Interview on at 2:20 PM, the Director of Nursing (DON) was asked when nursing staff are required to hold if there are no parameters in the order. The DON stated: "We practice not to have parameter as standard orders for medications affecting the . If a parameter is set that is per physician's order. Our standard is to check residents every 8 hours. We also have a reference booklet available to nursing staff if they have any questions about medications. It is located on their laptop. When there is no parameter, the physician did not order it. We have a system where medications are triple checked during the reconciliation process when residents are admitted."</p> <p>On at 3:45 PM the Staff Pharmacist was asked about the proper administration including parameters of ; the Pharmacist stated: "There is no guidance that says when can or cannot be administered. The only contraindication is persistent and excessive supine . Routine orders for don't usually have parameters."</p> <p>Record review of a policy provided titled, Preparation and General Guidelines, revealed IIA2: Medication Administration -General Guidelines. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person</p>	F 755			

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F 755	Continued From page 5 legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.	F 755			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to _____, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761			

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F 761	<p>Continued From page 6</p> <p>Based on observations, interviews, and record review the facility failed to ensure drugs and biologicals stored and labeled in accordance with professional principles, as evidenced by one out of three medication carts sampled was left unlocked and unattended with a medical on top of the cart; and discrepancy with labeled orders and Electronic Medication Administration (EMAR).</p> <p>The findings included:</p> <p>On at 8:43 AM during observation of medication administration conducted by Staff A, Licensed Practical Nurse (LPN) on the 2nd floor, Staff A, LPN stepped away from the medication cart to use the telephone at the nursing station, leaving the medication cart unlocked and a medical on top of the cart. When Staff A, LPN returned to the cart the surveyor asked Staff A, LPN about the protocol for securing medication and storing . Staff A, LPN replied: "The cart should be locked when I walk away. The reason I left the cart unlocked when I walked away was because I could still see the cart. It is not okay to leave the cart unlocked. are kept in the treatment cart. I found this and forgot to place it in the treatment cart."</p> <p>2)On at 9:12 AM a medication administration observation was conducted on the 2nd floor with Staff B, Registered Nurse (RN). Staff B, RN administered 15 ml (milliliters) of solution as documented in the Electronic Medication Administration Record. However, the bottle was labeled to administer 30 ml daily.</p>	F 761	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by the deficient Practice.</p> <p>2. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All medication carts were audited for medications left unattended, and carts left open at the time, no other deficiencies were found at the time.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and?</p> <p>All nurses will be educated on locking their medication carts, and ensuring no medications are left unattended. Random audits will be conducted weekly by the Pharmacy representative and/or designee. Any deficiency found will be addressed immediately.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>This corrective action plan will be monitored through a dedicated PIP and nursing home leadership will report</p>	

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F 761	Continued From page 7 Record review of a Policy titled, Medication Storage in the Facility dated , ID1: Storage of Medications revealed Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.	F 761	findings to the monthly Quality and Risk Management committee. The committee will also evaluate the need for extended audits and further education, if necessary, after 90 days.		

