

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2025
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 899 NW 4TH STREET MIAMI, FL 33128
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N 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted at Riverside Care Center on _____, through _____. Deficiencies were identified at the time of the survey.</p> <p>The following is a description of the non compliance.</p>	N 000		
N 101 SS=D	<p>400.141(1)(j), FS; 59A-4.118(2), FAC Resident Medical Records</p> <p>400.141(1)(j) FS Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the resident; and individual resident care plans, including, but not limited to, prescribed services, service frequency and duration, and service goals. The records must be open to agency inspection. The licensee shall maintain clinical records on each resident in accordance with accepted professional standards and practices, which must be complete, accurately documented, readily accessible, and systematically organized.</p> <p>59A-4.118(2) FAC Each medical record must contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to accurately document a nutritional care plan for one resident (Resident #31) out of 12 residents</p>	N 101	<p>F842 Residents Records – Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE _____	(X8) DATE _____/25
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N 101	<p>Continued From page 1</p> <p>feeding, as evidenced by intervention different from the current physician's order for formula.</p> <p>The findings included:</p> <p>During an observation on _____ at 9:41 AM, Resident #31 was seated in a wheelchair next to the bed. Feeding via _____ Tube (_____) was in progress at a rate of 50 milliliters per hour (ml/hr).</p> <p>On _____ at 8:59 AM Resident #31 was seated in a wheelchair; _____ was in progress at a rate of 50 milliliters per hour (ml/hr).</p> <p>Record review of Resident #31's demographic sheet revealed the resident was initially admitted on _____ and readmitted on _____ with diagnosis that include: Attention to _____ and _____</p> <p>Record review of a Significant Change / Medicare - 5 Day Minimum Data Set reference dated _____ indicated Resident # 31 is severely _____ and dependent for Activities of Daily Living, transferring and had a _____</p> <p>Record review of Resident #31's physician's order sheet revealed an order dated _____ for Jevity 1.5 at 50 ml/hr. for 20 hours via _____ (_____) every shift off at 9:00 AM and on at 1:00 PM.</p> <p>Record review of Care Plan initiated in _____ and revised on _____ revealed Resident #31 had the potential for nutritional and hydration _____ and interventions that included: Administer _____ and flushes as ordered.</p>	N 101	<p>Plan for specific resident: Dietary technician updated the care plan (Resident #31) on _____, technician adjusted the formula jevity 1.5 to ensure facility is in compliance. Quality Assurance Coordinator along with interdisciplinary team conducted a review on _____ showing that (Resident #31) required an update in resident care plan. The care plan was update and revised to include the current condition of (Residents #31) and necessary interventions. Interdisciplinary care plan team will focus on updating resident's care plan as needed or when a change of order is being received. To ensure a care of plan is in placed and that residents do receive treatment and care in accordance with professional standards of practice.</p> <p>Method to assume compliance for other residents: On _____ Administrator provided in-service to the interdisciplinary team on the process of revising and updating the care plan based on assessment findings. As of _____ Quality Assurance Coordinator along with interdisciplinary care plan team will review all orders when provided, when care plan is need it or when there is a change in residents care plan intervention. Interdisciplinary team will make proper adjustments to ensure 100% compliance with adequate monitoring and assessment. Findings will be presented to the administrator and DON monthly during Risk management meeting to evaluate the need for further intervention.</p>	
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N 101	Continued From page 2 Isosource 1.5 as ordered. On at 10:25 AM Staff B, Dietary Technician was interviewed about the Nutritional Care plan and stated, "I update the nutritional care plans. [Resident#31] is currently receiving Jevity 1.5, and the care plan interventions states Isosource. I update the care plans quarterly and if there is any change. I didn't update it because I forgot. The Isosource has the same nutritional value as Jevity 1.5." Record review of a Policy titled, Care Plans, Comprehensive Person-Centered Revised , Revised 2024 Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, , and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 11. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions changes. Class III	N 101	System: As Quality Assurance Coordinator along with interdisciplinary care plan team will conduct internal audits on a weekly basis to ensure facility is updating all aspect of the resident's care plan including any type of intervention or physician's orders. The Audit will consist of a comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, , and functional needs. Quality assurance coordinator along with interdisciplinary team will ensure that residents care plan along with assessments are ongoing and that care plans must be revised as residents' information do change. Monitoring: As of Quality assurance coordinator along with interdisciplinary team will monitor residents care plan for 90 days on a weekly basis or as need it. The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices, which will be completed, accurately documented, readily accessible, and systematically organized to ensure residents plan of care are being audited on a timely basis.	
N 201 SS=D	400.022(1)(i), FS Right to Adequate and Appropriate Health Care (I) The right to receive adequate and appropriate health care and protective and support services,	N 201		

