

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

PRINTED: 05/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER PALM GARDEN OF AVENTURA			STREET ADDRESS, CITY, STATE, ZIP CODE 21251 E DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 584 SS=D	<p>A recertification survey in conjunction with complaint # 2025003668 was conducted at Palm Garden at Aventura on . . . through Complaint allegation was unsubstantiated. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each</p>	F 584			

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

TITLE

(X6) DATE

Electronically Signed

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	<p>Continued From page 1</p> <p>resident room, as specified in §483.90 (e)(2)() ;</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after _____, must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interviews, the facility failed to provide a clean and sanitary environment in the laundry room. As evidenced improper storage of chemicals-detergent, bleach, iron sour, softener-were being stored on the floor, washer bases rusted, washers draining into a two-compartment sink, soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers. (Photographic evidence obtained).</p> <p>The findings included:</p> <p>On _____ at 09:38 AM A laundry tour was conducted with the Director of Environmental Services, and the facility's administrator; observation in the dirty laundry side, the washer bases were rusted, the washers were draining into a two-compartment sink that had visible dirt and grime. Four chemicals-detergent, bleach, iron sour and softener were stored directly on the floor. The garbage can pallets were soiled garbage. A large hole was observed in the wall, and one washer had dry drainage residue, with no clear source identified.</p>	F 584			

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F 584	<p>Continued From page 2</p> <p>Interview on _____ at 09:45 AM, the Director of Environmental Services, revealed he has been in his position for two months and acknowledged the identified concerns related to the four chemicals-detergent, bleach, iron sour, and softener-were being stored on the floor instead of on a pallet; the rusty bases of the washers, the washers draining into a two-compartment sink, which had visible dirt and grime on its surface, soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers.</p> <p>Review of the facility's policy titled - Laundry Area Cleaning of. Effective Date: _____ Revision Dated _____ revealed:</p> <p>POLICY All laundry areas will be scheduled for routine cleaning.</p> <p>PURPOSE To provide a systematic approach to maintaining the cleanliness of the laundry.</p> <p>PROCESS 1. Daily: 1.1 Sanitize folding tables and linen shelves 1.1.1 Team members shall use appropriate PPE (Personal Protection Equipment) 1.2 Wash and polish washer 1.3 Clean dryer lint screens every two hours and as needed 1.4 Spot clean soiled linen room walls 1.5 Clean and sanitize soiled linen hampers 1.6 Dust mop and sanitize laundry room floors 1.7 Clean and sanitize clean linen carts 2. Weekly:</p>	F 584			

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F 584	Continued From page 3 2.1 Sanitize chemical boxes and hose lines 2.2 Sanitize washer plumbing fixtures and hose lines 2.3 High Dusting 2.3.1 Doorways 2.3.2 Fans 2.3.3 Tops of dryers 2.3.4 Pipes 3. Monthly: 3.1 Wall washing 3.2 Sanitize linen racks in laundry and in linen closets.	F 584			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755			

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F 755	<p>Continued From page 4</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on Observation, interview and record review the facility failed to follow pharmaceutical procedures and facility policy during medication administration for Residents (#4, #50). There were 108 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On _____ at 8:00 AM during medication administration observation with Licensed Practical Nurse (LPN), (Staff A), the medications for Resident #4 were observed signed off as given prior to the resident receiving the medications.</p> <p>On _____ at 9:50 AM during medication administration observation with Licensed Practical Nurse (Staff B), the medication for Resident #50 was observed signed off as given prior to administration.</p> <p>Interview on _____ at 08:06 AM LPN, Staff A stated no one told her that she is not allowed to sign off on the medications before they were given to the residents. Stated she signed off on the medication ahead of time to get herself familiar with the resident's medication.</p>	F 755			

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F 755	<p>Continued From page 5</p> <p>Interview at 09:50 AM LPN, Staff B stated the only reason he signed off on Resident #50's medication before it was given, was because it was only one medication the resident was receiving via Tube ().</p> <p>Interview on at 07:25 AM Director of Nursing (DON) stated regarding medication administration policies, all of our nurses have received medication administration in -services, we will be re-educating our nurses on correct medication procedures from the start of medication preparation to what happens after the medication is administered to the residents. It is our policy here at the facility that the nurses can only sign off on the medications as given, after they are administered to the residents.</p> <p>Review of the facility policy and procedures titled " General Dose Preparation and Medication Administration" revision date states: facility staff should refer to facility policy regarding medication administration and should comply with applicable law and state operations manual when administering medications.</p>	F 755			