Agency for Health Care Administration

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced survey for complaint number 2025002044 was conducted at Miami Jewish Health System on The complaint allegations were substantiated with deficiencies.</p>	N 000		
N 090 SS=D	<p>59A-4.112(1), FAC Pharmacy Policies and Procedures</p> <p>(1) The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews facility failed to administer medications as ordered by a physician in accordance with professional standards for two residents (Resident #1 and Resident #6) out of four sampled residents as evidenced by staff failed to administer an accurate dose of a . . . for Resident #1 and failed to administer a . . . lowering medication as ordered for Resident #1.</p> <p>The findings included:</p> <p>Observation on . . . at 9:12 AM of Resident # 6's medication administration being completed by Staff B, Registered Nurse (RN) revealed the medications administered by . . . included . . . 15 ml (milliliters). The label on the bottle of . . . read 30 ml daily by (photographic evidence).</p> <p>Review of Resident #6's physician orders revealed order dated . . . : . . . Oral</p>	N 090	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #1 is no longer at the facility.</p> <p>Resident's #6 . . . order was corrected. The physician was called and was advised of the incorrect dosage being administered, and no new orders were given.</p> <p>2. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All resident's with . . . orders were reviewed, any deficiency found were corrected immediately.</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 090	<p>Continued From page 1</p> <p>Solution 10 gm/15 ml (grams/milliliters) directions: Give 15 ml by _____ in the morning for _____</p> <p>Record review of Resident #6's demographic sheet revealed the resident was initially admitted to the facility on _____ and readmitted on _____ with diagnosis that include _____</p> <p>Review of Resident #6's (_____) revealed a score of 10 out of 15 to indicate moderate _____</p> <p>During an interview on _____ at 1:45 PM, Staff B, RN was asked about the discrepancies in the label on the _____ bottle and the current order noted on the Electronic Medication Administration Record (MAR). At that time Staff B, RN referred to the physical chart and presented a physician orders worksheet dated _____; the document presented revealed physician ordered to lower to 10cc daily.</p> <p>Interview on _____ at 2:45 PM with the Director of Nursing (DON) about the _____ order for Resident # 6; the DON stated: "The order was clarified with the physician and the order should have been 10 ml daily. An incident report was completed. [Resident #6] was not harmed."</p> <p>Review of a demographic sheet for Resident#1 revealed an admission date of _____, readmission date of _____, discharge dates of _____ and _____ with diagnosis that included: Hypertensive _____ and _____</p> <p>Record review of a Medicare 5 day/ Modification of Discharge Return _____ MDS (Minimum Data Set) reference dated _____ revealed _____</p>	N 090	<p>An audit was conducted which reviewed a sample of new orders for accurate transcription and if any deficiencies were found, they were addressed immediately.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and?</p> <p>Standard parameters will be established through the therapeutic and pharmacy committee. All nursing staff will be educated on utilizing the standard parameters for _____ orders, unless, the physician ordered otherwise. An audit will be conducted to review _____ orders daily by the nurse managers and pharmacist for 7 days, then weekly for 30 days and then monthly for 3 months. If any deficiency is found, it will be corrected immediately.</p> <p>Nursing staff will be educated on accurately administering medications per physician's orders by following the Five Rights. A sample of new orders will be randomly audited on all units by the unit manager or designee daily for 7 days, then weekly for 30 days, and then monthly for 3 months. Additionally, the pharmacy representative will be conducting random medication administration pass observations weekly for 3 months, if any deficiencies are observed an education will be provided to the nurse immediately.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice</p>	
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N 090	<p>Continued From page 2</p> <p>Resident #1's () score was undetermined, and the resident required substantial/maximal assistance for eating and was dependent on staff for transferring.</p> <p>Record review of Resident #1's physician's orders sheet revealed orders dated _____ for Oral Tablet 5 mg () directions: Give one tablet via _____ () Tube every eight (8) hours for _____ (Low) and Vital Signs every 8 hours, Oral Tablet 5 mg () directions: Give 1 tablet via _____ every 8 hours for _____ (stopped on _____) and Oral Tablet 5 MG () directions: Give 1 tablet via _____ every 8 hours as needed for _____ (the top number of a _____ reading) less than 100.</p> <p>Review of Nursing Notes revealed on _____ at 2:24 PM [Resident #1] was noted with High (B/P) during my shift, resident does not have any _____ medication, patient had _____ scheduled which was not administered. I explained to the son who was in the room that I will contact the Doctor to get an order for _____ medication, Son verbalizes "been scared to Mom's B/P went low with medication." I contacted Dr and explained concerns and _____ and also suggested as needed (PRN) medication. Doctor ordered _____, 2.5 mg daily. Son explained about order, medication, dose and time and he verbalized to be agreed.</p> <p>Record review of The Electronic Medication Administration Record and Treatment</p>	N 090	<p>will not recur, i.e., what quality assurance program will be put into place?</p> <p>This corrective action plan will be monitored through a dedicated PIP and nursing home leadership will report findings to the monthly Quality and Risk Management committee. The committee will also evaluate the need for extended audits and further education, if necessary, after 90 days.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111327	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2025
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NAME OF PROVIDER OR SUPPLIER MIAMI JEWISH HEALTH SYSTEMS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5200 NE 2ND AVENUE MIAMI, FL 33137
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 090	<p>Continued From page 3</p> <p>Administration Records for _____ and _____ revealed _____ 5 mg was administered on _____ at 6:00 AM the recorded B/P was 138/71, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 10:00 PM the recorded B/P was 131/60, on _____ at 2:00 PM the recorded B/P was 143/63, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 10:00 PM the recorded B/P was _____ and on _____ at 2:00 PM the recorded B/P was _____.</p> <p>Interview on _____ at 2:20 PM, the Director of Nursing (DON) was asked when nursing staff are required to hold _____ if there are no parameters in the order. The DON stated: "We practice not to have parameter as standard orders for medications affecting the _____ . If a parameter is set that is per physician's order. Our standard is to check residents _____ every 8 hours. We also have a reference booklet available to nursing staff if they have any questions about medications. It is located on their laptop. When there is no parameter, the physician did not order it. We have a system where medications are triple checked during the reconciliation process when residents are admitted."</p> <p>On _____ at 3:45 PM the Staff Pharmacist was asked about the proper administration including parameters of _____; the Pharmacist stated: "There is no guidance that says when _____ can or cannot be administered. The only contraindication is persistent and excessive supine _____ . Routine orders for _____ don't usually have parameters."</p> <p>Record review of a policy provided titled, Preparation and General Guidelines, _____.</p>	N 090		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111327	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2025
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N 090	Continued From page 4 revealed IIA2: Medication Administration -General Guidelines. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. Class III	N 090		
N 095 SS=D	59A-4.112(6), FAC Drug Storage (6) Prescription drugs and non-prescription medications requiring refrigeration must be stored in a refrigerator. The refrigerator must be locked or located within a locked medication room and accessible only to licensed staff. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure drugs and biologicals stored and labeled in accordance with professional principles, as evidenced by, one out of three medication carts sampled was left unlocked and unattended with a medical on top of the cart, and discrepancy with labeled orders and Electronic Medication Administration (EMAR). The findings included: On at 8:43 AM during observation of medication administration conducted by Staff A,	N 095	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the deficient Practice. 2. How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken? All medication carts were audited for medications left unattended, and carts left	

