

Florida State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1352096		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/27/2025	
NAME OF PROVIDER OR SUPPLIER GARDENS NURSING AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 190 NE 191ST STREET , MIAMI, Florida, 33161			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N0000	INITIAL COMMENTS			N0000			07/18/2025
N0199	<p>An unannounced complaint survey for complaint number 2025009150 was conducted June 25, 2025, to June 27, 2025, at Gardens Nursing and Rehabilitation Center. The facility had deficiencies at the time of this survey.</p> <p>Right to be Informed of Medical Condition</p> <p>CFR(s): 400.022(1)(j), FS</p> <p>(j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews and interviews facility failed to notify one (Resident #1) out of three sampled residents' representative of a change in condition. As evidenced by Resident #1 with a clinical diagnosis of Disorganized Schizophrenia (a mental condition that cause an individual to have trouble organizing their thoughts, which can lead to behaviors that seem random) left the facility Against Medical Advice (AMA) and the responsible party was not notified.</p> <p>The findings included:</p> <p>Record review of a demographic sheet revealed Resident #1 was admitted on 3/17/2025 with diagnosis that included: Schizophrenia and Psychosis, responsible party listed: [] Advocacy Group and discharged on 5/5/2025.</p>			N0199	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident #1 no longer resides in the facility. Resident left AMA 5/5/2025.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Quality review over the last 30 days by the DON/designee to ensure the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record to be completed by 7/31/2025.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Current licensed nurses re-educated by the DON / designee on the components of this regulation and to ensure the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record 7/31/2025.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p>		07/31/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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N0199	<p>Continued from page 1</p> <p>Record review of an admission/discharge/transfer list revealed Resident#1 was listed as discharged Against Medical Advice on 5/5/25.</p> <p>Record review of an Admission Minimum Data Set (MDS) reference dated 3/24/2025 revealed Resident#1 had a Brief Interview of Mental Status score of 14 out of 15; indicated no cognitive impairment, was taking Antipsychotic medications and did not have a wander/elopement alarm and had an active discharge planning occurring for return to the community.</p> <p>Interview on 06/25/2025 at 3:50 PM via telephone, Resident #1's Advocate/Representative stated: "The last time I saw [Resident #1] was in the hospital on 03/04/2025, I was not notified [Resident #1] is not at the facility, it is not safe for him to be out he need his medication."</p> <p>Record review of Resident #1's physician's order sheet for May 2025 revealed orders dated 3/17/2025 for Olanzapine oral tablet 5 Milligram (MG) by mouth at bedtime for Psychosis, order dated 3/18/2025 Monitor blood sugar every shift, Colostomy Care Every Shift every shift and monitor/document for behaviors, and order dated 3/25/2025 Olanzapine Oral Tablet 10 MG give one tablet by mouth at bedtime for Psychosis.</p> <p>Record review revealed Resident #1 had a care plan initiated on 3/18/2025 and revised on: 05/08/2025 for Alteration in mood and/or behavioral status AEB/ Related to: Psychotic symptoms (Hallucinations/Delusions) with a goal to be easily redirected and free from injury/adverse outcome related to wandering through next review and interventions that included: Monitor resident for ongoing psychosocial issues.</p> <p>Record review of a progress note dated: 5/5/2025 at 11:10 AM revealed Resident #1 left AMA and form was not signed.</p> <p>On 6/26/25 at 9:00 AM, the DON (Director of Nursing) stated: "A Night shift staff called me around 11:00 PM on 5/4/25 and reported to me that the CNA (Certified Nursing Assistant) could not find the resident (Resident #1). I instructed them to look everywhere and that I would be in my way. I notified the administrator. They called me back and said they found the resident in another resident's room, and the resident was determined to leave. I instructed the supervisor to stay with the resident. The next morning</p>	N0199	<p>Continued from page 1</p> <p>The DON/designee to conduct ongoing quality monitoring through clinical meeting to ensure the responsible party is notified of a resident's change in condition who leave AMA with documentation in the medical record 2 x weekly x 4 weeks, weekly x 2 weeks then twice monthly and PRN as indicated.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.</p>	