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N 201	<p>Continued From page 3</p> <p>including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and records reviewed, the facility provide adequate and appropriate healthcare for one (Resident # 20) out of six sampled residents with the potential for alteration in comfort/ related to care treatments. As evidenced by Resident # 20's order to be medicated 30 minutes before care treatment was not followed as ordered, resulting in discomfort during care treatment and inadequate assessment interventions to adequately respond to Resident # 20's management.</p> <p>The findings included:</p> <p>On at 09:10 AM, during observation of Resident # 20's treatment care being performed by Staff C, Care Nurse, it was noted that Resident #20 was moaning and yelling "it hurts." when Staff C touched the Staff C did not stop to further assess the resident's level nor offered any additional medication.</p> <p>On at 09:39 AM Staff C, Care Nurse for the second floor stated: "I call the doctor when there are any changes or changes in skin condition. The doctor comes once a week, but if there are any changes, I just call them. If resident refuses care, I just tell her I will return another time. I also ask her if she is in</p>	N 201	<p>N201 FS Right to Adequate and Appropriate Health Care 400.022(1)(f)</p> <p>Plan for specific resident: On an in-service was provided to the medicine nurse to give medication per doctor's orders and to sign medication administration record after. To communicate to the treatment nurse after medication is given.</p> <p>On an in-service was given to staff (care nurse) on verifying with medication nurse if medication was administered. On verifying with the resident if medication was taken to ensure that medication was received before care treatment. On stopping care if resident complains of , or discomfort access the level of , notifying the doctor for adjustment of medication to manage resident's level.</p> <p>On an order from the doctor to increase the order of , 325mg to 2 tabs given orally 30-60 min prior to care.</p> <p>Method to assure compliance for other residents:</p>	
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N 201	<p>Continued From page 4</p> <p>first. We explain to the resident what we will be doing before starting change. We also ask if she is in . I believe the resident was medicated today for . I also assess the related to , by touching the to make sure. We are always supposed to medicate with medication 30-60 minutes prior to care. The current care treatment for this resident is to clean with normal and apply Solution every shift, apply and cream together, then apply wet to moist and cover with border . This resident's , was developed in the facility in ."</p> <p>Review of Resident # 20's demographic sheet revealed an admission date of with a readmission date of with diagnosis that include: of region dated</p> <p>Record Review of Quarterly Minimum Data Set (MDS) with a reference dated revealed Resident #20 is</p> <p>Resident # 20's Care Plan initiated on goals included , will show signs of healing and remain free from by or through review date. Interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>Review of Physician order for revealed an order dated for 500 milligrams (mg) tablet; give two tablets by 30-60 minutes prior to care one time a day for comfort and at bedtime for comfort and as needed for comfort.</p>	N 201	<p>On in-service was provided to the nurses by the DON on following doctor's orders when administering medications and to sign medication administration record as given.</p> <p>On communicating between medication nurse and treatment nurses to ensure residents for care was medicated. On assessing resident's comfort or , level during care. If the resident complains of discomfort or , care process must stop. Access , level and notify physician for modification of management.</p> <p>System: On care nurse conducted an audit of the residents receiving care with orders of medication before change to ensure that orders are present that adequately manage their , level during care.</p> <p>Monitoring: As of the quality assurance and performance improvement coordinator will use a monitoring toll to check on a weekly basis, for a period of 3 months, residents with medications prior to care treatment that they receive their , medication as ordered and the , medication ordered is adequate to manage resident's , . This will be done to ensure 100% compliance.</p>	

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N 201	<p>Continued From page 5</p> <p>Review of Resident #20's Electronic Medication Administration Record (EMAR) on _____ at 09:44 AM revealed no documentation indicating _____ 500 mg for _____ was administered as ordered prior to _____ care for comfort. The last documented administered dose noted on the EMAR for the _____ medication (_____ 500 mg) was documented as given on _____.</p> <p>On _____ at 12:15 PM Resident #20 stated, "I get medicated with _____ every day before they do my _____ care. It helps with the _____, but I am not sure if they medicated me today before the _____ care. I was in _____ during _____ care today."</p> <p>Record Review of the facility's policy titled, " _____ Care" undated Purpose: The purpose of this procedure is to provide guidelines for the care of _____ to promote healing. Preparation: 1) Verify that there is a physician's order for this procedure, 2) Review the resident's care plan to assess any special needs of the resident. a) For example, the resident may have PRN order for _____ medication to be administered prior to _____ care. Documentation: 7) How the resident tolerated the procedure, 8) Any problems or complaints made by the resident related to the procedure.</p> <p>Class III</p>	N 201		

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F 000	INITIAL COMMENTS A recertification survey was conducted at Riverside Care Center on _____, through _____. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental _____ and individuals with intellectual _____. §483.20(k)(1) A nursing facility must not admit, on or after _____, any new residents with: (i) Mental _____ as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual _____, as defined in paragraph (k)(3)(ii) of this section, unless the State mental health authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;	F 645			