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N 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey in conjunction with complaint # 2025003668 was conducted at Palm Garden at Aventura on _____, through _____. Deficiencies were identified at the time of the survey.</p>	N 000		
N 090	<p>59A-4.112(1), FAC Pharmacy Policies and Procedures</p> <p>(1) The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on Observation, interview and record review the facility failed to follow pharmaceutical procedures during medication administration for Residents (#4, #50). There were 108 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On _____ at 8:00 AM during medication administration observation with Licensed Practical Nurse (LPN), (Staff A), the medications for Resident #4 were observed signed off as given prior to the resident receiving the medications.</p> <p>On _____ at 9:50 AM during medication administration observation with Licensed Practical Nurse (Staff B), the medication for Resident #50 was observed signed off as given prior to administration.</p> <p>Interview on _____ at 08:06 AM LPN, Staff A stated no one told her that she is not allowed to</p>	N 090		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 090	<p>Continued From page 1</p> <p>sign off on the medications before they were given to the residents. Stated she signed off on the medication ahead of time to get herself familiar with the resident's medication.</p> <p>Interview at 09:50 AM LPN, Staff B stated the only reason he signed off on Resident #50's medication before it was given, was because it was only one medication the resident was receiving via Tube ().</p> <p>Interview on at 07:25 AM Director of Nursing (DON) stated regarding medication administration policies, all of our nurses have received medication administration in-services, we will be re-educating our nurses on correct medication procedures from the start of medication preparation to what happens after the medication is administered to the residents. It is our policy here at the facility that the nurses can only sign off on the medications as given, after they are administered to the residents.</p> <p>Review of the facility policy and procedures titled " General Dose Preparation and Medication Administration" revision date states: facility staff should refer to facility policy regarding medication administration and should comply with applicable law and state operations manual when administering medications.</p> <p>Class III</p>	N 090		
N 110	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and</p>	N 110		

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N 110	<p>Continued From page 2</p> <p>conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide a clean and sanitary environment in the laundry room. As evidenced improper storage of chemicals-detergent, bleach, iron sour, softener-were being stored on the floor, washer bases rusted, washers draining into a two-compartment sink, soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers. (Photographic evidence obtained).</p> <p>The findings included:</p> <p>On at 09:38 AM A laundry tour was conducted with the Director of Environmental Services, and the facility's administrator; observation in the dirty laundry side, the washer bases were rusted, the washers were draining into a two-compartment sink that had visible dirt and grime. Four chemicals-detergent, bleach, iron sour and softener were stored directly on the floor. The garbage can pallets were soiled garbage. A large hole was observed in the wall, and one washer had dry drainage residue, with no clear source identified.</p> <p>Interview on at 09:45 AM, the Director of Environmental Services, revealed he has been in</p>	N 110		

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N 110	<p>Continued From page 3</p> <p>his position for two months and acknowledged the identified concerns related to the four chemicals-detergent, bleach, iron sour, and softener-were being stored on the floor instead of on a pallet, the rusty bases of the washers, the washers draining into a two-compartment sink, which had visible dirt and grime on its surface. soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers.</p> <p>Review of the facility's policy titled - Laundry Area Cleaning of. Effective Date: Revision Dated . revealed:</p> <p>POLICY All laundry areas will be scheduled for routine cleaning.</p> <p>PURPOSE To provide a systematic approach to maintaining the cleanliness of the laundry.</p> <p>PROCESS 1. Daily: 1.1 Sanitize folding tables and linen shelves 1.1.1 Team members shall use appropriate PPE (Personal Protection Equipment) 1.2 Wash and polish washer 1.3 Clean dryer lint screens every two hours and as needed 1.4 Spot clean soiled linen room walls 1.5 Clean and sanitize soiled linen hampers 1.6 Dust mop and sanitize laundry room floors 1.7 Clean and sanitize clean linen carts 2. Weekly: 2.1 Sanitize chemical boxes and hose lines 2.2 Sanitize washer plumbing fixtures and hose lines 2.3 High Dusting</p>	N 110		

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N 110	<p>Continued From page 4</p> <p>2.3.1 Doorways 2.3.2 Fans 2.3.3 Tops of dryers 2.3.4 Pipes 3. Monthly: 3.1 Wall washing 3.2 Sanitize linen racks in laundry and in linen closets.</p> <p>Class III</p>	N 110		

