

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1163096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER FOUNTAIN MANOR HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 NE 135TH ST , NORTH MIAMI, Florida, 33161	
(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
N0000	INITIAL COMMENTS A complaint survey for complaint numbers 2025008145, 2025008216, 2025005050, 2025005401 and 2025006941 was conducted on June 16, 2025, through June 18, 2025, at Fountain Manor Health and Rehabilitation Center. The facilities had deficiencies at the time of the survey.	N0000		
N0095 SS = D	Drug Storage CFR(s): 59A-4.112(6), FAC (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and record review the facility failed to properly store medications in one out of two treatment carts as evidenced by an observation of an unlocked unattended medication/treatment cart. There were 131 residents residing in the facility at the time of the survey. The findings included: On 6/16/25 at 12:59 PM, observation on the 300's hallway revealed an unlocked, unattended medication/treatment cart. The surveyor knocked on the nearest room door and inquired if the assigned nurse was inside the room. On 6/16/25 at 1:09 PM Staff A, wound care nurse exited the room, returned to cart and was notified about the observation and asked about protocol Staff A stated: "The cart should always be locked when unattended. Also stated I was helping a resident and left it unlocked by mistake."	N0095	Citation: F580 (D/ N199-Class: III, Isolated) Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Due to the date of the incident involving resident #1 (01/23/2023), corrective action for notification could not be accomplished. On 1/24/2023 the Admissions Coordinator updated the demographic sheet to reflect Resident #1's Responsible Party/Emergency Contact. On 6/20/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly. Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents with a responsible party/emergency contact have the potential to be affected by this deficient practice. On 6/23/2025, the demographic sheets for all current residents were review to ensure that the resident's responsible party/emergency contact, if they had one, was listed and the information was accurate. Any problems were corrected.	07/18/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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N0095 SS = D	<p>Continued from page 1</p> <p>Interview on 6/18/25 at 10:34 AM, the Director of Nursing revealed: "The cart should be locked when unattended."</p> <p>Review of a Policy titled Medication Labeling and Storage 2001 Med Pass, Inc. revealed Policy statement: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.</p> <p>Class III</p>	N0095	<p>Continued from page 1</p> <p>On 6/23/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 6/23/2025, by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits of demographic sheets for current residents. No less than 10 audits will be completed weekly. Any deficiencies observed will be corrected immediately.</p> <p>The Assistant Director of Nursing, or designee, will review information on a change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly to ensure that the resident's responsible party/emergency contact, if any, was notified of the change in condition for all incidents weekly x 2 weeks. Any problems with notification will be promptly resolved. Audits will then be conducted at random for 2 additional weeks of at least 20% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period. Any problems with notification will be promptly resolved. Monthly audits of at least 25% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period to ensure that the resident's responsible party/emergency contact, if any, was notified of the change in</p>	

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N0095 SS = D		N0095	<p>Continued from page 2 condition.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>On 6/23/2025, the Admissions Coordinator notified the MDS Coordinator of the need to review the resident's demographics sheet to ensure that the resident's responsible party/emergency contact information, if any, is listed and is accurate during care plan meetings.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p> <p>F761 (D) N95-Class: III, Isolated)</p> <p>On 06/17/2025, Staff A locked the medication/treatment cart after interview with the surveyor.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents who have the potential to be affected by this deficient practice. On 6/22/2025, Director of Nursing, or designee, observed all medication/treatment carts were locked as appropriate. No other carts were identified to be out of compliance at that time.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p>	

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N0095 SS = D		N0095	<p>Continued from page 3 Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 06/18/2025, Assistant Director of Nursing, provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits medication/treatment carts. Audits will be no less than 5 audits weekly across all shifts x 3 weeks. Any deficiencies observed will be corrected immediately. No less than 5 audits will be completed monthly thereafter. Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p>	
N0199 SS = D	<p>Right to be Informed of Medical Condition</p> <p>CFR(s): 400.022(1)(j), FS</p> <p>(j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, reviews and interviews, the facility's staff failed to notify one (Resident #1) out of three sampled resident's family /representative of a change in condition; as evidenced by Resident #1 had a</p>	N0199	<p>Citation: F580 (D/ N199-Class: III, Isolated)</p> <p>Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Due to the date of the incident involving resident #1 (01/23/2023), corrective action for notification could not be accomplished. On 1/24/2023 the Admissions Coordinator updated the demographic sheet to reflect Resident #1's Responsible Party/Emergency Contact.</p> <p>On 6/20/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter</p>	07/18/2025