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 645	<p>Continued From page 1 and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental if the individual has a serious mental defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual , if the individual has an intellectual , as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the Preadmission Screening and Resident Review (PASRR) Level I for mental (MD), or Intellectual (ID) was accurately completed for one resident (Resident #17) out of six residents sampled, as evidenced by Resident #17 Level I PASRR dated was not updated to reflect a diagnosis of</p> <p>The findings included:</p> <p>On at 09:22 AM Resident #17 was observed sitting in bed speaking to staff member. Appeared slightly while talking about her current living situation.</p> <p>Record review of Resident #17's Admission and clinical records revealed the resident was admitted to the facility on . Medical diagnoses include but not limited to: Major and Unspecified</p> <p>Review of Resident #17's PASRR Level I dated revealed identification of only two mental diagnoses of and Insufficient Sleep under 1A. Section 1B was not checked for Serious Mental Illness (SMI), Section 2.3 (A/B) and 4 (A/B) were checked. Section II Part A & B were checked. Section was completed.</p> <p>Record Review of a Quarterly Admission Minimum Data Set (MDS) Section A (identification) dated revealed Resident #17 was not considered by the Level II</p>	F 645	<p>F645 PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3)</p> <p>Plan for specific resident: On , the level 1 PASARR for sampled resident #17 was updated to include the diagnosis of</p> <p>Method to assume compliance for other residents: On an in-service was provided to the psych nurse and social services by the DON on accurately updating PASARR. By the psych nurse will have conducted audits of medical records of residents to ensure that PASARR has been accurately updated. This will be done to ensure 100% compliance.</p> <p>System: As of the psych nurse will conduct on a weekly basis for a period of 3 months 5 random level 1 PASARR to ensure they have been accurately updated. As of the DON will provide additional in-service as needed based on findings. The threshold for compliance 100%</p> <p>Monitoring: As of the quality assurance and performance improvement coordinator will use a monitoring tool to check on a weekly basis for a period of 3 months 5 random level 1 PASARR to ensure that they have been updated. This will be done</p>	

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F 645	<p>Continued From page 3</p> <p>PASRR process to have serious mental illness and/or intellectual _____ or a related condition. Section I revealed resident #17 had _____ and _____ Sections O (special treatments and _____) revealed total number of minutes _____ (by any licensed mental health professional) administered for at least 15 minutes to the resident in the last seven (7) days was zero (0).</p> <p>Record Review of Orders dated _____ revealed Resident #17 is currently receiving Oral tablet 5 mg (milligrams) Directions: Give 1 tablet by _____ two times a day for _____ Unspecified.</p> <p>Record Review of Care Plan dated _____ revealed Resident #17 is at risk for possible adverse side effects of _____ medications. Resident is on: Oral Tablet 50 mg, START _____ Oral Tablet 5 mg. Goals: Demonstrate decreased need for _____ medication. Resident will not show signs and symptoms of possible side effects of _____ medication such as: _____, dry _____, drowsiness, and blurred vision through next review date. Interventions: Monitor and record behavioral symptoms and side effects and relay to MD (Medical Doctor) for any changes. Observe _____ and behavior pattern. _____ consults as needed to evaluate/ taper/adjust _____ medications to lowest possible dose. Pharmacy to review drug regimen monthly, provide non-pharmaceutical intervention as needed ...</p> <p>Record Review of Medication Administration Record for _____ revealed Resident #17</p>	F 645	to ensure 100%	

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F 645	<p>Continued From page 4</p> <p>was receiving Oral tablet 5 mg: Give one tablet orally two times a day for Unspecified- Start Date</p> <p>Review of Nurses Progress Notes dated revealed the resident was seen and evaluated by the Nurse Practitioner covering for the Psychiatrist and new orders were received to discontinue 25 mg by at bedtime and start 5 mg by two times a day ...</p> <p>Review of Social Worker Progress Notes dated indicated: Care plan reviewed, and resident denies feeling or ...</p> <p>Interview with the Director of Nursing (DON) on at 01:52 PM. She stated "The process of identifying residents with or Intellectual starts through PASARR because that will indicate if they are a level I or II. With that, we will know what to expect before they arrive. Together with the PASARR and the referral paperwork for the resident, it will give you the diagnosis and medications. Then after that, we can decide if we are able to take care of the patient or not. If some referral forms show they have high dosage of meds, then I ask for psych consultations and notes from the nurses where the patient is coming from. If you do not ask for those behavior notes, then you would not know why they are being given medications. We identify them according to their behaviors because then if the mental behaviors are present, the PCP (Primary Care Physician) is called, and he or she will order a consult."</p>	F 645		

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NAME OF PROVIDER OR SUPPLIER RIVERSIDE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 899 NW 4TH STREET MIAMI, FL 33128	
(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 645	Continued From page 5 During a follow up interview on _____ at 02:18 PM , the DON stated: "I spoke to the Nurse via telephone, and she stated _____ medications should be a reason to update the PASRR, but she just forgot to update it in the form." Record Review of the facility's Policies and Procedures titled, "Pre-Admission Screening and Resident Review (PASRR) not dated revealed Policy Statement: Our facility admits only residents whose medical and nursing care needs can be met. Policy Interpretation and Implementation 1. All new admissions and readmissions are screened for mental (MD), _____ (ID) or related _____ (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASRR) process. (2) The social worker or designee is responsible for making referrals to the appropriate state-designated authority.	F 645		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and records reviewed, the facility failed to ensure adequate management interventions were followed for	F 684	F684 Quality of Care CFR(s): 483.25	