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F 584 SS=D	<p>A recertification survey in conjunction with complaint # 2025003668 was conducted at Palm Garden at Aventura on . . . through Complaint allegation was unsubstantiated. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each</p>	F 584			

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F 584	<p>Continued From page 1</p> <p>resident room, as specified in §483.90 (e)(2)() ;</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after _____, must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to provide a clean and sanitary environment in the laundry room. As evidenced improper storage of chemicals-detergent, bleach, iron sour, softener-were being stored on the floor, washer bases rusted, washers draining into a two-compartment sink, soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers. (Photographic evidence obtained).</p> <p>The findings included:</p> <p>On _____ at 09:38 AM A laundry tour was conducted with the Director of Environmental Services, and the facility's administrator; observation in the dirty laundry side, the washer bases were rusted, the washers were draining into a two-compartment sink that had visible dirt and grime. Four chemicals-detergent, bleach, iron sour and softener were stored directly on the floor. The garbage can pallets were soiled garbage. A large hole was observed in the wall, and one washer had dry drainage residue, with no clear source identified.</p>	F 584	<p>The base of the washer was painted and the hole in the wall was repaired on 5/05/2025by Environmental Services Director</p> <p>The two-compartment sink was cleaned; the garbage can pallets were washed, and the residue was removed from the washer on 05/06/2025 by Environmental Services. The four chemicals-detergent, bleach, iron sour and softener have been elevated off the floor on a palate</p> <p>No residents were affected by this deficient practice</p> <p>The Environmental services Director was educated on maintaining a clean and sanitary environment in the laundry room on 04/18/25 by the Executive Director.</p> <p>The Laundry staff was in-service on 05/02/2025 by the Director of Clinical Services on following the cleaning schedule, and using the TELS system to notify Plant Operations if repairs are</p>		

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

PRINTED: 05/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER PALM GARDEN OF AVENTURA			STREET ADDRESS, CITY, STATE, ZIP CODE 21251 E DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	
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F 584	Continued From page 2 Interview on _____ at 09:45 AM, the Director of Environmental Services, revealed he has been in his position for two months and acknowledged the identified concerns related to the four chemicals-detergent, bleach, iron sour, and softener-were being stored on the floor instead of on a pallet; the rusty bases of the washers, the washers draining into a two-compartment sink, which had visible dirt and grime on its surface, soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers. Review of the facility's policy titled - Laundry Area Cleaning of. Effective Date: _____ Revision Dated _____ revealed: POLICY All laundry areas will be scheduled for routine cleaning. PURPOSE To provide a systematic approach to maintaining the cleanliness of the laundry. PROCESS 1. Daily: 1.1 Sanitize folding tables and linen shelves 1.1.1 Team members shall use appropriate PPE (Personal Protection Equipment) 1.2 Wash and polish washer 1.3 Clean dryer lint screens every two hours and as needed 1.4 Spot clean soiled linen room walls 1.5 Clean and sanitize soiled linen hampers 1.6 Dust mop and sanitize laundry room floors 1.7 Clean and sanitize clean linen carts 2. Weekly:	F 584	needed. The Director of Environmental Services or Designee will conduct audits of laundry room to ensure that washer bases are free from rust, no chemicals are stored on the floor, garbage can pallets, two compartment sink and laundry equipment are clean and free from residue. daily x 1 week, then weekly x 4 weeks then every two weeks X two then monthly Findings of audits will be presented at the monthly QAPI meeting to ensure ongoing compliance	

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F 584	Continued From page 3 2.1 Sanitize chemical boxes and hose lines 2.2 Sanitize washer plumbing fixtures and hose lines 2.3 High Dusting 2.3.1 Doorways 2.3.2 Fans 2.3.3 Tops of dryers 2.3.4 Pipes 3. Monthly: 3.1 Wall washing 3.2 Sanitize linen racks in laundry and in linen closets.	F 584			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755			

