

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

PRINTED: 04/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINECREST REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13650 NE 3RD COURT NORTH MIAMI, FL 33161</b>	
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F 755 SS=D	<p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of 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: Based on observations, interview and record reviews the facility failed to ensure a routine breathing medication was reordered and received in a timely manner for one resident (Resident</p>	F 755		

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

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(X6) DATE

Electronically Signed

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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>#48) with a diagnosis of _____ and _____, out of three sampled residents as evidenced by an Inhalation medication for _____ unavailable at prescribed time.</p> <p>The findings included:</p> <p>On _____, at 9:13 AM, Staff A, Licensed Practical Nurse (LPM) was asked to verify whether all prescribed medications for Resident #48 were in stock. Staff A, LPN revealed that the inhaler _____ was not available at that time. During an interview, Staff A, LPN stated, "I reordered the inhaler on _____. However, upon reviewing Exhibit B (submitted by facility to the office on _____) it was evident that the reorder occurred on _____ and the delivery date was _____.</p> <p>Review of the _____ Medication Administration Record (MAR) confirmed that the inhaler had not been administered, and the nurse's notes should be referenced for further details.</p> <p>Record review of the progress note pertaining to the omitted dose dated _____, at 2:41 PM, indicated that the physician was contacted and ordered the medication to be administered once it was received.</p> <p>On _____ at 10:29 AM, Resident#48 stated: "Every once in a while, they run out of the medication."</p> <p>Record review of a demographic sheet revealed Resident #48 was admitted on _____ and re-admitted _____ with diagnosis that included: _____ and _____.</p>	F			

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F 755	<p>Continued From page 2</p> <p>Record review of a Discharge Return Minimum Data Set reference dated revealed a Brief Interview for Metal Status score of 15, indicated no</p> <p>Record review of a Care Plan dated revealed Resident #48 had and risk for , distress with interventions that included: Give medications as ordered. Monitor/document side effects and effectiveness.</p> <p>During an Interview on at 01:07 PM, the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) were asked about the concern related to the inhaler being unavailable. The ADON presented the inhaler to the surveyor. The DON was asked when medications should be reordered; the DON stated: "Inhalers are to be reordered before they run out, but it depends on the type of inhaler because some have a countdown system. The pills are to be reordered when there are pills left in the bingo card"</p> <p>Review of a policy titled, "Medication Ordering and Receiving from Pharmacy" revised revealed IC3: ORDERING AND RECEIVING NON-CONTROLLED MEDICATIONS FROM THE DISPENSING PHARMACY, Policy: Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.</p>	F 755			

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F 000	INITIAL COMMENTS  A recertification survey in conjunction with complaint numbers 2025002124 and 2025002461 were conducted at Pinecrest Rehabilitation Center on _____, through _____, . Complaint number 2025002461 allegations were substantiated and complaint number 2025002124 allegations were unsubstantiated. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities..	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.  §483.10(h)(3) The resident has a right to secure and confidential personal and medical records.	F 583		

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F 583	<p>Continued From page 1</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure residents' personal information was kept private as evidenced by observations of paperwork containing residents' information left visible and unattended in a public area.</p> <p>The findings included:</p> <p>Observation on _____ at 7:18 AM, while walking through the Northside Nursing station, revealed a demographic sheet with resident's information visible and unattended on top of the counter. (See attached photo)</p> <p>On _____ at 7:24 AM, Staff I, Licensed Practical Nurse (LPN), approached the station and was informed about the demographic sheet. When asked about the facility's protocol for keeping residents' information private, Staff I, LPN, replied, "No resident information should be visible. A resident expired, and the person who came to pick up the resident left the paperwork on the desk after I handed it to them. I keep all residents' information with me."</p> <p>On _____ at 12:43 PM, during a dining observation, revealed unattended paperwork with</p>	F 583			

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F 583	Continued From page 2 resident's information visible was noted on a chair in the dining room. The Assistant Director of Nursing (ADON) was standing on the opposite side of the room. The ADON was notified and retrieved the paperwork and confirmed that the paperwork contained residents' information and should not have been left unattended. (See attached photo)  Interview on _____ at 1:07 PM, the Director of Nursing (DON) was asked about the facility's procedures for safeguarding residents' information. The DON stated, "We have measures in place to safeguard residents' information. No resident information should be visible or left unattended."  Record review of a policy titled, HIPAA Security Measure date implemented: _____ revealed policy: It is the facility's policy to implement reasonable and appropriate measures to protect and maintain the confidentiality, integrity, and availability of the resident's identifiable information and /or records that are in electronic format.	F 583		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure their medication error rate were 5% or lower as	F 759		

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F 759	<p>Continued From page 3</p> <p>evidenced by an error rate of 13.89 % out of 36 opportunities. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On at 11:07 AM, a medication observation was completed with Staff B, LPN on the North medication cart#4 for Resident#379. Staff B, LPN revealed Resident #379 takes medicine by in a whole form. Staff B, LPN performed hygiene and verified each medication according to the physician's order and placed the following medications into a cup:</p> <ol style="list-style-type: none"> <li>1) 2 mg (milligram) tablet</li> <li>2) capsule 667 mg 2 capsules</li> <li>3) 25 mg tablet by (</li> <li>4) tablet 325 mg</li> </ol> <p>Staff B, LPN I was asked if this was the prescribed time to administer the medications and Staff B, LPN replied, "No. The medications are scheduled to be given at 9:00 AM so the time frame is 8:00 AM to 10:00 AM. I did not administer the medications as yet because I was busy with other duties. is not in stock because it was ordered by the physician at midnight last night. I will call the doctor and pharmacy to follow up."</p> <p>On at 11:40 AM Staff B, LPN spoke to the physician and the consultant pharmacist about medication unavailability and revealed the medication will be in facility in an hour.</p> <p>During a medication reconciliation, the physicians orders sheet was reviewed and</p>	F 759			

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F 759	Continued From page 4 revealed the following medications were due at 9:00 AM: Tablet 325 (65 ) mg tablet by one time a day for supplementation related to (Phos Binder) Oral Capsule 667 mg ( Binder) 2 capsule by two times a day for Other Tablet 2 MG Give 1 tablet by two times a day related to Tablet 25 mg 1 tablet by two times a day for related to Essential Hold for less than 110 or Diastolic less than 60 and Oral Suspension 50 MG/ML ( ) 2.5 ml by four times a day related to due to for 10 Days.  On at 1:07 PM The Director of Nursing stated, "The time frame to administer medications is an hour before to an hour after."  Record review of a policy titled, "Preparation and General Guidelines revised revealed IIA2: MEDICATION ADMINISTRATION-GENERAL GUIDELINES. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by 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. B. Administration 1. Medications are administered within [60	F 759		

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F 759	Continued From page 5 minutes] of scheduled time, except before, with or after meal orders, which are administered [based on mealtimes]. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility.	F 759		
F 761 SS=E	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: Based on observations, interviews and record review facility failed to ensure proper storage of	F 761		