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N0199 SS = D	<p>Continued from page 4 fall and a progress note written the day of the incident, indicated no next of kin was listed to be notified.</p> <p>The findings included:</p> <p>On 6/16/25 at 1:15 PM Resident#1 was observed seated in the dining area amongst other residents. Resident#1 did not respond when greeted by surveyor.</p> <p>On 6/17/25 at 10:35 AM Resident#1 was observed seated in wheelchair on the patio with staff supervising. Resident #1 stated: "Sometimes I have racing thoughts, and I have to calm myself down ..."</p> <p>Record review of a demographic sheet revealed Resident #1 was admitted on 1/23/23 and readmitted on 3/28/25 with diagnosis that included: abnormalities of gait and mobility, lack of coordination and seizures.</p> <p>Record review of a Quarterly Minimum Data Set (MDS) reference dated 5/14/25 indicated Resident #1 is severely impaired cognitively and had no falls since reentry or the prior assessment.</p> <p>Record review of a Care Plan start date 1/24/23 and last reviewed/revision on 5/15/25 revealed Resident #1 was at high risk for fall and injuries secondary to diagnosis that included: Impaired gait, Seizure disorder, Impaired cognition, fall incident occurred 1/24/23. No injury noted with interventions that included: remind resident not to try to get out of bed by him/herself to use call light and request assistance, maintain walkway free from clutter and encourage resident to use call bell and request assistance as needed...</p> <p>Record review of a progress note dated 1/24/23 at 3:00 AM revealed Resident #1 was found on the floor, the Medical Doctor was notified, and next of kin/responsible party not assigned.</p> <p>Record review of a Fall Event Report dated 1/26/23 for Resident #1 section: Notifications revealed Name of Responsible Party: none assigned.</p>	N0199	<p>Continued from page 4 treatment significantly.</p> <p>Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents with a responsible party/emergency contact have the potential to be affected by this deficient practice.</p> <p>On 6/23/2025, the demographic sheets for all current residents were review to ensure that the resident's responsible party/emergency contact, if they had one, was listed and the information was accurate. Any problems were corrected.</p> <p>On 6/23/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 6/23/2025, by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits of demographic sheets for current residents. No less than 10 audits will be completed weekly. Any deficiencies observed will be corrected immediately.</p> <p>The Assistant Director of Nursing, or designee, will review information on a change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly to ensure that the resident's responsible party/emergency contact, if any, was notified of the</p>	

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N0199 SS = D	<p>Continued from page 5</p> <p>On 6/17/25 at 2:45 PM The Admission Coordinator stated: "Prior to admission, the demographic sheet is created with the proxy/emergency contact in case there is an incident where the family needs to be notified."</p> <p>On 6/18/25 at 10:34 AM The Director of Nursing stated: "The assigned nurse of the resident being transferred is responsible for notifying the first contact at least three times then the next if there are multiple family members listed unless it is specified in the face sheet that a certain family member should not be informed." Further stated, "On 1/23/23 [Resident #1] was admitted and on the 24th the resident was found on the floor without an injury, medicated for pain and the medical doctor was notified. The party responsible was listed on the face sheet at the time of the transfer, however there is no progress note indicating that the family was notified about the fall. The nurse who wrote this note has not been employed in the facility for years."</p> <p>Record review of a policy titled Assessing Falls and Their Causes (Revised March 2018) revealed Purpose: The purposes of this procedure are to provide guidelines for assessing a resident after a fall and to assist staff in identifying causes of the fall. Steps in the Procedure: After a Fall: 5. Notify residents' attending physician and family in an appropriate time frame.</p> <p>Class III</p>	N0199	<p>Continued from page 5 change in condition for all incidents weekly x 2 weeks. Any problems with notification will be promptly resolved. Audits will then be conducted at random for 2 additional weeks of at least 20% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period. Any problems with notification will be promptly resolved. Monthly audits of at least 25% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period to ensure that the resident's responsible party/emergency contact, if any, was notified of the change in condition.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>On 6/23/2025, the Admissions Coordinator notified the MDS Coordinator of the need to review the resident's demographics sheet to ensure that the resident's responsible party/emergency contact information, if any, is listed and is accurate during care plan meetings.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p> <p>F761 (D/ N95-Class: III, Isolated)</p> <p>On 06/17/2025, Staff A locked the medication/treatment cart after interview with the surveyor.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents who have the potential to be affected by this deficient</p>	