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F 684	<p>Continued From page 6</p> <p>one (Resident # 20) out of six sampled residents with the potential for alteration in comfort/related to care treatments. As evidenced by Resident # 20's order to be medicated 30 minutes before care treatment was not followed as ordered, resulting in discomfort during care treatment and inadequate assessment interventions to adequately respond to Resident # 20's management.</p> <p>The findings included:</p> <p>On at 09:10 AM, during observation of Resident # 20's treatment care being performed by Staff C, Care Nurse, it was noted that Resident #20 was moaning and yelling "it hurts." when Staff C touched the Staff C did not stop to further assess the resident's level nor offered any additional medication.</p> <p>On at 09:39 AM Staff C, Care Nurse for the second floor stated: "I call the doctor when there are any changes or changes in skin condition. The doctor comes once a week, but if there are any changes, I just call them. If resident refuses care, I just tell her I will return another time. I also ask her if she is in first. We explain to the resident what we will be doing before starting change. We also ask if she is in. I believe the resident was medicated today for. I also assess the related to, by touching the to make sure. We are always supposed to medicate with medication 30-60 minutes prior to care. The current care treatment for this resident is to clean with normal and apply Solution every shift, apply and cream together,</p>	F 684	<p>Plan for specific resident:</p> <p>On an in-service was provided to the medicine nurse to give medication per doctor's orders and to sign medication administration record after. To communicate to the treatment nurse after medication is given.</p> <p>On an in-service was given to staff (care nurse) on verifying with medication nurse if medication was administered. On verifying with the resident if medication was taken to ensure that medication was received before care treatment. On stopping care if resident complains of or discomfort access the level of , notifying the doctor for adjustment of medication to manage resident's level.</p> <p>On an order from the doctor to increase the order of 325mg to 2 tabs given orally 30-60 min prior to care.</p> <p>Method to assure compliance for other residents:</p> <p>On in-service was provided to the nurses by the DON on following doctor's orders when administering medications and to sign medication administration record as given.</p> <p>On communicating between medication nurse and treatment nurses to ensure residents for care was medicated. On assessing resident's comfort or level during care. If the resident complains of discomfort or care process must stop. Access level</p>		

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F 684	<p>Continued From page 7</p> <p>then apply wet to moist _____ and cover with border _____. This resident's _____ was developed in the facility in _____.</p> <p>Review of Resident # 20's demographic sheet revealed an admission date of _____ with a readmission date of _____ with diagnosis that include: _____ of _____ region dated _____.</p> <p>Record Review of Quarterly Minimum Data Set (MDS) with a reference dated _____ revealed Resident #20 is _____.</p> <p>Resident # 20's Care Plan initiated on _____ goals included _____ will show signs of healing and remain free from _____ by or through review date. Interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>Review of Physician order for _____ revealed an order dated _____ for _____ 500 milligrams (mg) tablet; give two tablets by _____ 30-60 minutes prior to _____ care one time a day for comfort and at bedtime for comfort and as needed for comfort.</p> <p>Review of Resident #20's Electronic Medication Administration Record (EMAR) on _____ at 09:44 AM revealed no documentation indicating _____ 500 mg for _____ was administered as ordered prior to _____ care for comfort. The last documented administered dose noted on the EMAR for the _____ medication (_____ 500 mg) was documented as given on _____.</p>	F 684	<p>and notify physician for modification of _____ management.</p> <p>System: On _____ care nurse conducted an audit of the residents receiving _____ care with orders of _____ medication before _____ change to ensure that orders are present that adequately manage their _____ level during _____ care.</p> <p>Monitoring: As of _____ the quality assurance and performance improvement coordinator will use a monitoring toll to check on a weekly basis, for a period of 3 months, residents with medications prior to _____ care treatment that they receive their _____ medication as ordered and the _____ medication ordered is adequate to manage resident's _____. This will be done to ensure 100% compliance.</p>		

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F 684	Continued From page 8 On . . . at 12:15 PM Resident #20 stated, "I get medicated with . . . every day before they do my . . . care. It helps with the . . . , but I am not sure if they medicated me today before the . . . care. I was in . . . during . . . care today." Record Review of the facility's policy titled, " . . . Care" undated Purpose: The purpose of this procedure is to provide guidelines for the care of . . . to promote healing. Preparation: 1) Verify that there is a physician's order for this procedure, 2) Review the resident's care plan to assess any special needs of the resident. a) For example, the resident may have PRN order for . . . medication to be administered prior to . . . care. Documentation: 7) How the resident tolerated the procedure, 8) Any problems or complaints made by the resident related to the procedure.	F 684		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-	F 842		

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F 842	<p>Continued From page 9</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and () Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; () For public health activities, reporting of neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p>	F 842			