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N 095	<p>Continued From page 5</p> <p>Licensed Practical Nurse (LPN) on the 2nd floor, Staff A, LPN stepped away from the medication cart to use the telephone at the nursing station, leaving the medication cart unlocked and a medical _____ on top of the cart. When Staff A, LPN returned to the cart the surveyor asked Staff A, LPN about the protocol for securing medication and storing _____; Staff A, LPN replied: "The cart should be locked when I walk away. The reason I left the cart unlocked when I walked away was because I could still see the cart. It is not okay to leave the cart unlocked. _____ are kept in the treatment cart. I found this _____ and forgot to place it in the treatment cart."</p> <p>2) On _____ at 9:12 AM a medication administration observation was conducted on the 2nd floor with Staff B, Registered Nurse (RN). Staff B, RN administered 15 ml (milliliters) of _____ solution as documented in the Electronic Medication Administration Record. However, the _____ bottle was labeled to administer 30 ml daily.</p> <p>Record review of a Policy titled, Medication Storage in the Facility dated _____, ID1: Storage of Medications revealed Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>Class III</p>	N 095	<p>opened at the time, no other deficiencies were found at the time.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and?</p> <p>All nurses will be educated on locking their medication carts, and ensuring no medications are left unattended. Random audits will be conducted weekly by the Pharmacy representative and/or designee. Any deficiency found will be addressed immediately.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>This corrective action plan will be monitored through a dedicated PIP and nursing home leadership will report findings to the monthly Quality and Risk Management committee. The committee will also evaluate the need for extended audits and further education, if necessary, after 90 days.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2025
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F 000	INITIAL COMMENTS An unannounced survey for complaint number 2025002044 was conducted at Miami Jewish Health System on . The complaint allegations were substantiated with deficiencies. The facility was not in substantial compliance with CFR 42, PART 483, Requirement for Long -Term Care Facilities. The following is a description of the non-compliance	F 000			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 755	<p>Continued From page 1</p> <p>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interviews facility failed to administer medications as ordered by a physician in accordance with professional standards for two residents (Resident #1 and Resident #6) out of four sampled residents as evidenced by staff failed to administer an accurate dose of a _____ for Resident #1 and failed to administer a _____ lowering medication as ordered for Resident #1.</p> <p>The findings included:</p> <p>Observation on _____ at 9:12 AM of Resident #6's medication administration being completed by Staff B, Registered Nurse (RN) revealed the medications administered by _____ included _____ 15 ml (milliliters). The label on the bottle of _____ read 30 ml daily by _____ (photographic evidence).</p> <p>Review of Resident #6's physician orders revealed order dated _____ : _____ Oral Solution 10 gm/15 ml (grams/milliliters) directions: Give 15 ml by _____ in the morning for _____.</p> <p>Record review of Resident #6's demographic sheet revealed the resident was initially admitted to the facility on _____ and readmitted on _____.</p>	F 755			