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N0199 SS = D		N0199	<p>Continued from page 6 practice. On 6/22/2025, Director of Nursing, or designee, observed all medication/treatment carts were locked as appropriate. No other carts were identified to be out of compliance at that time.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p> <p>Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 06/18/2025, Assistant Director of Nursing, provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits medication/treatment carts. Audits will be no less than 5 audits weekly across all shifts x 3 weeks. Any deficiencies observed will be corrected immediately. No less than 5 audits will be completed monthly thereafter. Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p>	

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F0000	INITIAL COMMENTS A complaint survey for complaint numbers 2025008145, 2025008216, 2025005050, 2025005401 and 2025006941 was conducted on June 16, 2025, through June 18, 2025, at Fountain Manor Health and Rehabilitation Center. Complaint number 2025008145 allegation was substantiated. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F0000		
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (j) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) an accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when	F0580	Citation: F580 (D/ N199-Class: III, Isolated) Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Due to the date of the incident involving resident #1 (01/23/2023), corrective action for notification could not be accomplished. On 1/24/2023 the Admissions Coordinator updated the demographic sheet to reflect Resident #1's Responsible Party/Emergency Contact. On 6/20/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly. Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents with a responsible party/emergency contact have the potential to be affected by this deficient practice. On 6/23/2025, the demographic sheets for all current residents were review to ensure that the resident's responsible party/emergency contact, if they had one, was listed and the information was accurate. Any problems were corrected.	07/18/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0580 SS = D	<p>Continued from page 1 there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, reviews and interviews, the facility's staff failed to notify one (Resident #1) out of three sampled resident's family /representative of a change in condition; as evidenced by Resident #1 had a fall and a progress note written the day of the incident, indicated no next of kin was listed to be notified.</p> <p>The findings included:</p> <p>On 6/16/25 at 1:15 PM Resident#1 was observed seated in the dining area amongst other residents. Resident#1 did not respond when greeted by surveyor.</p> <p>On 6/17/25 at 10:35 AM Resident#1 was observed seated in wheelchair on the patio with staff supervising. Resident #1 stated: "Sometimes I have racing thoughts, and I have to calm myself down ..."</p> <p>Record review of a demographic sheet revealed Resident #1 was admitted on 1/23/23 and readmitted on 3/28/25 with diagnosis that included: abnormalities of gait and</p>	F0580	<p>Continued from page 1 On 6/23/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 6/23/2025, by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits of demographic sheets for current residents. No less than 10 audits will be completed weekly. Any deficiencies observed will be corrected immediately.