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F 842	<p>Continued From page 10</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>() The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, _____, and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, and interviews the facility failed to accurately document a nutritional care plan for one resident (Resident #31) out of 12 residents _____, as evidenced by intervention different from the current physician's order for formula.</p> <p>The findings included:</p> <p>During an observation on _____ at 9:41 AM, Resident #31 was seated in a wheelchair next to the bed. Feeding via _____, Tube (_____) was in progress at a rate of 50 milliliters per hour (ml/hr.).</p> <p>On _____ at 8:59 AM Resident#31 was seated in a wheelchair; _____ was in progress at a rate of 50 milliliters per hour (ml/hr.).</p> <p>Record review of Resident #31's demographic sheet revealed the resident was initially admitted on _____ and readmitted on _____ with diagnosis that include: Attention to _____ and _____.</p> <p>Record review of a Significant Change / Medicare</p>	F 842	<p>F842 Residents Records – Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <p>Plan for specific resident: Dietary technician updated the care plan (Resident #31) on _____, technician adjusted the formula longevity 1.5 to ensure facility is in compliance. Quality Assurance Coordinator along with interdisciplinary team conducted a review on _____ showing that (Resident #31) required an update in resident care plan. The care plan was update and revised to include the current condition of (Residents #31) and necessary interventions. Interdisciplinary care plan team will focus on updating resident's care plan as needed or when a change of order is being received. To ensure a care of plan is in placed and that residents do receive treatment and care in accordance with professional standards of practice.</p> <p>Method to assume compliance for other residents: On _____ Administrator provided</p>		

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F 842	<p>Continued From page 11</p> <p>- 5 Day Minimum Data Set reference dated indicated Resident # 31 is severely and dependent for Activities of Daily Living, transferring and had a</p> <p>Record review of Resident#31's physician's order sheet revealed an order dated for Jevity 1.5 at 50 ml/hr. for 20 hours via () every shift off at 9:00 AM and on at 1:00 PM.</p> <p>Record review of Care Plan initiated in and revised on revealed Resident #31 had the potential for nutritional and hydration and interventions that included: Administer and flushes as ordered. Isosource 1.5 as ordered.</p> <p>On at 10:25 AM Staff B, Dietary Technician was interviewed about the Nutritional Care plan and stated, "I update the nutritional care plans. [Resident#31] is currently receiving Jevity 1.5, and the care plan interventions states Isosource. I update the care plans quarterly and if there is any change. I didn't update it because I forgot. The Isosource has the same nutritional value as Jevity 1.5."</p> <p>Record review of a Policy titled, Care Plans, Comprehensive Person-Centered Revised Revised 2024 Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 11. Assessments of residents are ongoing, and care plans are revised as</p>	F 842	<p>in-service to the interdisciplinary team on the process of revising and updating the care plan based on assessment findings. As of Quality Assurance Coordinator along with interdisciplinary care plan team will review all orders when provided, when care plan is need it or when there is a change in residents care plan intervention. Interdisciplinary team will make proper adjustments to ensure 100% compliance with adequate monitoring and assessment. Findings will be presented to the administrator and DON monthly during Risk management meeting to evaluate the need for further intervention.</p> <p>System: As Quality Assurance Coordinator along with interdisciplinary care plan team will conduct internal audits on a weekly basis to ensure facility is updating all aspect of the resident's care plan including any type of intervention or physician's orders. The Audit will consist of a comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, and functional needs. Quality assurance coordinator along with interdisciplinary team will ensure that residents care plan along with assessments are ongoing and that care plans must be revised as residents' information do change.</p> <p>Monitoring: As of Quality assurance coordinator along with interdisciplinary</p>		

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F 842	Continued From page 12 information about the residents and the residents' conditions changes.	F 842	team will monitor residents care plan for 90 days on a weekly basis or as need it. The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices, which will be completed, accurately documented, readily accessible, and systematically organized to ensure residents plan of care are being audited on a timely basis.		

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N 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted at Riverside Care Center on _____, through _____. Deficiencies were identified at the time of the survey.</p> <p>The following is a description of the non compliance.</p>	N 000		
N 101 SS=D	<p>400.141(1)(j), FS; 59A-4.118(2), FAC Resident Medical Records</p> <p>400.141(1)(j) FS Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the resident; and individual resident care plans, including, but not limited to, prescribed services, service frequency and duration, and service goals. The records must be open to agency inspection. The licensee shall maintain clinical records on each resident in accordance with accepted professional standards and practices, which must be complete, accurately documented, readily accessible, and systematically organized.</p> <p>59A-4.118(2) FAC Each medical record must contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to accurately document a nutritional care plan for one resident (Resident #31) out of 12 residents</p>	N 101		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 101	<p>Continued From page 1</p> <p>feeding, as evidenced by intervention different from the current physician's order for formula.</p> <p>The findings included:</p> <p>During an observation on _____ at 9:41 AM, Resident #31 was seated in a wheelchair next to the bed. Feeding via _____ Tube (_____) was in progress at a rate of 50 milliliters per hour (ml/hr.).</p> <p>On _____ at 8:59 AM Resident#31 was seated in a wheelchair; _____ was in progress at a rate of 50 milliliters per hour (ml/hr.).</p> <p>Record review of Resident #31's demographic sheet revealed the resident was initially admitted on _____ and readmitted on _____ with diagnosis that include: Attention to _____ and _____</p> <p>Record review of a Significant Change / Medicare - 5 Day Minimum Data Set reference dated _____ indicated Resident # 31 is severely _____ and dependent for Activities of Daily Living, transferring and had a _____</p> <p>Record review of Resident#31's physician's order sheet revealed an order dated _____ for Jevity 1.5 at 50 ml/hr. for 20 hours via _____ (_____) every shift off at 9:00 AM and on at 1:00 PM.</p> <p>Record review of Care Plan initiated in _____ and revised on _____ revealed Resident #31 had the potential for nutritional and hydration _____ and interventions that included: Administer _____ and flushes as ordered.</p>	N 101		