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N0199	<p>Continued from page 2</p> <p>when I came in, I spoke with [Resident #1], and the resident insisted on leaving. At that time, I checked and saw [Resident#1's] BIMS score was 14. I then spoke to the medical doctor and the doctor advised to let [Resident #1] leave AMA. I presented the AMA form to [Resident #1] and the resident refused to sign it. I called the responsible party three or four times, left a voicemail and no response was received.</p> <p>During an interview on 6/26/25 at 9:42 AM, the Social Services Director (SSD) stated: "If a resident left AMA. I normally do a wellness check if I have the discharge location, however for [Resident #1] I did not have a location. The health care proxy is to be notified about any incident, and they are the person who is to sign a resident out AMA. The Social Services Director presented Resident #1's signed Affidavit of Health Care Proxy dated 3/3/25 indicating Patient name: [Resident#1]. Agency accepting Proxy Designation:</p> <p>Record review of a Policy titled Against Medical Advice effective date 05/10/2024 indicated:</p> <p>Procedure:</p> <p>5. Notify the resident's representative, family, or designated person that the resident is leaving the facility "AMA" and document in the medical record.</p> <p>Class III</p>	N0199		

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F0000	INITIAL COMMENTS An unannounced complaint survey for Complaint number 2025009150, was conducted June 25, 2025, to June 27, 2025, at Gardens Nursing & Rehab Center. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F0000		07/28/2025
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(i). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F0580	1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #1 no longer resides in the facility. Resident left AMA 5/5/2025. How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken; Quality review over the last 30 days by the DON/designee to ensure the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record to be completed by 7/31/2025. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; Current licensed nurses re-educated by the DON / designee on the components of this regulation and to ensure the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record 7/31/2025. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place; The DON/designee to conduct ongoing quality monitoring	07/31/2025

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.

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F0580 SS = D	<p>Continued from page 1</p> <p>(A) A change in room or roomrate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews and interviews facility failed to notify one (Resident #1) out of three sampled residents' representative of a change in condition. As evidenced by Resident #1 with a clinical diagnosis of Disorganized Schizophrenia (a mental condition that cause an individual to have trouble organizing their thoughts, which can lead to behaviors that seem random) left the facility Against Medical Advice (AMA) and the responsible party was not notified.</p> <p>The findings included:</p> <p>Record review of a demographic sheet revealed Resident #1 was admitted on 3/17/2025 with diagnosis that included: Schizophrenia and Psychosis, responsible party listed: [] Advocacy Group and discharged on 5/5/2025.</p> <p>Record review of an admission/discharge/transfer list revealed Resident#1 was listed as discharged Against Medical Advice on 5/5/25.</p> <p>Record review of an Admission Minimum Data Set (MDS) reference dated 3/24/2025 revealed Resident#1 had a Brief Interview of Mental Status score of 14 out of 15; indicated no cognitive impairment, was taking Antipsychotic medications and did not have a wander/elopement alarm and had an active discharge</p>	F0580	<p>Continued from page 1</p> <p>through clinical meeting to ensure the responsible party is notified of a resident's change in condition who leave AMA with documentation in the medical record 2 x weekly x 4 weeks, weekly x 2 weeks then twice monthly and PRN as indicated.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.</p>	