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F 761	<p>Continued From page 6</p> <p>medication and biologicals for five residents (Residents #381, #62, #47, #12 and #65) as evidenced by observations of bottled pills inside a plastic bag at Resident 381's bedside, a bottle labeled (remedy) at the Resident # 62's bedside, a tube labeled at the Resident#12's bedside two bottles labeled Acetic Irrigation Solution at Resident # 47's bedside and a bingo card of discontinued medication for Resident#65. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On at 7:43 AM Resident #381 was observed in bed . A plastic bag of bottled pills was observed on the nightstand next to the resident. Staff D, Licensed Practical Nurse (LPN) was notified. Staff D, LPN entered room and removed the plastic bag of medications and educated Resident#381.</p> <p>During an interview on at 7:45 AM Staff D, LPN stated, "I do rounds each morning to make sure the residents are stable and no items that can harm the residents are resent. I did round this morning, but I did not see the medications. No meds are allowed meds at bedside."</p> <p>2) On at 7:30 AM Resident #47 was observed in bed with no apparent distress. A bottle of medication was observed on the side table next to the resident. The assigned nurse was notified, entered the room and the removed a bottle labeled and educated the resident.</p> <p>On 07:32 AM Staff E, LPN was asked</p>	F 761			

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F 761	<p>Continued From page 7</p> <p>about the protocol for medication storage and stated, "I round every hour to check the condition of the residents and the environment for safety and control. This medication cannot be at the bedside."</p> <p>3) On _____ at 7:42 AM Resident#12 was observed in bed a box labeled _____ was observed inside a plastic bag on the side table next to the resident. The assigned nurse was notified. Staff D, LPN entered the room and removed the box from the side table stated, "It should be inside the drawer not on side table."</p> <p>4) On _____ at 9:35 AM During medication observation for Resident #47 with Staff C, RN an observation was made of two bottles labeled Acetic Irrigation Solution 0.25 % on the nightstand next to the resident. After the medication administration was completed, Staff C, RN asked if it was within protocol for Resident #47 to keep the bottles at the bedside.</p> <p>On _____ at 2:31 PM Staff C, RN stated, "The solution is to be kept in the medication cart. I removed it from the room and placed it inside the medication cart."</p> <p>5) On _____ at 8:44 AM, Staff C, RN acknowledged the presence of a bingo card with prescribed medications for Resident #65 labeled _____ HCl Tablet 50 mg by _____ every 6 hours as needed for agitation related to restlessness with pills in cart. Staff C, RN revealed the medication was discontinued and should not be kept in medication cart.</p> <p>Record review of a Physician Order Sheet for Resident #47 revealed _____</p>	F 761			

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F 761	Continued From page 8 Oral Tablet 50 MG ( , , ) Give 1 tablet by every 6 hours as needed for Agitation related to Restlessness and Agitation discontinued on .  On at 11:44 AM The Pharmacist Consultant stated, "If a medication is discontinued it should be removed from the cart and sent to pharmacy or destroyed."  Record review of a policy titled, Medication Storage In The Facility revised revealed Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, , moisture control, segregation, and security.	F 761			

Agency for Health Care Administration

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N 000	<p><b>INITIAL COMMENTS</b></p> <p>A re-licensure survey in conjunction with complaint numbers 2025002124 and 2025002461 were conducted at Pinecrest Rehabilitation Center on _____, through _____. Complaint number 2025002461 allegations were substantiated and complaint number 2025002124 allegations were unsubstantiated. Deficiencies were identified at the time of the survey.</p>	N 000		
N 054 SS=D	<p>59A-4.107(5), FAC Follow Physician Orders</p> <p>All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure their medication error rate was 5% or lower as evidenced by an error rate of 13.89 % out of 36 opportunities. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On _____ at 11:07 AM, a medication observation was completed with Staff B, LPN on the Northside medication cart#4 for Resident#379. Staff B, LPN revealed Resident#379 takes medicine by _____ in a whole form. Staff B, LPN performed _____ hygiene and verified each medication according to the physician's order and placed the following medications into a cup:</p> <p>1) _____ 2mg tablet 2) _____ capsule 667 mg 2 capsules</p>	N 054		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X8) DATE  /25
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N 054	<p>Continued From page 1</p> <p>3)            25 mg tablet by    (</p> <p>4)                               tablet 325 mg</p> <p>The surveyor asked Staff B, LPN if this was the prescribed time to administer the medications and Staff B, LPN replied, "No. The medications are scheduled to be given at 9:00 am so the time frame is 8:00 am to 10:00am. I did not administer the medications yet because I was busy with other duties."</p> <p>Staff B, LPN also stated, "                    is not in stock because it was ordered by the physician midnight last night. I will call the doctor and pharmacy to follow up."</p> <p>On                    at 11:40 AM Staff B, LPN spoke to the physician and the consultant pharmacist about medication unavailability and revealed to surveyor medication will be in facility in an hour.</p> <p>During a medication reconciliation, the                    physicians orders sheet was reviewed and revealed the following medications were due at 9:00am:                    Tablet 325 (65    ) Milligrams (MG) tablet by                    one time a day for supplementation related to                    (Phos Binder) Oral Capsule 667 MG (                    (                    Binder) 2 capsule by                    two times a day for Other                    Tablet 2 MG Give 1 tablet by                    two times a day related to                    Tablet 25 MG 1 tablet by                    two times a day for                    related to Essential                    Hold for                    less than 110 or Diastolic                    less than 60 and                    Oral Suspension 50 MG/ML (                    ) 2.5 ml by                    four times a day related to                    due to                    for 10</p>	N 054		

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N 054	<p>Continued From page 2</p> <p>Days.</p> <p>On _____ at 1:07 PM The Director of Nursing stated, "The time frame to administer medications is an hour before to an hour after."</p> <p>Record review of a policy titled, "Preparation and General Guidelines revised revealed IIA2: MEDICATION ADMINISTRATION-GENERAL GUIDELINES. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons 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.</p> <p>B. Administration</p> <p>1. Medications are administered within [60 minutes] of scheduled time, except before, with or after meal orders, which are administered [based on mealtimes]. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility.</p> <p>Class III</p>	N 054		
N 090 SS=E	<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</p>	N 090		