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N 101	<p>Continued From page 2</p> <p>Isosource 1.5 as ordered.</p> <p>On _____ at 10:25 AM Staff B, Dietary Technician was interviewed about the Nutritional Care plan and stated, "I update the nutritional care plans. [Resident#31] is currently receiving Jevity 1.5, and the care plan interventions states Isosource. I update the care plans quarterly and if there is any change. I didn't update it because I forgot. The Isosource has the same nutritional value as Jevity 1.5."</p> <p>Record review of a Policy titled, Care Plans, Comprehensive Person-Centered Revised _____, Revised 2024 Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, _____ and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 11. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions changes.</p> <p>Class III</p>	N 101		
N 201 SS=D	<p>400.022(1)(l), FS Right to Adequate and Appropriate Health Care</p> <p>(l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and</p>	N 201		

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N 201	<p>Continued From page 3</p> <p>recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and records reviewed, the facility provide adequate and appropriate healthcare for one (Resident # 20) out of six sampled residents with the potential for alteration in comfort/, related to care treatments. As evidenced by Resident # 20's order to be medicated 30 minutes before care treatment was not followed as ordered, resulting in discomfort during care treatment and inadequate assessment interventions to adequately respond to Resident # 20's , management.</p> <p>The findings included:</p> <p>On at 09:10 AM, during observation of Resident # 20's treatment care being performed by Staff C, . . . Care Nurse, it was noted that Resident #20 was moaning and yelling "it hurts." when Staff C touched the Staff C did not stop to further assess the resident's , level nor offered any additional medication.</p> <p>On at 09:39 AM Staff C, Care Nurse for the second floor stated: "I call the doctor when there are any changes or changes in skin condition. The doctor comes once a week, but if there are any changes, I just call them. If resident refuses care, I just tell her I will return another time. I also ask her if she is in . first. We explain to the resident what we will be doing before starting change. We also ask if she is in , . I believe the resident was medicated today for , . I also assess the</p>	N 201			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVERSIDE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 899 NW 4TH STREET MIAMI, FL 33128		
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N 201	<p>Continued From page 4</p> <p>. related to , by touching the to make sure. We are always supposed to medicate with , medication 30-60 minutes prior to care. The current care treatment for this resident is to clean with normal and apply Solution every shift, apply and cream together, then apply wet to moist and cover with border . This resident's , was developed in the facility in ."</p> <p>Review of Resident # 20's demographic sheet revealed an admission date of with a readmission date of with diagnosis that include: of region dated</p> <p>Record Review of Quarterly Minimum Data Set (MDS) with a reference dated revealed Resident #20 is</p> <p>Resident # 20's Care Plan initiated on goals included , will show signs of healing and remain free from by or through review date. Interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>Review of Physician order for revealed an order dated for 500 milligrams (mg) tablet; give two tablets by 30-60 minutes prior to care one time a day for comfort and at bedtime for comfort and as needed for comfort.</p> <p>Review of Resident #20's Electronic Medication Administration Record (EMAR) on at 09:44 AM revealed no documentation indicating 500 mg for , was administered as</p>	N 201			

Agency for Health Care Administration

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N 201	<p>Continued From page 5</p> <p>ordered prior to care for comfort. The last documented administered dose noted on the EMAR for the medication (, 500 mg) was documented as given on .</p> <p>On at 12:15 PM Resident #20 stated, "I get medicated with , every day before they do my care. It helps with the , but I am not sure if they medicated me today before the care. I was in , during care today."</p> <p>Record Review of the facility's policy titled, " Care" undated Purpose: The purpose of this procedure is to provide guidelines for the care of to promote healing. Preparation: 1) Verify that there is a physician's order for this procedure, 2) Review the resident's care plan to assess any special needs of the resident. a) For example, the resident may have PRN order for medication to be administered prior to care. Documentation: 7) How the resident tolerated the procedure, 8) Any problems or complaints made by the resident related to the procedure.</p> <p>Class III</p>	N 201		

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

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OMB NO. 0938-0391

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F 000	INITIAL COMMENTS A recertification survey was conducted at Riverside Care Center on _____ through _____. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			
F 645 SS=D	The following is a description of the non compliance. PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental _____ and individuals with intellectual _____. §483.20(k)(1) A nursing facility must not admit, on or after _____, any new residents with: (i) Mental _____ as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual _____, as defined in paragraph (k)(3)(ii) of this section, unless the State mental health authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;	F 645			