</p> <p>The Assistant Director of Nursing, or designee, will review information on a change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly to ensure that the resident's responsible party/emergency contact, if any, was notified of the change in condition for all incidents weekly x 2 weeks. Any problems with notification will be promptly resolved. Audits will then be conducted at random for 2 additional weeks of at least 20% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period. Any problems with notification will be promptly resolved. Monthly audits of at least 25% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period to ensure that the resident's responsible party/emergency contact, if any, was notified of the change in</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER FOUNTAIN MANOR HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 NE 135TH ST , NORTH MIAMI, Florida, 33161	
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F0580 SS = D	<p>Continued from page 2 mobility, lack of coordination and seizures.</p> <p>Record review of a Quarterly Minimum Data Set (MDS) reference dated 5/14/25 indicated Resident #1 is severely impaired cognitively and had no falls since reentry or the prior assessment.</p> <p>Record review of a Care Plan start date 1/24/23 and last reviewed/ revised on 5/15/25 revealed Resident #1 was at high risk for fall and injuries secondary to diagnosis that included: Impaired gait, Seizure disorder, Impaired cognition, fall incident occurred 1/24/23. No injury noted with interventions that included: remind resident not to try to get out of bed by him/herself to use call light and request assistance, maintain walkway free from clutter and encourage resident to use call bell and request assistance as needed...</p> <p>Record review of a progress note dated 1/24/23 at 3:00 AM revealed Resident #1 was found on the floor, the Medical Doctor was notified, and next of kin/responsible party not assigned.</p> <p>Record review of a Fall Event Report dated 1/26/23 for Resident #1 section: Notifications revealed Name of Responsible Party: none assigned.</p> <p>On 6/17/25 at 2:45 PM The Admission Coordinator stated: "Prior to admission, the demographic sheet is created with the proxy/emergency contact in case there is an incident where the family needs to be notified."</p> <p>On 6/18/25 at 10:34 AM The Director of Nursing stated: "The assigned nurse of the resident being transferred is responsible for notifying the first contact at least three times then the next if there are multiple family members listed unless it is specified in the face sheet that a certain family member should not be informed." Further stated, "On 1/23/23 [Resident #1] was admitted and on the 24th the resident was found on the floor without an injury, medicated for pain and the medical doctor was notified. The party responsible was listed on the face sheet at the time of the transfer, however there is no progress note indicating that the family was notified about the fall. The nurse who wrote this note has not been employed in the facility for years."</p>	F0580	<p>Continued from page 2 condition.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>On 6/23/2025, the Admissions Coordinator notified the MDS Coordinator of the need to review the resident's demographics sheet to ensure that the resident's responsible party/emergency contact information, if any, is listed and is accurate during care plan meetings.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p> <p>F761 (D) N95-Class: III, Isolated)</p> <p>On 06/17/2025, Staff A locked the medication/treatment cart after interview with the surveyor.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents who have the potential to be affected by this deficient practice. On 6/22/2025, Director of Nursing, or designee, observed all medication/treatment carts were locked as appropriate. No other carts were identified to be out of compliance at that time.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p>	