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N 090	<p>Continued From page 3</p> <p>resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interview and record reviews the facility failed to ensure a routine breathing medication was reordered and received in a timely manner for one resident (Resident #48) with a diagnosis of _____ and _____, out of three sampled residents as evidenced by an Inhalation medication for _____ unavailable at prescribed time.</p> <p>The findings included:</p> <p>On _____, at 9:13 AM, Staff A, Licensed Practical Nurse (LPM) was asked to verify whether all prescribed medications for Resident #48 were in stock. Staff A, LPN revealed that the inhaler _____ was not available at that time. During an interview, Staff A, LPN stated, "I reordered the inhaler on _____. However, upon reviewing Exhibit B (submitted by facility to the office on _____) it was evident that the reorder occurred on _____ and the delivery date was _____.</p> <p>Review of the _____ Medication Administration Record (MAR) confirmed that the inhaler had not been administered, and the nurse's notes should be referenced for further details.</p> <p>Record review of the progress note pertaining to the omitted dose dated _____, at 2:41 PM, indicated that the physician was contacted and ordered the medication to be administered once it was received.</p> <p>On _____ at 10:29 AM, Resident#48 stated: "Every once in a while, they run out of the medication."</p>	N 090		
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N 090	<p>Continued From page 4</p> <p>Record review of a demographic sheet revealed Resident #48 was admitted on _____ and re-admitted _____ with diagnosis that included: _____ and _____.</p> <p>Record review of a Discharge Return Minimum Data Set reference dated _____ revealed a Brief Interview for Mental Status score of 15, indicated no _____.</p> <p>Record review of a Care Plan dated _____ revealed Resident #48 had _____ and risk for _____, distress with interventions that included: Give medications as ordered. Monitor/document side effects and effectiveness.</p> <p>During an Interview on _____ at 01:07 PM, the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) were asked about the concern related to the inhaler being unavailable. The ADON presented the inhaler to the surveyor. The DON was asked when medications should be reordered; the DON stated: "inhalers are to be reordered before they run out, but it depends on the type of inhaler because some have a countdown system. The pills are to be reordered when there are _____ pills left in the bingo card"</p> <p>Review of a policy titled, "Medication Ordering and Receiving from Pharmacy" revised _____ revealed IC3: ORDERING AND RECEIVING NON-CONTROLLED MEDICATIONS FROM THE DISPENSING PHARMACY, Policy: Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.</p>	N 090		

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N 090	Continued From page 5  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 facility failed to ensure proper storage of medication and biologicals for five residents (Residents #381, #62, #47, #12 and #65) as evidenced by observations of bottled pills inside a plastic bag at Resident 381's bedside, a bottle labeled ( remedy) at the Resident # 62's bedside, a tube labeled at the Resident#12's bedside two bottles labeled Acetic Irrigation Solution at Resident # 47's bedside and a bingo card of discontinued medication for Resident#65. There were 83 residents residing in the facility at the time of survey.  The findings included:  On at 7:43 AM Resident #381 was observed in bed . A plastic bag of bottled pills was observed on the nightstand next to the resident. Staff D, Licensed Practical Nurse (LPN) was notified. Staff D, LPN entered room and removed the plastic bag of medications and educated Resident#381.  During an interview on at 7:45 AM Staff	N 095		

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N 095	<p>Continued From page 6</p> <p>D, LPN stated, "I do rounds each morning to make sure the residents are stable and no items that can harm the residents are resent. I did round this morning, but I did not see the medications. No meds are allowed meds at bedside."</p> <p>2) On _____ at 7:30 AM Resident #47 was observed in bed with no apparent distress. A bottle of medication was observed on the side table next to the resident. The assigned nurse was notified, entered the room and the removed a bottle labeled _____ and educated the resident.</p> <p>On _____ 07:32 AM Staff E, LPN was asked about the protocol for medication storage and stated, "I round every hour to check the condition of the residents and the environment for safety and _____ control. This medication cannot be at the bedside."</p> <p>3) On _____ at 7:42 AM Resident#12 was observed in bed a box labeled _____ was observed inside a plastic bag on the side table next to the resident. The assigned nurse was notified. Staff D, LPN entered the room and removed the box from the side table stated, "It should be inside the drawer not on side table."</p> <p>4) On _____ at 9:35 AM During medication observation for Resident #47 with Staff C, RN an observation was made of two bottles labeled Acetic Irrigation Solution 0.25 % on the nightstand next to the resident. After the medication administration was completed, Staff C, RN asked if it was within protocol for Resident #47 to keep the bottles at the bedside.</p> <p>On _____ at 2:31 PM Staff C, RN stated, "The solution is to be kept in the medication cart. I</p>	N 095		

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N 095	<p>Continued From page 7</p> <p>removed it from the room and placed it inside the medication cart."</p> <p>5) On _____ at 8:44 AM, Staff C, RN acknowledged the presence of a bingo card with prescribed medications for Resident #65 labeled _____ HCl Tablet 50 mg by _____ every 6 hours as needed for agitation related to restlessness with pills in cart. Staff C, RN revealed the medication was discontinued and should not be kept in medication cart.</p> <p>Record review of a Physician Order Sheet for Resident #47 revealed Oral Tablet 50 MG ( _____ ) Give 1 tablet by _____ every 6 hours as needed for Agitation related to Restlessness and Agitation discontinued on _____.</p> <p>On _____ at 11:44 AM The Pharmacist Consultant stated, "If a medication is discontinued it should be removed from the cart and sent _____ to pharmacy or destroyed."</p> <p>Record review of a policy titled, Medication Storage In The Facility revised _____ revealed Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light _____, moisture control, segregation, and security.</p> <p>Class III</p>	N 095		
N 110 SS=D	400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike	N 110		

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N 110	<p>Continued From page 8</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review facility failed to provide supervision for accident hazards as evidenced by observations of lancets left on top medication cart #1 on the south nursing station and an observation of a shaving razor protruding from a , resistant container in a resident's room. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>Observation on at 10:11 AM, revealed a shaving razor protruding from a , resistant container in a resident's room. (photo) Staff B, Licensed Practical Nurse (LPN) was immediately notified by the surveyor, entered the room and pushed the razor into container. Staff B, LPN was asked about the protocol for disposing of sharp objects; Staff B, LPN stated : "The razor should be all the way inside of the sharps container to provide safety for residents."</p> <p>On at 1:31 PM, lancets were observed on top of unattended the South medication</p>	N 110		

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N 110	<p>Continued From page 9</p> <p>cart#1. (photo).</p> <p>Interview on _____ at 1:35 PM, when asked about proper storage of lancets. Staff A, LPN stated: "I left it on top because I forgot."</p> <p>On _____ at 4:33 AM, while walking along the hallway of the South side nursing station, lancets were observed on top of unattended medication cart # 1. (photo)</p> <p>On _____ at 4:36 AM Staff H, Registered Nurse (RN) exited a room and approached medication cart #1. Staff H, RN was asked if it's within the safety protocol to leave the lancets unattended on top of the cart. Staff H, RN stated: "It's okay to leave it out when I'm using it to measure _____." Staff H, RN then placed lancets inside the medication cart.</p> <p>During an interview on _____ at 1:07 PM The Director of Nursing was asked about the protocol for disposing of shaving razors and storage of lancets. The DON stated: "The staff are to make sure the shaving razors are inside container before they walk away, and lancets should not be on top of the cart unattended."</p> <p>Record review of a policy titled, Accidents and Supervision Date Implemented: _____ revealed Policy: The resident environment will remain as free of accident hazards as possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes:</p> <ol style="list-style-type: none"> <li>1. Identifying hazard(s) and risk(s).</li> <li>2. Evaluating and analyzing hazard(s) and risk(s).</li> <li>3. Implementing interventions to reduce hazard(s) and risk(s).</li> <li>4. Monitoring for effectiveness and modifying</li> </ol>	N 110		

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N 110	Continued From page 10  interventions when necessary. 5. Supervision- Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents. Adequacy of supervision: 1. Defined by type and frequency 2. Based on the individual resident's assessed needs and identified hazards in the resident environment  Class III	N 110		
N 202 SS=D	400.022(1)(m), FS Right to Privacy  (m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents' personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).  This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents' right to privacy of personal information was upheld as evidenced by observations of paperwork containing residents' information left visible and unattended in a public area.  The findings included:	N 202		

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N 202	<p>Continued From page 11</p> <p>Observation on _____ at 7:18 AM, while walking through the North Nursing station, a demographic sheet with a resident's information visible was left unattended on top of the counter. (See attached photo)</p> <p>On _____ at 7:24 AM, Staff I, Licensed Practical Nurse (LPN), approached the station and was informed about the demographic sheet. When asked about the facility's protocol for keeping residents' information private, Staff I, LPN, replied, "No resident information should be visible. A resident expired, and the person who came to pick up the resident left the paperwork on the desk after I handed it to them. I keep all residents' information with me."</p> <p>On _____ at 12:43 PM, during a dining observation, _____ revealed unattended paperwork with resident's information visible was noted on a chair in the dining room. The Assistant Director of Nursing (ADON) was standing on the opposite side of the room. The ADON was notified and retrieved the paperwork and confirmed that the paperwork contained residents' information and should not have been left unattended. (See attached photo)</p> <p>Interview on _____ at 1:07 PM, the Director of Nursing (DON) was asked about the facility's procedures for safeguarding residents' information. The DON stated, "We have measures in place to safeguard residents' information. No resident information should be visible or left unattended."</p> <p>Record review of a policy titled, HIPAA Security Measure date implemented: ... revealed policy: It is the facility's policy to implement</p>	N 202		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>111334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINECREST REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13650 NE 3RD COURT NORTH MIAMI, FL 33161</b>
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N 202	Continued From page 12  reasonable and appropriate measures to protect and maintain the confidentiality, integrity, and availability of the resident's identifiable information and /or records that are in electronic format.  Class III	N 202		

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NAME OF PROVIDER OR SUPPLIER  <b>PINECREST REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13650 NE 3RD COURT NORTH MIAMI, FL 33161</b>		
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F 755 SS=D	<p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of 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: Based on observations, interview and record reviews the facility failed to ensure a routine breathing medication was reordered and received in a timely manner for one resident (Resident</p>	F 755	<p>1.What corrective action will be accomplished?  Resident #48 received ordered inhaler @</p>		

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 #48) with a diagnosis of _____ and _____, out of three sampled residents as evidenced by an Inhalation medication for _____ unavailable at prescribed time.</p> <p>The findings included:</p> <p>On _____, at 9:13 AM, Staff A, Licensed Practical Nurse (LPM) was asked to verify whether all prescribed medications for Resident #48 were in stock. Staff A, LPN revealed that the inhaler _____ was not available at that time. During an interview, Staff A, LPN stated, "I reordered the inhaler on _____. However, upon reviewing Exhibit B (submitted by facility to the office on _____) it was evident that the reorder occurred on _____ and the delivery date was _____.</p> <p>Review of the _____ Medication Administration Record (MAR) confirmed that the inhaler had not been administered, and the nurse's notes should be referenced for further details.</p> <p>Record review of the progress note pertaining to the omitted dose dated _____, at 2:41 PM, indicated that the physician was contacted and ordered the medication to be administered once it was received.</p> <p>On _____ at 10:29 AM, Resident#48 stated: "Every once in a while, they run out of the medication."</p> <p>Record review of a demographic sheet revealed Resident #48 was admitted on _____ and re-admitted _____ with diagnosis that included: _____ and _____.</p>	F	<p>5:59pm on _____.</p> <p>Resident #48 was assessed by ARNP and found to have no adverse effect related to delayed administration of inhaler. The licensed nurses caring for resident #48 were re-educated on the facility policy for re-ordering medication.</p> <p>2. How we identified other residents having the potential to be affected by the deficient practice &amp; corrective action taken:</p> <p>An audit was conducted of current residents who have physicians order/receives inhalers to ensure all are stocked and re-ordered timely.</p> <p>3. Measures/systematic changes put into place:</p> <p>The licensed nurses were re-educated by the DON/ Designee on the facility policy for re-ordering medications (including inhalers). Re-ordering medication (including inhalers) was added to new nurse hire orientation and annual education.</p> <p>4. How Corrective action will be monitored:</p> <p>The DON/Designee will conduct a daily audit (for 5 weeks) of residents with a physician order for inhalers to ensure the inhaler is available and re-ordered timely. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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F 755	<p>Continued From page 2</p> <p>Record review of a Discharge Return Minimum Data Set reference dated revealed a Brief Interview for Metal Status score of 15, indicated no</p> <p>Record review of a Care Plan dated revealed Resident #48 had and risk for , distress with interventions that included: Give medications as ordered. Monitor/document side effects and effectiveness.</p> <p>During an Interview on at 01:07 PM, the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) were asked about the concern related to the inhaler being unavailable. The ADON presented the inhaler to the surveyor. The DON was asked when medications should be reordered; the DON stated: "Inhalers are to be reordered before they run out, but it depends on the type of inhaler because some have a countdown system. The pills are to be reordered when there are pills left in the bingo card"</p> <p>Review of a policy titled, "Medication Ordering and Receiving from Pharmacy" revised revealed IC3: ORDERING AND RECEIVING NON-CONTROLLED MEDICATIONS FROM THE DISPENSING PHARMACY, Policy: Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.</p>	F 755			

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F 000	INITIAL COMMENTS  A recertification survey in conjunction with complaint numbers 2025002124 and 2025002461 were conducted at Pinecrest Rehabilitation Center on _____, through _____, Complaint number 2025002461 allegations were substantiated and complaint number 2025002124 allegations were unsubstantiated. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities..	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.  §483.10(h)(3) The resident has a right to secure and confidential personal and medical records.	F 583		

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 583	<p>Continued From page 1</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure residents' personal information was kept private as evidenced by observations of paperwork containing residents' information left visible and unattended in a public area.</p> <p>The findings included:</p> <p>Observation on _____ at 7:18 AM, while walking through the Northside Nursing station, revealed a demographic sheet with resident's information visible and unattended on top of the counter. (See attached photo)</p> <p>On _____ at 7:24 AM, Staff I, Licensed Practical Nurse (LPN), approached the station and was informed about the demographic sheet. When asked about the facility's protocol for keeping residents' information private, Staff I, LPN, replied, "No resident information should be visible. A resident expired, and the person who came to pick up the resident left the paperwork on the desk after I handed it to them. I keep all residents' information with me."</p> <p>On _____ at 12:43 PM, during a dining observation, revealed unattended paperwork with</p>	F 583	<p>1. The resident demographic sheet was removed from the counter and secured in the resident's chart.</p> <p>The unattended paper work ("activities haircut list") was removed from the dining room chair and secured.</p> <p>2. A facility wide audit was conducted to ensure no-other resident's information was inappropriately placed and visible. No other information was found visible.</p> <p>3. All staff training/education was provided by the DON/Designee on ensuring resident privacy and confidentiality. *Resident privacy and confidentiality training will be included in new hire and annual education.</p> <p>4. The DON/Designee will conduct daily (for 5 weeks) facility observation rounds audit to ensure that no resident information is visible. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>PINECREST REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13650 NE 3RD COURT NORTH MIAMI, FL 33161</b>	
(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 583	Continued From page 2 resident's information visible was noted on a chair in the dining room. The Assistant Director of Nursing (ADON) was standing on the opposite side of the room. The ADON was notified and retrieved the paperwork and confirmed that the paperwork contained residents' information and should not have been left unattended. (See attached photo)  Interview on _____ at 1:07 PM, the Director of Nursing (DON) was asked about the facility's procedures for safeguarding residents' information. The DON stated, "We have measures in place to safeguard residents' information. No resident information should be visible or left unattended."  Record review of a policy titled, HIPAA Security Measure date implemented: _____ revealed policy: It is the facility's policy to implement reasonable and appropriate measures to protect and maintain the confidentiality, integrity, and availability of the resident's identifiable information and /or records that are in electronic format.	F 583		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure their medication error rate were 5% or lower as	F 759	1. What corrective action will be accomplished? Resident #379 showed no adverse effect	

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F 759	<p>Continued From page 3</p> <p>evidenced by an error rate of 13.89 % out of 36 opportunities. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On at 11:07 AM, a medication observation was completed with Staff B, LPN on the North medication cart#4 for Resident#379. Staff B, LPN revealed Resident #379 takes medicine by in a whole form. Staff B, LPN performed hygiene and verified each medication according to the physician's order and placed the following medications into a cup:</p> <ol style="list-style-type: none"> <li>1) 2 mg (milligram) tablet</li> <li>2) capsule 667 mg 2 capsules</li> <li>3) 25 mg tablet by (</li> <li>4) tablet 325 mg</li> </ol> <p>Staff B, LPN I was asked if this was the prescribed time to administer the medications and Staff B, LPN replied, "No. The medications are scheduled to be given at 9:00 AM so the time frame is 8:00 AM to 10:00 AM. I did not administer the medications as yet because I was busy with other duties. is not in stock because it was ordered by the physician at midnight last night. I will call the doctor and pharmacy to follow up."</p> <p>On at 11:40 AM Staff B, LPN spoke to the physician and the consultant pharmacist about medication unavailability and revealed the medication will be in facility in an hour.</p> <p>During a medication reconciliation, the physicians orders sheet was reviewed and</p>	F 759	<p>from late medication administration (46 minutes). The physician for Resident #379 was notified of the late medication administration. No new orders were received.</p> <p>2.How we identified other residents having the potential to be affected by the deficient practice &amp; corrective action taken: The DON/Designee conducted an audit of the AM (9:00AM) medication pass to ensure medications are administered timely.</p> <p>3.Measures/systematic changes put into place: The pharmacy nurse consultant provided "med-pass" education/competency to licensed nurses. Med-pass education/competency will be added to licensed nurse new hire and annual education. Medication administration times will be reviewed by the DON and pharmacy consultant to ensure there is enough time to administer medications within the required time frame and adjust times as indicated.</p> <p>4.How corrective action will be monitored: The DON/Designee will conduct daily (times 5 weeks) random audit observation of nurses AM (9:00AM) med-pass, to ensure that medications are administered timely. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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F 759	Continued From page 4 revealed the following medications were due at 9:00 AM: Tablet 325 (65 ) mg tablet by one time a day for supplementation related to (Phos Binder) Oral Capsule 667 mg ( Binder) 2 capsule by two times a day for Other Tablet 2 MG Give 1 tablet by two times a day related to Tablet 25 mg 1 tablet by two times a day for related to Essential Hold for less than 110 or Diastolic less than 60 and Oral Suspension 50 MG/ML ( ) 2.5 ml by four times a day related to due to for 10 Days.  On at 1:07 PM The Director of Nursing stated, "The time frame to administer medications is an hour before to an hour after."  Record review of a policy titled, "Preparation and General Guidelines revised revealed IIA2: MEDICATION ADMINISTRATION-GENERAL GUIDELINES. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by 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. B. Administration 1. Medications are administered within [60	F 759		

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F 759	Continued From page 5 minutes] of scheduled time, except before, with or after meal orders, which are administered [based on mealtimes]. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility.	F 759		
F 761 SS=E	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: Based on observations, interviews and record review facility failed to ensure proper storage of	F 761	1.What corrective action will be accomplished?	

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F 761	<p>Continued From page 6</p> <p>medication and biologicals for five residents (Residents #381, #62, #47, #12 and #65) as evidenced by observations of bottled pills inside a plastic bag at Resident 381's bedside, a bottle labeled (remedy) at the Resident # 62's bedside, a tube labeled at the Resident#12's bedside two bottles labeled Acetic Irrigation Solution at Resident # 47's bedside and a bingo card of discontinued medication for Resident#65. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On at 7:43 AM Resident #381 was observed in bed . A plastic bag of bottled pills was observed on the nightstand next to the resident. Staff D, Licensed Practical Nurse (LPN) was notified. Staff D, LPN entered room and removed the plastic bag of medications and educated Resident#381.</p> <p>During an interview on at 7:45 AM Staff D, LPN stated, "I do rounds each morning to make sure the residents are stable and no items that can harm the residents are resent. I did round this morning, but I did not see the medications. No meds are allowed meds at bedside."</p> <p>2) On at 7:30 AM Resident #47 was observed in bed with no apparent distress. A bottle of medication was observed on the side table next to the resident. The assigned nurse was notified, entered the room and the removed a bottle labeled and educated the resident.</p> <p>On 07:32 AM Staff E, LPN was asked</p>	F 761	<p>The bottled pills inside a plastic bag were removed from Resident #381's bedside and secured.</p> <p>The was removed from Resident #47's bedside and secured.</p> <p>The from Resident #12's bedside was removed and secured. The 2 bottles labeled Acetic Irrigation Solution were removed from Resident #47's bedside.</p> <p>The bingo card labeled , , tablet of discontinued medication for Resident #65 was returned to the pharmacy.</p> <p>2. How we identified other residents having the potential to be affected by the deficient practice &amp; corrective action taken:</p> <p>The DON/Designee conducted an audit of occupied resident rooms and medication carts to ensure no medications or biologicals were at bedside and no discontinued medications were in the med carts.</p> <p>3. Measures/systematic changes put into place:</p> <p>The DON/Designee re-educated the nursing staff on the facility policy for storage of medications and biologicals. Education for storage of biologicals was added to the new hire orientation and annual nursing education. The pharmacy nurse consultant will audit medication carts monthly to ensure no discontinued medications are stored in</p>		