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 645	<p>Continued From page 1 and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental if the individual has a serious mental defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual , if the individual has an intellectual , as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and interview, the facility failed to ensure the Preadmission Screening and Resident Review (PASRR) Level I for mental (MD), or Intellectual (ID) was accurately completed for one resident (Resident #17) out of six residents sampled, as evidenced by Resident #17 Level I PASRR dated was not updated to reflect a diagnosis of</p> <p>The findings included:</p> <p>On at 09:22 AM Resident #17 was observed sitting in bed speaking to staff member. Appeared slightly while talking about her current living situation.</p> <p>Record review of Resident #17's Admission and clinical records revealed the resident was admitted to the facility on . Medical diagnoses include but not limited to: Major Unspecified and</p> <p>Review of Resident #17's PASRR Level I dated revealed identification of only two mental diagnoses of and Insufficient Sleep under 1A. Section 1B was not checked for Serious Mental Illness (SMI), Section 2.3 (A/B) and 4 (A/B) were checked. Section II Part A & B were checked. Section was completed.</p> <p>Record Review of a Quarterly Admission Minimum Data Set (MDS) Section A (identification) dated revealed Resident #17 was not considered by the Level II</p>	F 645			

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F 645	<p>Continued From page 3</p> <p>PASRR process to have serious mental illness and/or intellectual _____ or a related condition. Section I revealed resident #17 had _____ and _____ Sections O (special treatments and _____) revealed total number of minutes _____ (by any licensed mental health professional) administered for at least 15 minutes to the resident in the last seven (7) days was zero (0).</p> <p>Record Review of Orders dated _____ revealed Resident #17 is currently receiving Oral tablet 5 mg (milligrams) Directions: Give 1 tablet by _____ two times a day for _____ Unspecified.</p> <p>Record Review of Care Plan dated _____ revealed Resident #17 is at risk for possible adverse side effects of _____ medications. Resident is on: Oral Tablet 50 mg, START _____ Oral Tablet 5 mg. Goals: Demonstrate decreased need for _____ medication. Resident will not show signs and symptoms of possible side effects of _____ medication such as: _____, dry _____, drowsiness, and blurred vision through next review date. Interventions: Monitor and record behavioral symptoms and side effects and relay to MD (Medical Doctor) for any changes. Observe _____ and behavior pattern. _____ consults as needed to evaluate/ taper/adjust _____ medications to lowest possible dose. Pharmacy to review drug regimen monthly, provide non-pharmaceutical intervention as needed ...</p> <p>Record Review of Medication Administration Record for _____ revealed Resident #17</p>	F 645		

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F 645	<p>Continued From page 4</p> <p>was receiving Oral tablet 5 mg: Give one tablet orally two times a day for Unspecified- Start Date</p> <p>Review of Nurses Progress Notes dated revealed the resident was seen and evaluated by the Nurse Practitioner covering for the Psychiatrist and new orders were received to discontinue 25 mg by at bedtime and start 5 mg by two times a day ...</p> <p>Review of Social Worker Progress Notes dated indicated: Care plan reviewed, and resident denies feeling or ...</p> <p>Interview with the Director of Nursing (DON) on at 01:52 PM. She stated "The process of identifying residents with or Intellectual starts through PASARR because that will indicate if they are a level I or II. With that, we will know what to expect before they arrive. Together with the PASARR and the referral paperwork for the resident, it will give you the diagnosis and medications. Then after that, we can decide if we are able to take care of the patient or not. If some referral forms show they have high dosage of meds, then I ask for psych consultations and notes from the nurses where the patient is coming from. If you do not ask for those behavior notes, then you would not know why they are being given medications. We identify them according to their behaviors because then if the mental behaviors are present, the PCP (Primary Care Physician) is called, and he or she will order a consult."</p>	F 645		

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F 645	Continued From page 5 During a follow up interview on _____ at 02:18 PM , the DON stated: "I spoke to the Nurse via telephone, and she stated _____ medications should be a reason to update the PASRR, but she just forgot to update it in the form." Record Review of the facility's Policies and Procedures titled, "Pre-Admission Screening and Resident Review (PASRR) not dated revealed Policy Statement: Our facility admits only residents whose medical and nursing care needs can be met. Policy Interpretation and Implementation 1. All new admissions and readmissions are screened for mental (MD), _____ (ID) or related _____ (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASRR) process. (2) The social worker or designee is responsible for making referrals to the appropriate state-designated authority.	F 645		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and records reviewed, the facility failed to ensure adequate management interventions were followed for	F 684		