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F 755	<p>Continued From page 2 with diagnosis that include</p> <p>Review of Resident #6's () revealed a score of 10 out of 15 to indicate moderate</p> <p>During an interview on at 1:45 PM, Staff B, RN was asked about the discrepancies in the label on the bottle and the current order noted on the Electronic Medication Administration Record (MAR). At that time Staff B, RN referred to the physical chart and presented a physician orders worksheet dated ; the document presented revealed physician ordered to lower to 10cc daily.</p> <p>Interview on at 2:45 PM with the Director of Nursing (DON) about The order for Resident # 6; the DON stated: "The order was clarified with the physician and the order should have been 10 ml daily. An incident report was completed. [Resident #6] was not harmed."</p> <p>Review of a demographic sheet for Resident#1 revealed an admission date of , readmission date of , discharge dates of and with diagnosis that included: Hypertensive and</p> <p>Record review of a Medicare 5 day/ Modification of Discharge Return MDS (Minimum Data Set) reference dated revealed Resident #1's () score was undetermined, and the resident required substantial/maximal assistance for eating and was dependent on staff for transferring.</p>	F 755			

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F 755	<p>Continued From page 3</p> <p>Record review of Resident #1's physician's orders sheet revealed orders dated _____ for _____ Oral Tablet 5 mg (_____) directions: Give one tablet via _____ (Low _____) and Vital Signs every 8 hours, _____ Oral Tablet 5 mg (_____) directions: Give 1 tablet via _____ every 8 hours for _____ (stopped on _____) and _____ Oral Tablet 5 MG (_____) directions: Give 1 tablet via _____ every 8 hours as needed for _____ (the top number of a _____ reading) less than 100.</p> <p>Review of Nursing Notes revealed on _____ at 2:24 PM [Resident #1] was noted with High _____ (B/P) during my shift, resident does not have any _____ medication, patient had _____ scheduled which was not administered. I explained to the son who was in the room that I will contact the Doctor to get an order for _____ medication, Son verbalizes "been scared to Mom's B/P went low with medication." I contacted Dr and explained concerns and _____ and also suggested as needed (PRN) medication. Doctor ordered _____ 2.5 mg daily. Son explained about order, medication, dose and time and he verbalized to be agreed.</p> <p>Record review of The Electronic Medication Administration Record and Treatment Administration Records for _____ and _____ revealed _____ 5 mg was administered on _____ at 6:00 AM the recorded B/P was 138/71, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 10:00 PM the recorded B/P _____</p>	F 755			

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F 755	<p>Continued From page 4</p> <p>was 131/ 60, on at 2:00 PM the recorded B/P was 143/ 63, on at 2:00 PM the recorded B/P was , on at 2:00 PM the recorded B/P was , on at 10:00 PM the recorded B/P was and on at 2:00 PM the recorded B/P was .</p> <p>Interview on at 2:20 PM, the Director of Nursing (DON) was asked when nursing staff are required to hold if there are no parameters in the order. The DON stated: "We practice not to have parameter as standard orders for medications affecting the . If a parameter is set that is per physician's order. Our standard is to check residents every 8 hours. We also have a reference booklet available to nursing staff if they have any questions about medications. It is located on their laptop. When there is no parameter, the physician did not order it. We have a system where medications are triple checked during the reconciliation process when residents are admitted."</p> <p>On at 3:45 PM the Staff Pharmacist was asked about the proper administration including parameters of ; the Pharmacist stated: "There is no guidance that says when can or cannot be administered. The only contraindication is persistent and excessive supine . Routine orders for don't usually have parameters."</p> <p>Record review of a policy provided titled, Preparation and General Guidelines, revealed IIA2: Medication Administration -General Guidelines. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person</p>	F 755			