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

PRINTED: 04/21/2025  
FORM APPROVED  
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F 761	<p>Continued From page 7</p> <p>about the protocol for medication storage and stated, "I round every hour to check the condition of the residents and the environment for safety and control. This medication cannot be at the bedside."</p> <p>3) On _____ at 7:42 AM Resident #12 was observed in bed a box labeled _____ was observed inside a plastic bag on the side table next to the resident. The assigned nurse was notified. Staff D, LPN entered the room and removed the box from the side table stated, "It should be inside the drawer not on side table."</p> <p>4) On _____ at 9:35 AM During medication observation for Resident #47 with Staff C, RN an observation was made of two bottles labeled Acetic Irrigation Solution 0.25 % on the nightstand next to the resident. After the medication administration was completed, Staff C, RN asked if it was within protocol for Resident #47 to keep the bottles at the bedside.</p> <p>On _____ at 2:31 PM Staff C, RN stated, "The solution is to be kept in the medication cart. I removed it from the room and placed it inside the medication cart."</p> <p>5) On _____ at 8:44 AM, Staff C, RN acknowledged the presence of a bingo card with prescribed medications for Resident #65 labeled _____ HCl Tablet 50 mg by _____ every 6 hours as needed for agitation related to restlessness with pills in cart. Staff C, RN revealed the medication was discontinued and should not be kept in medication cart.</p> <p>Record review of a Physician Order Sheet for Resident #47 revealed _____</p>	F 761	<p>cart.</p> <p>The Nursing supervisor will conduct a daily audit (5 days per week) of medication carts to ensure no expired medications are in cart.</p> <p>4.How corrective action will be monitored:</p> <p>The DON/Designee will conduct daily observation room rounds audit (times 5 weeks) to ensure no medications or biologicals are at bedside. Med cart audit for discontinued medications weekly (times 5 weeks) The results of these audits will be reviewed at the monthly QA meeting until compliance has been determined.</p>		

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F 761	Continued From page 8 Oral Tablet 50 MG ( , , ) Give 1 tablet by every 6 hours as needed for Agitation related to Restlessness and Agitation discontinued on  On at 11:44 AM The Pharmacist Consultant stated, "If a medication is discontinued it should be removed from the cart and sent to pharmacy or destroyed."  Record review of a policy titled, Medication Storage In The Facility revised revealed Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, , moisture control, segregation, and security.	F 761			

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N 000	<p><b>INITIAL COMMENTS</b></p> <p>A re-licensure survey in conjunction with complaint numbers 2025002124 and 2025002461 were conducted at Pinecrest Rehabilitation Center on _____ through _____. Complaint number 2025002461 allegations were substantiated and complaint number 2025002124 allegations were unsubstantiated. Deficiencies were identified at the time of the survey.</p>	N 000		
N 054 SS=D	<p>59A-4.107(5), FAC Follow Physician Orders</p> <p>All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure their medication error rate was 5% or lower as evidenced by an error rate of 13.89 % out of 36 opportunities. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>On _____ at 11:07 AM, a medication observation was completed with Staff B, LPN on the Northside medication cart#4 for Resident#379. Staff B, LPN revealed Resident#379 takes medicine by _____ in a whole form. Staff B, LPN performed _____ hygiene and verified each medication according to the physician's order and placed the following medications into a cup: 1) _____ 2mg tablet 2) _____ capsule 667 mg 2 capsules</p>	N 054	<p>1.What corrective action will be accomplished? Resident #379 showed no adverse effect from late medication administration (46 minutes). The physician for Resident #379 was notified of the late medication administration. No new orders were received.</p> <p>2.How we identified other residents having the potential to be affected by the deficient practice &amp; corrective action taken: The DON/Designee conducted an audit of the AM (9:00AM) medication pass to ensure medications are administered timely.</p> <p>3.Measures/systematic changes put into place: The pharmacy nurse consultant provided</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed

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N 054	<p>Continued From page 1</p> <p>3) 25 mg tablet by ( )</p> <p>4) ..... tablet 325 mg</p> <p>The surveyor asked Staff B, LPN if this was the prescribed time to administer the medications and Staff B, LPN replied, "No. The medications are scheduled to be given at 9:00 am so the time frame is 8:00 am to 10:00am. I did not administer the medications yet because I was busy with other duties."</p> <p>Staff B, LPN also stated, " is not in stock because it was ordered by the physician midnight last night. I will call the doctor and pharmacy to follow up."</p> <p>On at 11:40 AM Staff B, LPN spoke to the physician and the consultant pharmacist about medication unavailability and revealed to surveyor medication will be in facility in an hour.</p> <p>During a medication reconciliation, the physicians orders sheet was reviewed and revealed the following medications were due at 9:00am: Tablet 325 (65 ) Milligrams (MG) tablet by one time a day for supplementation related to (Phos Binder) Oral Capsule 667 MG ( ( Binder) 2 capsule by two times a day for Other Tablet 2 MG Give 1 tablet by two times a day related to Tablet 25 MG 1 tablet by two times a day for , related to Essential , Hold for less than 110 or Diastolic less than 60 and Oral Suspension 50 MG/ML ( ) 2.5 ml by four times a day related to due to for 10</p>	N 054	<p>"med-pass" education/competency to licensed nurses. Med-pass education/competency will be added to licensed nurse new hire and annual education. Medication administration times will be reviewed by the DON and pharmacy consultant to ensure there is enough time to administer medications within the required time frame and adjust times as indicated.</p> <p>4. How corrective action will be monitored: The DON/Designee will conduct daily (times 5 weeks) random audit observation of nurses AM (9:00AM) med-pass, to ensure that medications are administered timely. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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N 054	<p>Continued From page 2</p> <p>Days.</p> <p>On _____ at 1:07 PM The Director of Nursing stated, "The time frame to administer medications is an hour before to an hour after."</p> <p>Record review of a policy titled, "Preparation and General Guidelines revised revealed IIA2: MEDICATION ADMINISTRATION-GENERAL GUIDELINES. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons 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.</p> <p>B. Administration</p> <p>1. Medications are administered within [60 minutes] of scheduled time, except before, with or after meal orders, which are administered [based on mealtimes]. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility.</p> <p>Class III</p>	N 054		
N 090 SS=E	<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</p>	N 090		