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F0580 SS = D	<p>Continued from page 2 planning occurring for return to the community.</p> <p>Interview on 06/25/2025 at 3:50 PM via telephone, Resident #1's Advocate/Representative stated: "The last time I saw [Resident #1] was in the hospital on 03/04/2025. I was not notified [Resident #1] is not at the facility, it is not safe for him to be out he need his medication."</p> <p>Record review of Resident #1's physician's order sheet for May 2025 revealed orders dated 3/17/2025 for Olanzapine oral tablet 5 Milligram (MG) by mouth at bedtime for Psychosis, order dated 3/18/2025 Monitor blood sugar every shift, Colostomy Care Every Shift every shift and monitor/document for behaviors, and order dated 3/25/2025 Olanzapine Oral Tablet 10 MG give one tablet by mouth at bedtime for Psychosis.</p> <p>Record review revealed Resident #1 had a care plan initiated on 3/18/2025 and revised on: 05/08/2025 for Alteration in mood and/or behavioral status AEB/ Related to: Psychotic symptoms (Hallucinations/Delusions) with a goal to be easily redirected and free from injury/adverse outcome related to wandering through next review and interventions that included: Monitor resident for ongoing psychosocial issues.</p> <p>Record review of a progress note dated: 5/5/2025 at 11:10 AM revealed Resident #1 left AMA and form was not signed.</p> <p>On 6/26/25 at 9:00 AM, the DON (Director of Nursing) stated: "A Night shift staff called me around 11:00 PM on 5/4/25 and reported to me that the CNA (Certified Nursing Assistant) could not find the resident (Resident #1). I instructed them to look everywhere and that I would be in my way. I notified the administrator. They called me back and said they found the resident in another resident's room, and the resident was determined to leave. I instructed the supervisor to stay with the resident. The next morning when I came in, I spoke with [Resident #1], and the resident insisted on leaving. At that time, I checked and saw [Resident#1's] BIMS score was 14. I then spoke to the medical doctor and the doctor advised to let [Resident #1] leave AMA. I presented the AMA form to [Resident #1] and the resident refused to sign it. I called the responsible party three or four times, left a voicemail and no response was received.</p> <p>During an interview on 6/26/25 at 9:42 AM, the Social</p>	F0580		

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F0580 SS = D	Continued from page 3 Services Director (SSD) stated: "If a resident left AMA, I normally do a wellness check if I have the discharge location, however for [Resident #1] I did not have a location. The health care proxy is to be notified about any incident, and they are the person who is to sign a resident out AMA. The Social Services Director presented Resident #1's signed Affidavit of Health Care Proxy dated 3/3/25 indicating Patient name: [Resident#1], Agency accepting Proxy Designation: Record review of a Policy titled Against Medical Advice effective date 05/10/2024 indicated: Procedure: 5. Notify the resident's representative, family, or designated person that the resident is leaving the facility "AMA" and document in the medical record.	F0580		
F0627 SS = D	Inappropriate Discharge CFR(s): 483.15(c)(1)(2)(i)(ii)(7)(e)(1)(2);483.21(c)(1)(2) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- §483.15(c)(1)(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A)The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B)The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C)The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D)The health of individuals in the facility would otherwise be endangered; (E)The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies	F0627	Facility denies and disputes the validity of this citation and completes this POC solely to meet the requirements of State licensure and Federal regulations. Facility further denies any and all statements, acknowledgements, confirmations, or comments attributed to facility staff as strictly hearsay. 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #1 no longer resides in the facility. Resident left AMA 5/5/2025. How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken; Quality review over the last 30 days by the DON/designee to ensure a valid addresses is obtained upon admission/re-admission, to ensure residents are safely and appropriately discharged to a safe location where ongoing clinical care can be provided, and the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record to be completed by 7/31/2025. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;	07/31/2025

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F0627 SS = D	<p>Continued from page 4 the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F)The facility ceases to operate.</p> <p>§483.15(c)(1)(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i)Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii)The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p>	F0627	<p>Continued from page 4 Current licensed nurses re-educated by the DON / designee on the components of this regulation and to ensure a valid addresses is obtained upon admission/re-admission, to ensure residents are safely and appropriately discharged to a safe location where ongoing clinical care can be provided, and the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record 7/31/2025.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>The DON/designee to conduct ongoing quality monitoring through clinical meeting to ensure to ensure a valid addresses is obtained upon admission/re-admission to ensure residents are safely and appropriately discharged to a safe location where ongoing clinical care can be provided, and the responsible party is notified of a resident's change in condition who leave the facility AMA with documentation in the medical record 2 x weekly x 4 weeks, weekly x 2 weeks then twice monthly and PRN as indicated.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.</p>	

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

FORM APPROVED

OMB NO. 0938-0391

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F0627 SS = D	<p>Continued from page 5</p> <p>§483.15(c)(7) Orientation for transfer or discharge.</p> <p>A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.</p> <p>§483.15(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>§483.21(c)(1) Discharge Planning Process</p> <p>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the</p>	F0627		