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F 755	<p>Continued From page 4</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on Observation, interview and record review the facility failed to follow pharmaceutical procedures and facility policy during medication administration for Residents (#4, #50). There were 108 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On _____ at 8:00 AM during medication administration observation with Licensed Practical Nurse (LPN), (Staff A), the medications for Resident #4 were observed signed off as given prior to the resident receiving the medications.</p> <p>On _____ at 9:50 AM during medication administration observation with Licensed Practical Nurse (Staff B), the medication for Resident #50 was observed signed off as given prior to administration.</p> <p>Interview on _____ at 08:06 AM LPN, Staff A stated no one told her that she is not allowed to sign off on the medications before they were given to the residents. Stated she signed off on the medication ahead of time to get herself familiar with the resident's medication.</p>	F 755	<p>Staff nurse A and B were immediately reeducated during the survey on by Director of Clinical Services on pharmaceutical procedure and the facilities policy during medication administration and on signing the Medication administration record after administration of medication.</p> <p>Residents # 4 and # 50 are receiving medications as ordered according to pharmaceutical procedure and the facilities policy and have exhibited no negative outcome.</p> <p>An audit was conducted of current residents on _____ by the Director of Clinical Services to ensure that medications were administered prior to the administration record being signed. No issues were identified</p> <p>Staff nurse A and B were immediately reeducated during the survey on by Director of Clinical Services on pharmaceutical procedure and the facilities policy during medication administration</p> <p>Licensed Nurses were reeducated starting on _____ by the Director of Clinical Services on pharmaceutical procedure</p>	

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F 755	<p>Continued From page 5</p> <p>Interview at 09:50 AM LPN, Staff B stated the only reason he signed off on Resident #50's medication before it was given, was because it was only one medication the resident was receiving via Tube ().</p> <p>Interview on at 07:25 AM Director of Nursing (DON) stated regarding medication administration policies, all of our nurses have received medication administration in-services, we will be re-educating our nurses on correct medication procedures from the start of medication preparation to what happens after the medication is administered to the residents. It is our policy here at the facility that the nurses can only sign off on the medications as given, after they are administered to the residents.</p> <p>Review of the facility policy and procedures titled " General Dose Preparation and Medication Administration" revision date states: facility staff should refer to facility policy regarding medication administration and should comply with applicable law and state operations manual when administering medications.</p>	F 755	<p>and the facilities policy during medication administration and not signing medication record until medications have been administered.</p> <p>The Director of Clinical Services or Designee will conduct random audits of the medication administration record for 10 residents to determine if the medication administration record was signed prior to the administration of medication, daily x 4 then weekly for 4 weeks, then quarterly x 4.</p> <p>Findings of audits will be presented at the monthly QAPI meeting to ensure ongoing compliance</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111346	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2025
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NAME OF PROVIDER OR SUPPLIER PALM GARDEN OF AVENTURA	STREET ADDRESS, CITY, STATE, ZIP CODE 21251 E DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180
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N 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey in conjunction with complaint # 2025003668 was conducted at Palm Garden at Aventura on _____, through _____. Deficiencies were identified at the time of the survey.</p>	N 000		
N 090	<p>59A-4.112(1), FAC Pharmacy Policies and Procedures</p> <p>(1) The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on Observation, interview and record review the facility failed to follow pharmaceutical procedures during medication administration for Residents (#4, #50). There were 108 residents residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>On _____ at 8:00 AM during medication administration observation with Licensed Practical Nurse (LPN), (Staff A), the medications for Resident #4 were observed signed off as given prior to the resident receiving the medications.</p> <p>On _____ at 9:50 AM during medication administration observation with Licensed Practical Nurse (Staff B), the medication for Resident #50 was observed signed off as given prior to administration.</p> <p>Interview on _____ at 08:06 AM LPN, Staff A stated no one told her that she is not allowed to</p>	N 090	<p>staff nurse A and B were immediately reeducated during the survey on _____ by Director of Clinical Services on pharmaceutical procedure and the facility's policy during medication administration and on signing the Medication administration record after administration of medication.</p> <p>Residents # 4 and # 50 are receiving medications as ordered according to pharmaceutical procedure and the facility's policy and have exhibited no negative outcome.</p> <p>An audit was conducted of current residents on _____ by the Director of Clinical Services to ensure that medications were administered prior to the administration record being signed. No issues were identified</p> <p>Staff nurse A and B were immediately reeducated during the survey on _____ by Director of Clinical Services on</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed _____ /25