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N 090	<p>Continued From page 3 resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interview and record reviews the facility failed to ensure a routine breathing medication was reordered and received in a timely manner for one resident (Resident #48) with a diagnosis of _____ and _____, out of three sampled residents as evidenced by an Inhalation medication for _____ unavailable at prescribed time.</p> <p>The findings included:</p> <p>On _____, at 9:13 AM, Staff A, Licensed Practical Nurse (LPM) was asked to verify whether all prescribed medications for Resident #48 were in stock. Staff A, LPN revealed that the inhaler _____ was not available at that time. During an interview, Staff A, LPN stated, "I reordered the inhaler on _____. However, upon reviewing Exhibit B (submitted by facility to the office on _____) it was evident that the reorder occurred on _____ and the delivery date was _____.</p> <p>Review of the _____ Medication Administration Record (MAR) confirmed that the inhaler had not been administered, and the nurse's notes should be referenced for further details.</p> <p>Record review of the progress note pertaining to the omitted dose dated _____, at 2:41 PM, indicated that the physician was contacted and ordered the medication to be administered once it was received.</p> <p>On _____ at 10:29 AM, Resident#48 stated: "Every once in a while, they run out of the medication."</p>	N 090	<p>1.What corrective action will be accomplished?</p> <p>Resident #48 received ordered inhaler @ 5:59pm on _____. Resident #48 was assessed by ARNP and found to have no adverse effect related to delayed administration of inhaler. The licensed nurses caring for resident #48 were re-educated on the facility policy for re-ordering medication.</p> <p>2.How we identified other residents having the potential to be affected by the deficient practice &amp; corrective action taken:</p> <p>An audit was conducted of current residents who have physicians order/receives inhalers to ensure all are stocked and re-ordered timely.</p> <p>3.Measures/systematic changes put into place:</p> <p>The licensed nurses were re-educated by the DON/ Designee on the facility policy for re-ordering medications (including inhalers). Re-ordering medication (including inhalers) was added to new nurse hire orientation and annual education.</p> <p>4. How Corrective action will be monitored:</p> <p>The DON/Designee will conduct a daily audit (for 5 weeks) of residents with a</p>	

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N 090	<p>Continued From page 4</p> <p>Record review of a demographic sheet revealed Resident #48 was admitted on _____ and re-admitted _____ with diagnosis that included: _____ and _____</p> <p>Record review of a Discharge Return Minimum Data Set reference dated _____ revealed a Brief Interview for Mental Status score of 15, indicated no _____</p> <p>Record review of a Care Plan dated _____ revealed Resident #48 had _____ and risk for _____, distress with interventions that included: Give medications as ordered. Monitor/document side effects and effectiveness.</p> <p>During an Interview on _____ at 01:07 PM, the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) were asked about the concern related to the inhaler being unavailable. The ADON presented the inhaler to the surveyor. The DON was asked when medications should be reordered; the DON stated: "inhalers are to be reordered before they run out, but it depends on the type of inhaler because some have a countdown system. The pills are to be reordered when there are _____ pills left in the bingo card"</p> <p>Review of a policy titled, "Medication Ordering and Receiving from Pharmacy" revised _____ revealed IC3: ORDERING AND RECEIVING NON-CONTROLLED MEDICATIONS FROM THE DISPENSING PHARMACY, Policy: Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.</p>	N 090	<p>physician order for inhalers to ensure the inhaler is available and re-ordered timely. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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N 090	Continued From page 5  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 facility failed to ensure proper storage of medication and biologicals for five residents (Residents #381, #62, #47, #12 and #65) as evidenced by observations of bottled pills inside a plastic bag at Resident 381's bedside, a bottle labeled ( remedy) at the Resident # 62's bedside, a tube labeled at the Resident#12's bedside two bottles labeled Acetic Irrigation Solution at Resident # 47's bedside and a bingo card of discontinued medication for Resident#65. There were 83 residents residing in the facility at the time of survey.  The findings included:  On at 7:43 AM Resident #381 was observed in bed . A plastic bag of bottled pills was observed on the nightstand next to the resident. Staff D, Licensed Practical Nurse (LPN) was notified. Staff D, LPN entered room and removed the plastic bag of medications and educated Resident#381.  During an interview on at 7:45 AM Staff	N 095	1.What corrective action will be accomplished? The bottled pills inside a plastic bag were removed from Resident #381's bedside and secured. The was removed from Resident #47s bedside and secured. The from Resident #12's bedside was removed and secured. The 2 bottles labeled Acetic Irrigation Solution were removed from Resident #47's bedside. The bingo card labeled tablet of discontinued medication for Resident #65 was returned to the pharmacy.  2. How we identified other residents having the potential to be affected by the deficient practice & corrective action taken:  The DON/Designee conducted an audit of occupied resident rooms and medication carts to ensure no medications or biologicals were at bedside and no	