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NAME OF PROVIDER OR SUPPLIER GARDENS NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 190 NE 191ST STREET , MIAMI, Florida, 33161	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0627 SS = D	<p>Continued from page 6 reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-</p> <p>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.</p> <p>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.</p> <p>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.</p> <p>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.</p> <p>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.</p> <p>(vi) Address the resident's goals of care and treatment preferences.</p> <p>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.</p> <p>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.</p> <p>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.</p> <p>(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality</p>	F0627		

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F0627 SS = D	<p>Continued from page 7 measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review and interviews the facility failed to ensure one (Resident #1 out of three (Resident #1) safely and appropriately discharged to a safe location where ongoing clinical care could be provided, as evidence by on 05/05/2025 Resident #1 a vulnerable resident with clinical diagnoses of Disorganized Schizophrenia (a mental condition that cause an individual to have trouble organizing their thoughts, which can lead to behaviors that seem random) insisted on leaving the facility was presented with an Against Medical Advise (AMA) form which he refused to sign. The facility did not obtain a valid address for Resident #1's next place of residence and did not inform the resident's advocate/representative about the AMA discharge. At the time of this survey Resident #1's location is unknown.</p>	F0627		

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F0627 SS = D	<p>Continued from page 8</p> <p>The findings include:</p> <p>Observational tour of the facility's exterior revealed the facility is in a residential area with high volume of traffic and cross streets; the facility is not gated at the entrance. The facility has side fences (approximately four feet at the front of the building's parking lot and to the right while entering the facility the fence is approximately six feet extending to the rear of the facility of the building. The front entrance to the building requires a code to enter and exit. Tour of the facility's interior revealed only one out of two elevators in working condition and required a code to get on and off. The stairway has an alarm with a 5-10 seconds delay before the door is opened. Every exit door has an alarm. The patios on the second and third floor are screened but a resident could easily lift the screen and jump off the patio.</p> <p>Review of Resident #1's closed medical records revealed the resident was admitted to the facility on 03/17/2025 and discharged AMA on 05/05/2025. Clinical diagnoses include Colostomy status, disorganized schizophrenia, other psychotic disorder not due to a substance or known physiological condition...</p> <p>Review of the Physicians Orders Sheet (POS) for May 2025 included an order dated 3/17/2025 for Olanzapine Oral Tablet 10 milligrams: give 1 tablet by mouth at bedtime for Psychosis Colostomy care every shift.</p> <p>Record review indicated Resident #1's Care Plans Initiated: 03/18/2025, Revision on: 05/08/2025 documented: Focus area: Alteration in mood and/or behavioral status related to psychotic symptoms (Hallucinations/Delusions). Goal: Will be easily redirected and free from injury/adverse outcome related to wandering through next review. Interventions: Provide additional Social Service support as needed. Offer/provide psychosocial support services as available/accepted. Medications as ordered, Redirect patient as necessary. 15 minutes checks per facility protocol. Monitor resident ongoing psychosocial issues... Care Plan Date Initiated: 03/19/2025 Revision dated 05/08/2025-Focus: Resident wishes to stay in the facility for Long Term Care. Resident discharged AMA, forms not signed. Goal: -Resident will have no psychosocial issues regarding the decision to stay in facility for LTC. Interventions: - Monitor resident ongoing psychosocial issues. Psych consultation as necessary</p>	F0627		

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F0627 SS = D	<p>Continued from page 9</p> <p>Review of the Admission Minimum Data Set (MDS) dated 3/24/2025 indicated Resident # 1 is cognitively intact. Haring- Adequate, Speech Clarity- clear speech, Makes Self Understood- usually understood/ understands... High-Risk Drug Classes taking: Antipsychotic; No wander/elopement alarm used; Active discharge planning already occurring for the resident to return to the community-Yes</p> <p>Review of Progress Note dated 5/5/2025 02:19 (2:19 AM)-Narrative Nurses note: Resident left AMA form was not signed.</p> <p>Review of a Progress Noted dated 5/5/2025 2:44 AM: During the routine checkup, Staff notice [Resident #1] was not in his room. The Supervisor, primary nurse and staff searched the whole building but couldn't find the resident. The Administrator, DON (Director of Nursing) and ADON (Assistant Director of Nursing) were contacted. One of the residents shared [Resident #1] wanting to leave, and said he was tired of being locked up. MD (Medical Doctor) has also been notified. Tried reaching out to [] Florida Advocacy Group...but there was no response. Voicemail message was left for them to return the call...</p> <p>Interview on 06/25/2025 at 1:57 PM, the Director of Nursing (DON) revealed Resident # 1 went missing on the 3:00 PM to 11:00 PM shift and "apparently" the 11:00 PM to 7:00 PM shift staff reported the resident was found in another resident's room on the third floor.</p> <p>Interview on 06/25/2025 at 3:50 PM via telephone, Resident #1's Advocate stated: "The last time I saw [Resident #1] was in the hospital on 03/04/2025, I was not notified [Resident #1] is not at the facility, it is not safe for him to be out he need his medication."</p> <p>Interview on 06/26/2025 at 9:07 AM The DON) revealed: "If a resident wants to leave AMA the staff are to notify me and either myself or staff try to convince the resident to remain in the facility. If the resident insists on leaving, the medical doctor is notified, and the resident is asked to sign a form that explains the risks. If a resident leaves AMA, we notify the MD (Medical Doctor) [local community-based State agency] and emergency contact. The most recent AMA was [Resident#1]. A night shift staff called me around 11:00 PM on 5/4/2025 and reported to me that the CNA (Certified Nursing Assistant) could not find the resident. I instructed them to look everywhere and that</p>	F0627		

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F0627 SS = D	<p>Continued from page 10 I would be in my way. I notified the administrator. They called me back and said they found the resident in another resident's room, and he was determined to leave. I instructed the supervisor to stay with the resident. The next morning when I came in, I spoke with [Resident #1] and the resident insisted on leaving. At that time, I checked and saw Resident#1's BIMS (Brief Interview of Mental Status) score was 14 (score of 14 out of 15 indicate the resident is cognitively intact). I then spoke to the medical doctor and the doctor advised to let Resident #1 leave AMA. I presented the AMA form to Resident #1 and the resident refused to sign it... I did not write a progress note that the resident was here on 5/5/25 in the morning. I called three or four times to the responsible party and left a voicemail and no response. This resident has a diagnosis of Schizophrenia..."</p> <p>During an interview on 6/26/25 at 9:42 AM, the Social Services Director (SSD) stated: "If a resident left AMA, I normally do a wellness check if I have the discharge location, however for [Resident #1] I did not have a location. The health care proxy is to be notified about any incident, and they are the person who is to sign a resident out AMA. The Social Services Director presented Resident #1's signed Affidavit of Health Care Proxy dated 3/3/25 indicating Patient name: [Resident#1], Agency accepting Proxy Designation: [Advocacy Group]. If a resident wants to leave AMA and I am present I request that they sign an AMA and advise them of the possible risks associated with leaving AMA. I don't remember if I told DCF that Resident #1 left AMA because I only forwarded the note written on 5/5/25 at 2:00 AM.</p> <p>On 6/26/25 at 10:50 AM The DON stated: "I didn't document that the resident was found because there was a lot going on...No one called the police because the resident was found in another room."</p> <p>Interview on 6/26/2025 at 11:34 AM the DON reported that on 05/05/2025 Resident #1 insisted he wanted to leave and was presented with an Against Medical Advice (AMA) form, but he did not sign the AMA form and left the facility at 10:42 AM with his clothes and colostomy supplies. He was wearing shorts; we watched him cross the street to the bus stop. The Administrator (NHA) Minimum Data Set (MDS) Coordinator, Therapy Director and the Receptionist were present when the resident left. The DON revealed she was aware Resident #1 had an Advocate/Representative, and she called and left a message. The Doctor was also notified that the resident</p>	F0627		

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F0627 SS = D	<p>Continued from page 11</p> <p>left AMA. The DON was asked why the facility did not Baker Act the resident for his own safety; the DON reported there was no Doctor's order to Baker Act the resident.</p> <p>Interview on 06/26/2025 at 2:10 PM with Staff C, Certified Nursing Assistant, revealed "I have worked with [Resident #1] before and everybody work together with him, I remember that Sunday night about 10:00 PM they said he was missing, and we looked for him everywhere. I was leaving at 11:00 PM and they had not found him but the next day I heard that they had found him, and he had left."</p> <p>On 06/26/2025 at 2:18 PM, interview via phone with the Primary Care Physician (PCP) he stated: "[Resident #1] was my patient; he was oriented and is independent. I received a call on Sunday 05/04/25 at around 11:00 PM stating [Resident #1] was missing. I did not hear from them until Monday morning and at that time they did not tell me where he was found that morning. They said he left AMA." The PCP was asked if it was safe for the resident to be out of the facility off his medication, The PCP stated, "If the [Resident #1] does not get his medication, he will get worse. We got him from another county pretty much while he was at the facility he was ok; he needs his medication and needed to continue taking it because he was stable. I was not aware he was with the advocate program. When this kind of patient try to leave, he should be "Baker Acted." The PCP was asked if a Physician's Order is required for a Baker Act, the PCP stated "no, the facility have the right to call 911 because maybe at that time when he wanted to leave, he was experiencing or was in altered mental status. We have had patients that try to leave, and it is hard to escape from that facility. I was not notified until Monday morning and that was after he had already left AMA."</p> <p>Interview on 06/26/2025 at 2:35 PM, the Administrator (NHA) was asked about the incident related to Resident # 1 leaving the facility; the NHA stated: He left AMA, he did not tell us where he was going, it is not uncommon for homeless people to want to leave so he may have gone back to the streets, the doctor was called per the DON. The NHA was asked if she contacted the Advocate/ Representative, she stated: I left a message I only have a phone number. He usually makes his decision; he signed his admission package when he came in., we did not do a wellness check because according to Social Services Director (SSD), she reported it to [local community-based State agency], but they did not</p>	F0627		

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F0627 SS = D	<p>Continued from page 12</p> <p>take the case. No police report or missing person reports were done because he left AMA." When asked if the resident can survive without meds, the NHA stated: Yes, he may have psychotic episodes, but he lived on the streets before he has no income ...and when he needs supplies he will go to the hospital...He can change the colostomy bag himself. The staff reported he was missing at nighttime on the 11:00 PM to 7:00 AM shift and they found him in another resident's room (room number unknown). He said the next morning "I can't be here." The NHA was asked if the resident's doctors were notified; the NHA stated: "The primary doctor was called and I do not know if the Psychiatrist was called" The NHA was asked if she thought a resident would be safe on the streets, she responded yes. He refused to sign the AMA. I witnessed him leaving." The NHA was asked if the Social Services Director (SSD) was made aware that the resident wanted to leave and, the NHA revealed the SSD was not involved.</p> <p>Follow up interview on 06/26/2025 at 3:38 PM, the SSD was asked if she had tried to encourage the resident not to leave the facility. The SSD stated: "I was not involved and was not notified until after the resident ha left." The SSD further revealed: "[Resident #1] expressed at times that he wanted to leave but not aggressively and was redirected. If I knew what was happening, I could have redirected him. I was at the facility that Monday he was not here when I put my note in: it is a concern that he is out there on his own..."</p> <p>Interview on 6/27/25 at 9:50 AM, Staff G, Registered Nurse (RN) stated "I am familiar with [Resident #1]. I have been his nurse several times. He was very quiet and short with words and always walking around. He never expressed any desire to leave the facility. He always took his medicine. I was told that this resident eloped. I would not consider that a safe discharge due to his Schizophrenia.</p> <p>Review of a Psychiatric Note for Resident #1 dated 3/24/2025 indicated: Resident #1 is very delusional, says the government has given him authority to take as much ecstasy as he wants and his family was executed, Diagnosis: Psychotic disorder...Schizophrenic disorganized type, recommendation to increase Olanzapine to 10 mg at bedtime.</p> <p>Interview via telephone on 06/27/2025 at 12:39 PM with the Psychiatrist, he stated: "I know that resident he was new, but he is Schizophrenic and with those types</p>	F0627		

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F0627 SS = D	<p>Continued from page 13 of patients moods will change without warning; he needs to take his medication to remain stable; and if he left without saying where he is going that is dangerous because; He may be roaming around the streets and will get in trouble and the police will lock him up and maybe put him in a psych unit. I was informed a week ago that he was not in the facility. The facility should have tried to find out where he was and where exactly he was going. The expectation is for the facility to notify me immediately before they let him leave, the plan when he was admitted was for him to stay in the facility. The facility should have a protocol in place for a psychotic patient like [Resident #1]. This is a major concern because I was only told that he was not in the facility a week ago."</p> <p>On 6/27/25 at 1:50 PM with Staff I, Licensed Practical Nurse (LPN) that was assigned to Resident #1 on the date of the incident stated: "I don't remember that resident [Resident #1]. I don't remember any resident going missing on my shift. I don't remember, I don't know that resident. When asked if she recalled residents on any of her assignment with colostomy she stated: "I don't remember." Staff I was asked about the medication that was not administered nor signed off on the Medication Administration Records (MAR) on 05/04/2025, Staff I, again stated: "I don't remember why I didn't sign the MAR."</p> <p>Review of the facility's policy provided titled Against Medical Advice, Effective date: 05/10/2024. Policy: A physician's order should be obtained for all discharges unless a resident or representative is discharging himself or herself against medical advice.</p> <p>Procedure: 1. Should a resident, or his or her representative request an immediate discharge; notify the physician and document in the medical record.</p> <p>2. If the resident or representative insists upon being discharged without the approval of the physician, the resident and/or representative should sign a Release of Responsibility (AMA) form. Should either party refuse to sign the release, such refusal is to be documented in the medical record.</p> <p>5. Notify the residents' representative, family, or designated person the resident is leaving the facility "AMA" and document in the medical record.</p>	F0627		
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary	F0812	Facility denies and disputes the validity of this citation and completes this POC solely to meet the	07/31/2025

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F0812 SS = E	<p>Continued from page 14 CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to store food under sanitary condition in two out of two snack/nourishment refrigerator on the resident's unit, as evidenced by residents' foods brought to the facility by visitors and family were observed unlabeled and not appropriately dated. This deficient practice has the potential to affect residents receiving food brought in from outside sources.</p> <p>The findings include.</p> <p>Observation on 06/25/2025 at 3:15 PM of the facility's Nourishment Pantries refrigerators that stores resident's food that is brought into the facility by visitors, family and other outside sources revealed the refrigerator on the second floor had 17 unlabeled grocery type bags with food items and three plastic containers in plastic bags with food items dated 05/29/2025 and had no names. The third-floor refrigerator also had several unlabeled undated plastic bags with food items.</p>	F0812	<p>Continued from page 14 requirements of State licensure and Federal regulations. Facility further denies any and all statements, acknowledgements, confirmations, or comments attributed to facility staff as strictly hearsay.</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Identified refrigerator on the second floor had 17 unlabeled grocery type bags with food items and three plastic containers in plastic bags with food items dated 05/29/2025 and had no names was discarded by the ADON 6/26/2025.</p> <p>Identified third-floor refrigerator with several unlabeled undated plastic bags with food items was discarded by the ADON 6/26/2025.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Quality review to be completed by the DON/designee of the 2nd and 3rd floor refrigerators to ensure food items brought in from outside visitors/family are dated, labeled and stored appropriately under sanitary conditions 7/22/2025.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Current licensed nurses re-educated by the DON/designee on the components of this regulation and to ensure food items brought in from outside visitors/family are dated, labeled and stored appropriately under sanitary conditions to be completed by 7/31/2025.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>DON/designee to conduct ongoing quality monitoring of the 2nd and 3rd floor refrigerators through visual observation to ensure food items brought in from outside visitors/family are dated, labeled, and stored appropriately under sanitary conditions twice weekly x</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105765	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER GARDENS NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 190 NE 191ST STREET , MIAMI, Florida, 33161	
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F0812 SS = E	<p>Continued from page 15</p> <p>Interview on 06/25/2025 at 3: 25 PM Interview with Staff J, Registered Nurse revealed (RN) stated: all these foods belong to the residents." Items in the refrigerator located in the pantry to residents.</p> <p>Interview on at 3:45 PM, the Assistant Director of Nursing acknowledged the concerns and revealed: "Food should be labelled and dated with the resident's name and should be discarded after three days."</p> <p>Review of the facility's policy titled: Foods Brought in By Family and Visitors indicate:</p> <p>POLICY:</p> <p>It is the policy of this facility to permit liberalized diets as much as possible. Staff must be aware of foods brought to a resident by family/visitors.</p> <p>PROCEDURE:</p> <p>1. Family members/visitors must inform the nursing staff of their desire to bring foods into the facility.</p> <p>5. Perishable foods must be stored in re-sealable containers with tightly fitting lids in the refrigerator (used for resident items). Containers must be labeled with the resident's name, the item and the "use by date".</p> <p>6. The facility staff, in charge of cleaning the common area refrigerator, is responsible for discarding perishable foods on or before the "use by date/3days". The family is responsible for discarding perishable food stored in personal refrigerators kept in resident rooms.</p>	F0812	<p>Continued from page 15</p> <p>4 weeks, weekly x 2 weeks then twice monthly and PRN as indicated.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months then quarterly and PRN as indicated and modified based on findings.</p>	
F0813 SS = D	<p>Personal Food Policy</p> <p>CFR(s): 483.60(i)(3)</p> <p>§483.60(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to honor their policy for "Foods brought in by family/visitors" for one (Resident #13) out of three sampled residents as evidenced by the</p>	F0813	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident Council Meeting to be held 7/2/2025 to review the policy r/t Food Brought in from Outside Visitors/Family.</p> <p>A copy of the Food Brought in from Outside Visitors/Family policy was placed in the admission packet by the ED 7/23/2025 and will be reviewed with new admissions, re-admissions and /or the resident representative as part of the admission process.</p>	07/31/2025

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F0813 SS = D	<p>Continued from page 16 facility's staff refuse to warm Resident #13's food brought in by family.</p> <p>The findings included:</p> <p>During observation on 06/25/25 at 12:55 PM Resident #13 was observed seated in her wheelchair at the bedside. Resident #13 revealed she had a recent disagreement with the dietary manager about her food that had been brought in by her brother being too burnt when staff warmed it up in the kitchen...As a result the Dietary Manager is unwilling to warm her food in the kitchen. The resident further explained the microwaves were removed and residents must warm up outside food in the kitchen.</p> <p>Interview on 06/25/25 at 02:25 PM, the Dietary Manager reported there is currently no microwave on each floor, as the previous ones were removed due to repeated damage and have not been replaced. Per facility policy, staff are not permitted to reheat outside food brought in by residents or their families. Only food prepared in-house may be reheated. This policy has been longstanding, though there have been numerous complaints from residents regarding the inability to warm up outside food.</p> <p>Review of the facility's undated policy titled: Foods brought in by family/visitors.</p> <p>POLICY:</p> <p>It is the policy of this facility to permit liberalized diets as much as possible. Staff must be aware of foods brought to a resident by family/visitors.</p> <p>PROCEDURE:</p> <p>10. Outside food/liquids is only permitted to be reheated by dietary staff to prevent the possibility of burns or injury.</p>	F0813	<p>Continued from page 16</p> <p>Resident # 13 grievance initiated and resolved 6/26/2025.</p> <p>Resident #13 educated on the policy r/t Food Brought in from Outside Visitors/Family by the ED 6/26/2025.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Quality review of grievances received over the last 30 days from residents/visitors and/or staff with concerns related to not being able to have their food re- heated to be completed by the ED 7/31/2025.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Current facility staff re-educated by the ED/designee on the components of this regulation and the policy titled "Food Brought in from Outside Visitors/Family" to be completed by 7/31/2025.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>The ED/designee to conduct ongoing quality monitoring through morning meeting r/t grievances regarding food not being able to be re-heated to ensure residents/visitors and staff have been provided education on the policy titled "Food Brought in from Outside Visitors/Family 2 x weekly x 4 weeks, weekly x 2 weeks then twice monthly and PRN as indicated.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.</p>	