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F 684	<p>Continued From page 6</p> <p>one (Resident # 20) out of six sampled residents with the potential for alteration in comfort, related to care treatments. As evidenced by Resident # 20's order to be medicated 30 minutes before care treatment was not followed as ordered, resulting in discomfort during care treatment and inadequate assessment interventions to adequately respond to Resident # 20's management.</p> <p>The findings included:</p> <p>On at 09:10 AM, during observation of Resident # 20's treatment care being performed by Staff C, Care Nurse, it was noted that Resident #20 was moaning and yelling "it hurts." when Staff C touched the Staff C did not stop to further assess the resident's level nor offered any additional medication.</p> <p>On at 09:39 AM Staff C, Care Nurse for the second floor stated: "I call the doctor when there are any changes or changes in skin condition. The doctor comes once a week, but if there are any changes, I just call them. If resident refuses care, I just tell her I will return another time. I also ask her if she is in first. We explain to the resident what we will be doing before starting change. We also ask if she is in . I believe the resident was medicated today for . I also assess the related to , by touching the to make sure. We are always supposed to medicate with medication 30-60 minutes prior to care. The current care treatment for this resident is to clean with normal and apply Solution every shift, apply and cream together,</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>then apply wet to moist _____ and cover with border _____. This resident's _____ was developed in the facility in _____.</p> <p>Review of Resident # 20's demographic sheet revealed an admission date of _____ with a readmission date of _____ with diagnosis that include: _____ of _____ region dated _____.</p> <p>Record Review of Quarterly Minimum Data Set (MDS) with a reference dated _____ revealed Resident #20 is _____.</p> <p>Resident # 20's Care Plan initiated on _____ goals included _____ will show signs of healing and remain free from _____ by or through review date. Interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>Review of Physician order for _____ revealed an order dated _____ for _____ 500 milligrams (mg) tablet; give two tablets by _____ 30-60 minutes prior to _____ care one time a day for comfort and at bedtime for comfort and as needed for comfort.</p> <p>Review of Resident #20's Electronic Medication Administration Record (EMAR) on _____ at 09:44 AM revealed no documentation indicating _____ 500 mg for _____ was administered as ordered prior to _____ care for comfort. The last documented administered dose noted on the EMAR for the _____ medication (_____ 500 mg) was documented as given on _____.</p>	F 684			

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F 684	Continued From page 8 On . . . at 12:15 PM Resident #20 stated, "I get medicated with . . . every day before they do my . . . care. It helps with the . . . , but I am not sure if they medicated me today before the . . . care. I was in . . . during . . . care today." Record Review of the facility's policy titled, " . . . Care" undated Purpose: The purpose of this procedure is to provide guidelines for the care of . . . to promote healing. Preparation: 1) Verify that there is a physician's order for this procedure, 2) Review the resident's care plan to assess any special needs of the resident. a) For example, the resident may have PRN order for . . . medication to be administered prior to . . . care. Documentation: 7) How the resident tolerated the procedure, 8) Any problems or complaints made by the resident related to the procedure.	F 684		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-	F 842		

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F 842	<p>Continued From page 9</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and () Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; () For public health activities, reporting of neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p>	F 842			

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

PRINTED: 04/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVERSIDE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 899 NW 4TH STREET MIAMI, FL 33128		
(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 842	<p>Continued From page 10</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>() The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, _____, and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, and interviews the facility failed to accurately document a nutritional care plan for one resident (Resident #31) out of 12 residents _____, as evidenced by intervention different from the current physician's order for formula.</p> <p>The findings included:</p> <p>During an observation on _____ at 9:41 AM, Resident #31 was seated in a wheelchair next to the bed. Feeding via _____ Tube (_____) was in progress at a rate of 50 milliliters per hour (ml/hr.).</p> <p>On _____ at 8:59 AM Resident#31 was seated in a wheelchair; _____ was in progress at a rate of 50 milliliters per hour (ml/hr.).</p> <p>Record review of Resident #31's demographic sheet revealed the resident was initially admitted on _____ and readmitted on _____ with diagnosis that include: Attention to _____ and _____.</p> <p>Record review of a Significant Change / Medicare</p>	F 842			

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F 842	<p>Continued From page 11</p> <p>- 5 Day Minimum Data Set reference dated indicated Resident # 31 is severely , and dependent for Activities of Daily Living, transferring and had a .</p> <p>Record review of Resident#31's physician's order sheet revealed an order dated for Jevity 1.5 at 50 ml/hr. for 20 hours via () every shift off at 9:00 AM and on at 1:00 PM.</p> <p>Record review of Care Plan initiated in and revised on revealed Resident #31 had the potential for nutritional and hydration and interventions that included: Administer and flushes as ordered. Isosource 1.5 as ordered.</p> <p>On at 10:25 AM Staff B, Dietary Technician was interviewed about the Nutritional Care plan and stated, "I update the nutritional care plans. [Resident#31] is currently receiving Jevity 1.5, and the care plan interventions states Isosource. I update the care plans quarterly and if there is any change. I didn't update it because I forgot. The Isosource has the same nutritional value as Jevity 1.5."</p> <p>Record review of a Policy titled, Care Plans, Comprehensive Person-Centered Revised Revised 2024 Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 11. Assessments of residents are ongoing, and care plans are revised as</p>	F 842			

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F 842	Continued From page 12 information about the residents and the residents' conditions changes.	F 842			