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N 095	<p>Continued From page 6</p> <p>D, LPN stated, "I do rounds each morning to make sure the residents are stable and no items that can harm the residents are resent. I did round this morning, but I did not see the medications. No meds are allowed meds at bedside."</p> <p>2) On at 7:30 AM Resident #47 was observed in bed with no apparent distress. A bottle of medication was observed on the side table next to the resident. The assigned nurse was notified, entered the room and the removed a bottle labeled and educated the resident.</p> <p>On 07:32 AM Staff E, LPN was asked about the protocol for medication storage and stated, "I round every hour to check the condition of the residents and the environment for safety and control. This medication cannot be at the bedside."</p> <p>3) On at 7:42 AM Resident#12 was observed in bed a box labeled was observed inside a plastic bag on the side table next to the resident. The assigned nurse was notified. Staff D, LPN entered the room and removed the box from the side table stated, "It should be inside the drawer not on side table."</p> <p>4) On at 9:35 AM During medication observation for Resident #47 with Staff C, RN an observation was made of two bottles labeled Acetic Irrigation Solution 0.25 % on the nightstand next to the resident. After the medication administration was completed, Staff C, RN asked if it was within protocol for Resident #47 to keep the bottles at the bedside.</p> <p>On at 2:31 PM Staff C, RN stated, "The solution is to be kept in the medication cart. I</p>	N 095	<p>discontinued medications were in the med carts.</p> <p>3. Measures/systematic changes put into place:</p> <p>The DON/Designee re-educated the nursing staff on the facility policy for storage of medications and biologicals. Education for storage of biologicals was added to the new hire orientation and annual nursing education.</p> <p>The pharmacy nurse consultant will audit medication carts monthly to ensure no discontinued medications are stored in cart.</p> <p>4. How corrective action will be monitored:</p> <p>The DON/Designee will conduct daily observation room rounds audit (times 5 weeks) to ensure no medications or biologicals are at bedside. Med cart audit for discontinued medications weekly (times 5 weeks) The results of these audits will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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N 095	<p>Continued From page 7</p> <p>removed it from the room and placed it inside the medication cart."</p> <p>5) On _____ at 8:44 AM, Staff C, RN acknowledged the presence of a bingo card with prescribed medications for Resident #65 labeled _____ HCl Tablet 50 mg by _____ every 6 hours as needed for agitation related to restlessness with pills in cart. Staff C, RN revealed the medication was discontinued and should not be kept in medication cart.</p> <p>Record review of a Physician Order Sheet for Resident #47 revealed Oral Tablet 50 MG ( _____ ) Give 1 tablet by _____ every 6 hours as needed for Agitation related to Restlessness and Agitation discontinued on _____.</p> <p>On _____ at 11:44 AM The Pharmacist Consultant stated, "If a medication is discontinued it should be removed from the cart and sent _____ to pharmacy or destroyed."</p> <p>Record review of a policy titled, Medication Storage In The Facility revised _____ revealed Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light _____, moisture control, segregation, and security.</p> <p>Class III</p>	N 095		
N 110 SS=D	400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike	N 110		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>111334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINECREST REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13650 NE 3RD COURT NORTH MIAMI, FL 33161</b>		
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N 110	<p>Continued From page 8</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review facility failed to provide supervision for accident hazards as evidenced by observations of lancets left on top medication cart #1 on the south nursing station and an observation of a shaving razor protruding from a , resistant container in a resident's room. There were 83 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>Observation on at 10:11 AM, revealed a shaving razor protruding from a , resistant container in a resident's room. (photo) Staff B, Licensed Practical Nurse (LPN) was immediately notified by the surveyor, entered the room and pushed the razor into container. Staff B, LPN was asked about the protocol for disposing of sharp objects; Staff B, LPN stated : "The razor should be all the way inside of the sharps container to provide safety for residents."</p> <p>On at 1:31 PM, lancets were observed on top of unattended the South medication</p>	N 110	<p>1.What corrective action will be accomplished?</p> <p>The lancets were removed and secured from the top of the medication cart #1. The shaving razor was disposed of and secured in the , resistant sharps container.</p> <p>2.How we identified other residents having the potential to be affected by the deficient practice &amp; corrective action taken:</p> <p>A facility observation audit of medication carts and sharps containers was conducted by the DON/Designee to ensure no lancets were accessible on the medication carts and no objects were protruding from the sharps containers.</p> <p>3.Measures/systematic changes put into place:</p> <p>The DON/Designee re-educated the nursing staff on the facility policy for</p>	

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N 110	<p>Continued From page 9</p> <p>cart#1. (photo).</p> <p>Interview on _____ at 1:35 PM, when asked about proper storage of lancets. Staff A, LPN stated: "I left it on top because I forgot."</p> <p>On _____ at 4:33 AM, while walking along the hallway of the South side nursing station, lancets were observed on top of unattended medication cart # 1. (photo)</p> <p>On _____ at 4:36 AM Staff H, Registered Nurse (RN) exited a room and approached medication cart #1. Staff H, RN was asked if it's within the safety protocol to leave the lancets unattended on top of the cart. Staff H, RN stated: "It's okay to leave it out when I'm using it to measure _____." Staff H, RN then placed lancets inside the medication cart.</p> <p>During an interview on _____ at 1:07 PM The Director of Nursing was asked about the protocol for disposing of shaving razors and storage of lancets. The DON stated: "The staff are to make sure the shaving razors are inside container before they walk away, and lancets should not be on top of the cart unattended."</p> <p>Record review of a policy titled, Accidents and Supervision Date Implemented: _____ revealed Policy: The resident environment will remain as free of accident hazards as possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes:</p> <ol style="list-style-type: none"> <li>1. Identifying hazard(s) and risk(s).</li> <li>2. Evaluating and analyzing hazard(s) and risk(s).</li> <li>3. Implementing interventions to reduce hazard(s) and risk(s).</li> <li>4. Monitoring for effectiveness and modifying</li> </ol>	N 110	<p>"homelike environment" including no lancets accessible, no objects protruding from the sharps containers, and facility policy for accidents and supervision. These educations will be added to new hire and annual education.</p> <p>The DON/designee will conduct daily facility rounds to ensure no lancets are accessible on medication carts and no objects are protruding from sharps containers.</p> <p>4. How corrective action will be monitored:</p> <p>The DON/Designee will conduct daily (times 5 weeks) observation audit of medication carts and sharps containers to ensure resident safety and homelike environment is maintained. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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N 110	Continued From page 10  interventions when necessary. 5. Supervision- Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents. Adequacy of supervision: 1. Defined by type and frequency 2. Based on the individual resident's assessed needs and identified hazards in the resident environment  Class III	N 110		
N 202 SS=D	400.022(1)(m), FS Right to Privacy  (m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents' personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).  This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents' right to privacy of personal information was upheld as evidenced by observations of paperwork containing residents' information left visible and unattended in a public area.  The findings included:	N 202	1.The resident demographic sheet was removed from the counter and secured in the resident's chart. The unattended paper work ("activities haircut list") was removed from the dining room chair and secured.  2.A facility wide audit was conducted to ensure no-other resident's information was	

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N 202	<p>Continued From page 11</p> <p>Observation on _____ at 7:18 AM, while walking through the North Nursing station, a demographic sheet with a resident's information visible was left unattended on top of the counter. (See attached photo)</p> <p>On _____ at 7:24 AM, Staff I, Licensed Practical Nurse (LPN), approached the station and was informed about the demographic sheet. When asked about the facility's protocol for keeping residents' information private, Staff I, LPN, replied, "No resident information should be visible. A resident expired, and the person who came to pick up the resident left the paperwork on the desk after I handed it to them. I keep all residents' information with me."</p> <p>On _____ at 12:43 PM, during a dining observation, revealed unattended paperwork with resident's information visible was noted on a chair in the dining room. The Assistant Director of Nursing (ADON) was standing on the opposite side of the room. The ADON was notified and retrieved the paperwork and confirmed that the paperwork contained residents' information and should not have been left unattended. (See attached photo)</p> <p>Interview on _____ at 1:07 PM, the Director of Nursing (DON) was asked about the facility's procedures for safeguarding residents' information. The DON stated, "We have measures in place to safeguard residents' information. No resident information should be visible or left unattended."</p> <p>Record review of a policy titled, HIPAA Security Measure date implemented: ... revealed policy: It is the facility's policy to implement</p>	N 202	<p>inappropriately placed and visible. No other information was found visible.</p> <p>3.All staff training/education was provided by the DON/Designee on ensuring resident privacy and confidentiality. *Resident privacy and confidentiality training will be included in new hire and annual education.</p> <p>4.The DON/Designee will conduct daily (for 5 weeks) facility observation rounds audit to ensure that no resident information is visible. The results of this audit will be reviewed at the monthly QA meeting until compliance has been determined.</p>	

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N 202	<p>Continued From page 12</p> <p>reasonable and appropriate measures to protect and maintain the confidentiality, integrity, and availability of the resident's identifiable information and /or records that are in electronic format.</p> <p>Class III</p>	N 202		