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F 755	Continued From page 5 legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.	F 755			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to _____, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761			

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F 761	<p>Continued From page 6</p> <p>Based on observations, interviews, and record review the facility failed to ensure drugs and biologicals stored and labeled in accordance with professional principles, as evidenced by one out of three medication carts sampled was left unlocked and unattended with a medical on top of the cart; and discrepancy with labeled orders and Electronic Medication Administration (EMAR).</p> <p>The findings included:</p> <p>On at 8:43 AM during observation of medication administration conducted by Staff A, Licensed Practical Nurse (LPN) on the 2nd floor, Staff A, LPN stepped away from the medication cart to use the telephone at the nursing station, leaving the medication cart unlocked and a medical on top of the cart. When Staff A, LPN returned to the cart the surveyor asked Staff A, LPN about the protocol for securing medication and storing . : Staff A, LPN replied: "The cart should be locked when I walk away. The reason I left the cart unlocked when I walked away was because I could still see the cart. It is not okay to leave the cart unlocked. are kept in the treatment cart. I found this and forgot to place it in the treatment cart."</p> <p>2)On at 9:12 AM a medication administration observation was conducted on the 2nd floor with Staff B, Registered Nurse (RN). Staff B, RN administered 15 ml (milliliters) of solution as documented in the Electronic Medication Administration Record. However, the bottle was labeled to administer 30 ml daily.</p>	F 761			

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F 761	Continued From page 7 Record review of a Policy titled, Medication Storage in the Facility dated , ID1: Storage of Medications revealed Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.	F 761			

Agency for Health Care Administration

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced survey for complaint number 2025002044 was conducted at Miami Jewish Health System on The complaint allegations were substantiated with deficiencies.</p>	N 000		
N 090 SS=D	<p>59A-4.112(1), FAC Pharmacy Policies and Procedures</p> <p>(1) The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews facility failed to administer medications as ordered by a physician in accordance with professional standards for two residents (Resident #1 and Resident #6) out of four sampled residents as evidenced by staff failed to administer an accurate dose of a . . . for Resident #1 and failed to administer a . . . lowering medication as ordered for Resident #1.</p> <p>The findings included:</p> <p>Observation on at 9:12 AM of Resident # 6's medication administration being completed by Staff B, Registered Nurse (RN) revealed the medications administered by . . . included . . . 15 ml (milliliters). The label on the bottle of . . . read 30 ml daily by (photographic evidence).</p> <p>Review of Resident #6's physician orders revealed order dated . . . : . . . Oral</p>	N 090		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111327	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2025
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NAME OF PROVIDER OR SUPPLIER MIAMI JEWISH HEALTH SYSTEMS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5200 NE 2ND AVENUE MIAMI, FL 33137
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 090	<p>Continued From page 1</p> <p>Solution 10 gm/15 ml (grams/milliliters) directions: Give 15 ml by _____ in the morning for _____</p> <p>Record review of Resident #6's demographic sheet revealed the resident was initially admitted to the facility on _____ and readmitted on _____ with diagnosis that include _____</p> <p>Review of Resident #6's (_____) revealed a score of 10 out of 15 to indicate moderate _____</p> <p>During an interview on _____ at 1:45 PM, Staff B, RN was asked about the discrepancies in the label on the _____ bottle and the current order noted on the Electronic Medication Administration Record (MAR). At that time Staff B, RN referred to the physical chart and presented a physician orders worksheet dated _____; the document presented revealed physician ordered to lower to 10cc daily.</p> <p>Interview on _____ at 2:45 PM with the Director of Nursing (DON) about The _____ order for Resident # 6; the DON stated: "The order was clarified with the physician and the order should have been 10 ml daily. An incident report was completed. [Resident #6] was not harmed."</p> <p>Review of a demographic sheet for Resident#1 revealed an admission date of _____, readmission date of _____, discharge dates of _____ and _____ with diagnosis that included: Hypertensive _____ and _____</p> <p>Record review of a Medicare 5 day/ Modification of Discharge Return _____ MDS (Minimum Data Set) reference dated _____ revealed _____</p>	N 090		