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F0580 SS = D	Continued from page 3 Record review of a policy titled Assessing Falls and Their Causes (Revised March 2018) revealed Purpose: The purposes of this procedure are to provide guidelines for assessing a resident after a fall and to assist staff in identifying causes of the fall. Steps in the Procedure: After a Fall: 5. Notify residents' attending physician and family in an appropriate time frame.	F0580	Continued from page 3 Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur On 06/18/2025, Assistant Director of Nursing, provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended. The Assistant Director of Nursing, or designee, will conduct random audits medication/treatment carts. Audits will be no less than 5 audits weekly across all shifts x 3 weeks. Any deficiencies observed will be corrected immediately. No less than 5 audits will be completed monthly thereafter. Frequency of audits will be determined by the QAPI and QAA Committees. Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs. Corrective action(s) will be monitored to ensure the deficient practice will not recur The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters. Correction Date: 07/18/2025	
F0761 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.	F0761	Citation: F580 (D/ N199-Class: III, Isolated) Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Due to the date of the incident involving resident #1 (01/23/2023), corrective action for notification could not be accomplished. On 1/24/2023 the Admissions Coordinator updated the demographic sheet to reflect Resident #1's Responsible Party/Emergency Contact. On 6/20/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter	07/18/2025

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F0761 SS = D	<p>Continued from page 4</p> <p>§493.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, 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.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews and record review the facility failed to properly store medications in one out of two treatment carts as evidenced by an observation of an unlocked unattended medication/treatment cart. There were 131 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On 6/16/25 at 12:59 PM, observation on the 300's hallway revealed an unlocked, unattended medication/treatment cart. The surveyor knocked on the nearest room door and inquired if the assigned nurse was inside the room.</p> <p>On 6/16/25 at 1:09 PM Staff A, wound care nurse exited the room, returned to cart and was notified about the observation and asked about protocol Staff A stated: "The cart should always be locked when unattended. Also stated I was helping a resident and left it unlocked by mistake."</p> <p>Interview on 6/18/25 at 10:34 AM, the Director of Nursing revealed: "The cart should be locked when unattended."</p> <p>Review of a Policy titled Medication Labeling and Storage 2001 Med Pass, Inc. revealed Policy statement: The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.</p>	F0761	<p>Continued from page 4</p> <p>treatment significantly.</p> <p>Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents with a responsible party/emergency contact have the potential to be affected by this deficient practice.</p> <p>On 6/23/2025, the demographic sheets for all current residents were review to ensure that the resident's responsible party/emergency contact, if they had one, was listed and the information was accurate. Any problems were corrected.</p> <p>On 6/23/2025 by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 6/23/2025, by Assistant Director of Nursing, all nursing staff, the admissions coordinator and social services were provided education on the need to identify a resident's responsible party/emergency contact the demographics sheet; ensure that the contact's information is updated as necessary; and the need to notify the resident's responsible party/emergency contact of any change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits of demographic sheets for current residents. No less than 10 audits will be completed weekly. Any deficiencies observed will be corrected immediately.</p> <p>The Assistant Director of Nursing, or designee, will review information on a change in condition, to include but not limited to, the resident's physical, mental, or psychosocial status, or the need to alter treatment significantly to ensure that the resident's responsible party/emergency contact, if any, was notified of the</p>	

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F0761 SS = D		F0761	<p>Continued from page 5 change in condition for all incidents weekly x 2 weeks. Any problems with notification will be promptly resolved. Audits will then be conducted at random for 2 additional weeks of at least 20% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period. Any problems with notification will be promptly resolved. Monthly audits of at least 25% of all incidents of a change in condition related to a resident's physical, mental, or psychosocial status, or the need to alter treatment significantly during that time period to ensure that the resident's responsible party/emergency contact, if any, was notified of the change in condition.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>On 6/23/2025, the Admissions Coordinator notified the MDS Coordinator of the need to review the resident's demographics sheet to ensure that the resident's responsible party/emergency contact information, if any, is listed and is accurate during care plan meetings.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p> <p>F761 (D/ N95-Class: III, Isolated)</p> <p>On 06/17/2025, Staff A locked the medication/treatment cart after interview with the surveyor.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>Identification of other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents who have the potential to be affected by this deficient</p>	

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F0761 SS = D		F0761	<p>Continued from page 6 practice. On 6/22/2025, Director of Nursing, or designee, observed all medication/treatment carts were locked as appropriate. No other carts were identified to be out of compliance at that time.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to Staff A on the need to ensure medication/treatment carts are locked when unattended.</p> <p>On 06/18/2025, Assistant Director of Nursing provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p> <p>Measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur</p> <p>On 06/18/2025, Assistant Director of Nursing, provided education to all nursing staff on the need to ensure that all medication/treatment carts are to be locked when unattended.</p> <p>The Assistant Director of Nursing, or designee, will conduct random audits medication/treatment carts. Audits will be no less than 5 audits weekly across all shifts x 3 weeks. Any deficiencies observed will be corrected immediately. No less than 5 audits will be completed monthly thereafter. Frequency of audits will be determined by the QAPI and QAA Committees.</p> <p>Audits will be submitted to the Administrator, or designee, weekly for evaluation of trends and any educational needs.</p> <p>Corrective action(s) will be monitored to ensure the deficient practice will not recur</p> <p>The findings of audits will be submitted to the Administrator, or designee, to the QA and QAPI Committees monthly for 3 months, then quarterly for 4 quarters.</p> <p>Correction Date: 07/18/2025</p>	