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N 090	Continued From page 1 sign off on the medications before they were given to the residents. Stated she signed off on the medication ahead of time to get herself familiar with the resident's medication. Interview at 09:50 AM LPN, Staff B stated the only reason he signed off on Resident #50's medication before it was given, was because it was only one medication the resident was receiving via Tube (). Interview on at 07:25 AM Director of Nursing (DON) stated regarding medication administration policies, all of our nurses have received medication administration in -services, we will be re-educating our nurses on correct medication procedures from the start of medication preparation to what happens after the medication is administered to the residents. It is our policy here at the facility that the nurses can only sign off on the medications as given, after they are administered to the residents. Review of the facility policy and procedures titled " General Dose Preparation and Medication Administration" revision date states: facility staff should refer to facility policy regarding medication administration and should comply with applicable law and state operations manual when administering medications. Class III	N 090	pharmaceutical procedure and the facility's policy during medication administration Licensed Nurses were reeducated starting on by the Director of Clinical Services on pharmaceutical procedure and the facility's policy during medication administration and not signing medication record until medications have been administered. The Director of Clinical Services or Designee will conduct random audits of the medication administration record for 10 residents to determine if the medication administration record was signed prior to the administration of medication, daily x 4 then weekly for 4 weeks, then quarterly x 4. Findings of audits will be presented at the monthly QAPI meeting to ensure ongoing compliance	
N 110	400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike 400.141(1)(h) FS Maintain the facility premises and equipment and	N 110		

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N 110	<p>Continued From page 2</p> <p>conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide a clean and sanitary environment in the laundry room. As evidenced improper storage of chemicals-detergent, bleach, iron sour, softener-were being stored on the floor, washer bases rusted, washers draining into a two-compartment sink, soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers. (Photographic evidence obtained).</p> <p>The findings included:</p> <p>On at 09:38 AM A laundry tour was conducted with the Director of Environmental Services, and the facility's administrator; observation in the dirty laundry side, the washer bases were rusted, the washers were draining into a two-compartment sink that had visible dirt and grime. Four chemicals-detergent, bleach, iron sour and softener were stored directly on the floor. The garbage can pallets were soiled garbage. A large hole was observed in the wall, and one washer had dry drainage residue, with no clear source identified.</p> <p>Interview on at 09:45 AM, the Director of Environmental Services, revealed he has been in</p>	N 110	<p>The base of the washer was painted and the hole in the wall was repaired on 5/05/2025 by Environmental Services Director</p> <p>The two-compartment sink was cleaned; the garbage can pallets were washed, and the residue was removed from the washer on 05/06/2025 by Environmental Services.</p> <p>The four chemicals-detergent, bleach, iron sour and softener have been elevated off the floor on a pallet</p> <p>No residents were affected by this deficient practice</p> <p>The Environmental services Director was educated on maintaining a clean and sanitary environment in the laundry room on 04/18/25 by the Executive Director.</p> <p>The Laundry staff was in-service on 05/02/2025 by the Director of Clinical Services on following the cleaning schedule, and using the TELS system to notify Plant Operations if repairs are needed.</p> <p>The Director of Environmental Services or</p>	

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N 110	Continued From page 3 his position for two months and acknowledged the identified concerns related to the four chemicals-detergent, bleach, iron sour, and softener-were being stored on the floor instead of on a pallet; the rusty bases of the washers, the washers draining into a two-compartment sink, which had visible dirt and grime on its surface. soiled garbage can pallets, a large hole in the wall, and dry drainage residue on one of the washers. Review of the facility's policy titled - Laundry Area Cleaning of. Effective Date: Revision Dated . revealed: POLICY All laundry areas will be scheduled for routine cleaning. PURPOSE To provide a systematic approach to maintaining the cleanliness of the laundry. PROCESS 1. Daily: 1.1 Sanitize folding tables and linen shelves 1.1.1 Team members shall use appropriate PPE (Personal Protection Equipment) 1.2 Wash and polish washer 1.3 Clean dryer lint screens every two hours and as needed 1.4 Spot clean soiled linen room walls 1.5 Clean and sanitize soiled linen hampers 1.6 Dust mop and sanitize laundry room floors 1.7 Clean and sanitize clean linen carts 2. Weekly: 2.1 Sanitize chemical boxes and hose lines 2.2 Sanitize washer plumbing fixtures and hose lines 2.3 High Dusting	N 110	Designee will conduct audits of laundry room to ensure that washer bases are free from rust, no chemicals are stored on the floor, garbage can pallets, two compartment sink and laundry equipment are clean and free from residue. daily x 1 week, then weekly x 4 weeks then every two weeks X two then monthly Findings of audits will be presented at the monthly QAPI meeting to ensure ongoing compliance	

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N 110	<p>Continued From page 4</p> <p>2.3.1 Doorways 2.3.2 Fans 2.3.3 Tops of dryers 2.3.4 Pipes 3. Monthly: 3.1 Wall washing 3.2 Sanitize linen racks in laundry and in linen closets.</p> <p>Class III</p>	N 110		