STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105610	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM GARDEN OF AVENTURA	21251 E DIXIE HIGHWAY , NORTH MIAMI BEACH, Florida, 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
F0000	INITIAL COMMENTS An unannounced complaint survey for complaint number 2025007354 was conducted on July 15, 2025, at Palm Garden of Aventura. The facility was not in compliance with CFR 42, Part 483, Requirements for Long-Term Care.	F0000		07/24/2025
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;	F0880	The Nurse- Staff A was immediately reeducated by the Director of Quality Assurance 7/15/2025 on enhanced barrier precautions (EBP)and the usage of Personal Protective equipment (PPE) during medication administration via central line. Resident # 2 is receiving IV antibiotic therapy and enhanced barrier precautions are being observed during IV administration and other tasks requiring EBP. Ø An audit was completed by the Director of Clinical Services on 7/18/25 of all current residents with central lines to ensure that enhanced barrier precautions were adhered to when administering IV medications. Ø License staff were re-educated by the Director of Education or designee started on 7/21/25 on infection control practices to include enhanced barrier precautions and appropriate PPE while administering medication via central line. Ø Weekly audits/observation x 4 weeks then monthly x 3 to be completed by the Director of Clinical Services or designee to ensure that licensed staff are adhering to enhanced barrier precautions and appropriate Personal Protective Equipment is worn during medication administration for residents with central lines Ø Findings of audits will be reported to QAPI to ensure on-going compliance.	08/10/2025

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105610	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM GARDEN OF AVENTURA	21251 E DIXIE HIGHWAY , NORTH MIAMI BEACH, Florida, 33180

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F0880 SS = D	Continued from page 1 (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and records review, the facility failed to implement infection prevention and control practices in accordance with the facility's policy related to Enhanced Barrier Precautions (EBP) for one (Resident # 2) out of two sampled residents, as evidenced by staff failure to wear required Personal Protective Equipment (PPE) during central line care. There were two residents residing in the facility receiving IV therapy at the time of the survey.	F0880		

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F0880 SS = D	Continued from page 2 The findings included: On 7/15/25 at 2:06 PM, a medication administration observation for Resident #2 was completed with Staff A, Registered Nurse (RN) in the presence of the Risk Manager; Staff A, RN verified the physician orders, gathered supplies, entered room and explained procedure to the resident and provided privacy. Staff A, RN performed hand hygiene, and donned gloves; Staff A, RN then removed an orange-colored cap from Resident #2's IV (Intravenous) site on left arm, cleansed the IV site and port with an alcohol swab, administered normal saline solution into IV line, connected the IV medication and began the therapy. Record review Resident #2's Physicians Orders Sheet for July 2025 revealed orders for Daptomycin Intravenous Solution Reconstituted (Daptomycin is an antibiotic), in the morning for Osteomyelitis, Ceftriaxone Sodium Solution Reconstituted (Ceftriaxone is an antibiotic) 2 grams every 24 hours for infection and Sodium Chloride Solution Use 10 ml (milliliters) intravenously in the morning for flush before and after medication and as needed. Record review of Resident #2's demographic sheet revealed the resident was admitted on 7/12/25 with diagnosis that included Osteomyelitis of vertebra. Record review of a care plan initiated on 07/15/2025 revealed Resident #2 was receiving Antibiotic therapy for Thoracic osteomyelitis with interventions that included: Enhanced Barrier Precautions. Interview on 7/15/25 at 2:16 PM, the Risk Manager was asked if Resident #2 was under any infection control precautions and what Personal protective equipment is required; the Risk Manager stated: "Yes, Enhanced Barrier Precaution…the staff should have worn a gown during IV administration." On 7/15/25 at 3:30PM, Staff A, RN, was asked about the required Personal Protective equipment while caring for Resident #2. Staff A, RN replied, "I usually wear a gown when administering IV therapy for a resident under enhanced barrier precaution to protect the resident and myself however I did not don (put on) a gown today because I was nervous." On 7/15/25 at 3:42 PM, the Risk Manager revealed the facility's protocol for residents under Enhanced Barrier Precautions. "EBP is used to reduce transmission of MDRO (Multi Dose Resistant Organisms). The EBP involves the use of gowns and gloves when we	F0880		

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F0880 SS = D	Continued from page 3 are involved in high contact areas. A resident with an open area such as an IV line which is a source of cross contamination is placed on EBP, and staff has been educated to wear gloves and gown before giving care for residents who are under EBP. We make sure those residents are identified by a sign on the door and a caddy with PPE…" Record review of a policy titled, Enhanced Barrier Precautions implemented 08/16/2022 indicates the following. Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Explanation and Compliance. Guidelines: 1. Prompt recognition of need: All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves.	F0880		

Florida State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1410096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

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PALM GARDEN OF AVENTURA	21251 E DIXIE HIGHWAY , NORTH MIAMI BEACH, Florida, 33180

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N0000	INITIAL COMMENTS An unannounced complaint survey for complaint number 2025007354 was conducted on July 15, 2025, at Palm Garden of Aventura. The facility had deficiencies at the time of the survey.	N0000		07/24/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE