STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106110	A. BUILDING _____ B. WING _____	C 05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHILDRENS COMPREHENSIVE CARE CENTER INC	200 SE 19TH AVENUE POMPANO BEACH, FL 33060

(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 An unannounced Complaint survey, complaint number 2025005994, was conducted on at Children's Comprehensive Care Center. The facility is not in compliance with CFR 42, Part 483, Requirements for Long Term Care Facilities.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-( )(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 , , status (that is, a deterioration in health, mental, or , , status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment	F 580		

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

Electronically Signed /2025

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

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F 580	Continued From page 1 as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. ( ) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) 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). This REQUIREMENT is not met as evidenced by: Based on review of policy and procedure, interview, observation and record review, the facility failed to notify the resident's representative regarding a change in skin condition, for 1 of 3 sampled residents observed (Resident #1). The findings included: Review of the facility policy and procedure titled, Change in a Resident's Condition or Status, which was not dated, and provided by the Director of Nursing (DON), included: Our facility shall promptly notify the resident, his or her attending physician, and representative (or sponsor) of changes in the resident's condition and/or status. The nurse supervisor will record in the resident's medical record any changes in the resident's medical condition or status.	F 580	Internal and External communication is being focused upon, following our in-service for improved communication with patients, staff, providers, social services, families, parents and legal guardian/representatives. The staff will increase documentation, as evidenced by skin assessment, progress note and charting by exception. The DON will monitor for compliance with progress notes , assessments and appropriate notifications. This Plan of correction will be addressed in our QAPI Meeting scheduled for . . .	

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F 580	Continued From page 2	F 580		

Review of the facility policy and procedure titled, Care, dated , included: Prevention is the best medicine for the care of the skin around the and the . Meticulous care should be taken to assess the skin each shift and document findings. Skin care management plans should be initiated when the skin condition is less than optimal .....

Review of the facility policy and procedure titled, Prevention and Managing Skin Integrity, dated included: Nursing, in collaboration with the health care team, will assess and manage skin integrity for all residents. Risk for development will be evaluated upon admission. Skin inspections will be completed on admission and daily for all residents. Purpose: To promote prompt evaluation and intervention of any changes in skin integrity. The focus of the examination will be on the skin over the bony prominence and in skin fold/creases. Findings will be documented in the patient medical record (paper or electronic). Communication to the provider and other caregivers of a is essential.

1) Resident #1 was originally admitted to the facility on with the following diagnoses which included: Disruption of , Hypoplastic Right , Double Outlet Right Ventricle, Aphasia and , Failure. Resident #1 is medically fragile with a and , in place and totally dependent on staff for care, nutrition and hydration. She had a Brief Interview Mental Status ( ) indicative of (severe ,).

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During an interview conducted on at 4:09 PM with the resident's mother, she verbalized that, on Friday she went to visit Resident #1 and that's when she noticed that she had a hole/ on the right side of her , which she described as having the smell of "eggs and sewage and was the size of a golf ball" and deep. The mother indicated that she had spoken to the care doctor in the facility the same day and was told by him that Resident #1 also had sores on her , in the past, which she started getting in 2024. According to the mother, this was the first time that she heard anything about Resident #1 having sores on her . The mother went on to say that the staff members have her phone number, but hadn't called her at all, regarding this. The complainant ended by saying that the doctor apologized for not calling.

On at 10 AM an observation was conducted of Resident #1 who was resting in bed with her elevated and with both her and in place. Resident #1 was not observed as having a hole/ on the right side of her . The resident's did not smell like eggs and sewage. However, it was apparent from the two (2) healed, "old" discolored scars on the and right side of the resident's that a former " or ," that had been treated and healed. Resident #1's and were clean, with no "build-up," noted, at the time, and she was wearing her , . (Photographic Evidence Obtained).

Record review of the Resident #1's Care plan initiated indicated Focus: Resident #1 has , related to

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process. Interventions: Ensure that ties are secured at all times ... care Q shift, cleanse with normal , inspect skin for any or redness, apply A & D as needed. Goal: Resident #1 will have no abnormal drainage around site and will have no signs or symptoms of through review date.

Record review of the Resident #1's or Interference Care plan initiated indicated Focus: Structural integrity of layers of skin to the right side of her caused by prolonged pressure related to: collar and excess . Interventions ...Document on daily flow sheet: if skin is intact, mark "Y." If skin is reddened or has open area; mark "N." Report any new openings to Registered Staff .... Goal: There will be a reduction in size/stage of , and no signs of or complication during period of review.

On the Care Doctor's Evaluation documented that, "...Patient has a ˬ on her right lateral .....pressure, duration (>) greater than twenty-two (22) days .... size 1.0 x 1.2 x 0.2 cm Surface area 1.20 cm2, edges attached, moderate , 100% ˬ tissue, , noted with grimacing, no signs of . ˬ Treatment Plan: Mepilex Ag+ foam apply Q-shift and as needed if saturated, soiled, or dislodged. For nine (9) days secure under strap.

Computerized record review conducted of a "late entry" nursing note by Staff A, a Licensed Practical Nurse (LPN) in which he revealed that, on Friday "around 5:30 PM resident's mother came in to visit her daughter ..... She

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complained about she observed on the resident's . The , , , (RRT) explained to her that the physician was notified and ordered , care which included Mepilex to , site twice a day. Resident's mother was informed about it, at that time.

During an interview and side-by-side computerized record review conducted on at 1:35 PM with Staff A, he revealed that neither he, nor any other nursing staff members, had recorded any documentation in the nurses' progress notes, prior to Friday , to indicate that he or they had spoken with the mother about any of the details, regarding Resident #1's current skin condition.

A side-by-side record review was conducted with the DON in which it was noted that there was no documentation recorded in any of the , , , ' notes, nurses' progress, the Dietary Nutrition notes (, , and), nor in the Care Plan meetings (and) and Transitional meeting ( ), from until Friday (when the complainant entered the facility to discover her child's herself), to specifically describe, in detail, the resident's current skin condition. Nor was there any documentation to describe the presence of any . There was not any documentation to signify whether or not the resident's representative had been previously contacted and notified of the resident's current and on-going status , by the facility's nursing staff.

The computerized last Skin Evaluation completed (prior to) had been dated .

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F 580	Continued From page 6	F 580		

2) Record review conducted for last year, 2024, also revealed that Resident #1 had developed a to her , which had been documented as treated and healed.

However, there had still been no notation anywhere in the record to show that the resident's representative had been notified of this change in skin condition with treatment, between the dates of until .

A subsequent interview and side-by-side computerized record review was conducted on at 4:57 pm with Staff A, one (1) of three (3) currently available staff members, who had also been working in the facility during dates of service (DOS) until , regarding his nursing note entry on at 08:05 AM. Staff A, acknowledged and revealed that neither he, nor any other facility nursing staff members, had made any documentations in the record of Resident#1's current skin condition at that time. Neither, had he made any contact with the resident's representative concerning such.

The DON further recognized and acknowledged on at 5:05 PM that the resident's representative should always be notified or contacted for any changes to the resident's skin status or condition.

Agency for Health Care Administration

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	100633A	A. BUILDING: _____ B. WING _____	C 05/02/2025

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N 000	INITIAL COMMENTS An unannounced licensure Complaint survey, complaint number 2025005994, was conducted on at Children's Comprehensive Care Center. The facility had deficiencies at the time of the survey.	N 000		

AHCA Form 3020-0001

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

Electronically Signed /25