Agency for Health Care Administration

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N 090	<p>Continued From page 2</p> <p>Resident #1's () score was undetermined, and the resident required substantial/maximal assistance for eating and was dependent on staff for transferring.</p> <p>Record review of Resident #1's physician's orders sheet revealed orders dated _____ for _____ Oral Tablet 5 mg () directions: Give one tablet via _____ (Low) and Vital Signs every 8 hours, Oral Tablet 5 mg () directions: Give 1 tablet via _____ every 8 hours for _____ (stopped on _____) and Oral Tablet 5 MG () directions: Give 1 tablet via _____ every 8 hours as needed for _____ (the top number of a _____ reading) less than 100.</p> <p>Review of Nursing Notes revealed on _____ at 2:24 PM [Resident #1] was noted with High (B/P) during my shift, resident does not have any _____ medication, patient had _____ scheduled which was not administered. I explained to the son who was in the room that I will contact the Doctor to get an order for _____ medication, Son verbalizes "been scared to Mom's B/P went low with medication." I contacted Dr and explained concerns and _____ and also suggested as needed (PRN) medication. Doctor ordered _____ 2.5 mg daily. Son explained about order, medication, dose and time and he verbalized to be agreed.</p> <p>Record review of The Electronic Medication Administration Record and Treatment</p>	N 090			

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N 090	<p>Continued From page 3</p> <p>Administration Records for _____ and _____ revealed _____ 5 mg was administered on _____ at 6:00 AM the recorded B/P was 138/71, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 10:00 PM the recorded B/P was 131/60, on _____ at 2:00 PM the recorded B/P was 143/63, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 2:00 PM the recorded B/P was _____, on _____ at 10:00 PM the recorded B/P was _____ and on _____ at 2:00 PM the recorded B/P was _____.</p> <p>Interview on _____ at 2:20 PM, the Director of Nursing (DON) was asked when nursing staff are required to hold _____ if there are no parameters in the order. The DON stated: "We practice not to have parameter as standard orders for medications affecting the _____ . If a parameter is set that is per physician's order. Our standard is to check residents _____ every 8 hours. We also have a reference booklet available to nursing staff if they have any questions about medications. It is located on their laptop. When there is no parameter, the physician did not order it. We have a system where medications are triple checked during the reconciliation process when residents are admitted."</p> <p>On _____ at 3:45 PM the Staff Pharmacist was asked about the proper administration including parameters of _____; the Pharmacist stated: "There is no guidance that says when _____ can or cannot be administered. The only contraindication is persistent and excessive supine _____ . Routine orders for _____ don't usually have parameters."</p> <p>Record review of a policy provided titled, Preparation and General Guidelines, _____.</p>	N 090		
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N 090	Continued From page 4 revealed IIA2: Medication Administration -General Guidelines. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. Class III	N 090		
N 095 SS=D	59A-4.112(6), FAC Drug Storage (6) Prescription drugs and non-prescription medications requiring refrigeration must be stored in a refrigerator. The refrigerator must be locked or located within a locked medication room and accessible only to licensed staff. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure drugs and biologicals stored and labeled in accordance with professional principles, as evidenced by, one out of three medication carts sampled was left unlocked and unattended with a medical on top of the cart, and discrepancy with labeled orders and Electronic Medication Administration (EMAR). The findings included: On _____ at 8:43 AM during observation of medication administration conducted by Staff A,	N 095		

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N 095	<p>Continued From page 5</p> <p>Licensed Practical Nurse (LPN) on the 2nd floor, Staff A, LPN stepped away from the medication cart to use the telephone at the nursing station, leaving the medication cart unlocked and a medical _____ on top of the cart. When Staff A, LPN returned to the cart the surveyor asked Staff A, LPN about the protocol for securing medication and storing _____; Staff A, LPN replied: "The cart should be locked when I walk away. The reason I left the cart unlocked when I walked away was because I could still see the cart. It is not okay to leave the cart unlocked. _____ are kept in the treatment cart. I found this _____ and forgot to place it in the treatment cart."</p> <p>2) On _____ at 9:12 AM a medication administration observation was conducted on the 2nd floor with Staff B, Registered Nurse (RN). Staff B, RN administered 15 ml (milliliters) of _____ solution as documented in the Electronic Medication Administration Record. However, the _____ bottle was labeled to administer 30 ml daily.</p> <p>Record review of a Policy titled, Medication Storage in the Facility dated _____, ID1: Storage of Medications revealed Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>Class III</p>	N 095		
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