PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B MING 100610 11/05/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 000 INITIAL COMMENTS N 000 An unannounced Relicensure with complaints #2021010743. #2021014655. #2021015218. #2021015351, was conducted from at Harbor Beach Nursing and Rehabilitation Center. The allegations were substantiated for complaint #2021014655 due to the facility failing to provide supervision to prevent an elopement, and failure to assess a resident at an elopement risk. at 4:25 AM, a determination was made that the findings of the survey posed Imminent Danger to the health and safety of the residents admitted to the facility. Imminent Danger is a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause, serious injury, harm, or . . . to the resident. The deficient practice allowed Resident #1 to exit the facility undetected on between 7:00 AM and 7:05 AM. The facility's system failure, lack of adequate supervision, inaccurate risk of elopement assessment, and a failure to thoroughly investigate the surrounding area of the door known to be the door from which the resident eloped. Class I violations which presented an imminent danger to residents were identified at N201 and N204, Class I, right to adequate and appropriate

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

..... at 10:25 AM. N 201 400.022(1)(I), FS Right to Adequate and

SS=J Appropriate Health Care

healthcare. The Nursing Home Administrator was notified of the identified Imminent Danger on

TITLE (X6) DATE Electronically Signed /21

N 201

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#200).

The findings included:

#10), 2) failed to ensure that it dated and properly labeled the ____ tubing for 2 of 2 residents

receiving (Resident #10 and

timely nutritional assessment, was unable to

Resident #49); and the facility failed to ensure a

assist with ordered nutritious treats and failed to

prevent further . . . loss for 2 of 11 residents

1). The facility's Policies and Procedures titled

"Missing Patient/Resident" effective date

reviewed for nutrition (Resident #21 and Resident

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2.DCS and/or designee conducted an

audit of residents record and facility is

elopement drills to ensure that elopement

risk evaluation and measures to address

residents with high risk for elopement are

medications administration

in place, to include but not limited to,

and elopement plan. Corrective actions were done as necessary.

3.DCS and/or designee educated staff to

include new hired staff with return

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Repeat three times to alert staff of a missing patient/resident. Assigned staff to search the grounds. If the patient/resident is not located after the initial search the point person will notify the Executive Director and Director of Nurses. Resident Representative, and Physician. The Executive Director and/or Director of Nursing or designee to notify local Law Enforcement, Upon return to the Center a physical evaluation will be completed to determine if further treatment is needed. Document in the Medical Record. Notify Physician, Resident Representative, Executive Director, Director of Nurses and Law Enforcement (if applicable) of patient/resident's

Record review revealed Resident #1 was admitted to the facility from an acute care hospital on with diagnoses that include

return. Review and revise the interventions as indicated related to elopement and

and update the Care Plan and Kardex."

.., The Resident's .., and Minimum Data Set (MDS) Comprehensive assessment dated revealed Resident #1 had a (score of 11, which indicates moderate loss in

ability and can be associated with poor

conduct an audit of elopement drills, residents... elopement risk assessment evaluation, and measures for residents who were identified with high risk for exit seeking behavior to include but not limited medication administration . . guard use, to ensure of timely implementation, adequate supervision and residents are free from and neglect, random weekly x 4 weeks, then random monthly, thereafter. Findings will be discussed in the monthly QAA meeting to sustain compliance. N201

1.The Registered Dietician reassessed

Resident #21 and #200s nutritional

interventions for their ... losses.

during meals and to their nutritional

supplements as necessary.

Staff was educated on assisting residents

2. The Director of Clinical Services and/or

status to provide the necessary

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_ risk

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
100610 NAME OF PROVIDER OR SUPPLIER STREET.		B. WING		C 11/05/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, ST	ATE, ZIP CODE		
HARBOR	BEACH NURSING AND F	REHABILITATION CI 1615 MIA FORT LA	MI RD UDERDALE, FL	± 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
N 201	Continued From page	3	N 201		Liver Control of the	
	Resident #1 was asso behaviors. In Section Functional Status, Re with walking in her ro on and off the unit. Un medications, Residen medicatio medicatio Under Section P /elopement al. Another test we which showed a new indicating intact cogni	G of the MDS under sident #1 needs supervision om, corridor, and locomotion nder Section N- it #1 was assessed to take lion for the past 7 days, and return the sident for the past 7 days, and attoin for the past 7 days, and attoin for the past 7 days. and alarms, the arm was coded as not used, as conducted on		designee conducted an audit of reside during meals and residents receiving nutritional supplements to ensure that are receiving the assistance needed a necessary. The Registered Dietician conducted a audit of residents: Nutritional Assess record to ensure that losses ar timely addressed as necessary. Correactions were made as necessary. 3.The Regional Dietician educated the Registered Dietician on the Nutrition/Hydration Status regulatory requirement.	t they as in ment re	
	dated show identified as an elope risk evaluation was or day of the elopement done prior to that. The score of 4, which indi- risk for elopement. Resident #1's care pla	incident, which was not e assessment showed a cates that Resident #1 is at		4.The Registered Dielician and/or designee will conduct an audit of the residents during meals and residents nutritional supplements to ensure that assistance are provided as necessary nutritional assessments are in place for residents with _ losses for timely intervention, random weekly x 4 week then random monthly, thereafter. Find	r and or rs,	

AHCA Form 3020-0001

behaviors. Hx. [History] of drug and

drug-seeking since admission." Date initiated

resident "will not out of facility" (dated ...). An additional focus of the care plan

interventions that include "actual elopement on

" (dated), "assess for

includes the resident "is an elopement

risk/ . . . related to , . . . safety

awareness" (date initiated

. Interventions include " , and meet" resident's "needs" (dated), "Educate" resident "on successful coping and

) with

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will be discussed in the monthly QAA

1.Resident #10 and #49s... were

checked for label and physician orders

and were updated as needed during the

2. The Director of Clinical Services and/or

designee conducted an audit of residents

meeting to sustain compliance.

N201

survey.

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AHCA Form 3020-0001

at bedtime. The medication
0.25mg had blanks for the dates of
at 5:00 PM.
100mg had blanks for for for
the bedtime doses. The medication
had blanks for and
for the 5:00 PM doses.

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A nursing referral must be sent to have the SLP conduct the BCAT test. The lower the score on the BCAT, the more dependent the residents may be on all their Activities of Daily Living (ADL's). Someone with a low BCAT score will need, supervision, and everything must be structured for them. Someone with a score of 20 and below will have a high risk of getting hurt if they walk outside the facility and start walking, and they will need constant monitoring to avoid any accidents. A resident with score higher than the BCAT will have to

Director of Rehab stated that levels could change and fluctuate from one day to

score. The

he reassessed with a new

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facility's Speech-Language Pathologist on , 3 days after the incident. The BCAT assessment showed a score of 18 out of 50, indicating severe _ -linguistic , The Resident presents with severe in sustained attention, comprehension for following basic directions, short-term memory recall, and problem-solving skills. Resident required max verbal cues for redirection to structured tasks throughout the examination. An elopement risk evaluation was conducted on

. The assessment was completed by the

.... , the day of the incident, which was not done prior to that. The assessment showed a score of 4, which indicates that Resident #1 is at risk for elopement.

In an interview conducted on at 11:10 AM with Resident #1, she could not have a conversation with the surveyor and did not provide appropriate responses when answering the surveyor's questions.

In an interview conducted with Staff H, CNA, via telephone on at 11:59 AM, she was asked about the incident on Staff H stated that she was leaving the facility when Staff G. a Licensed Practical Nurse (LPN) asked her to look for Resident #1 on her drive home. At approximately 7:15 AM, Staff H located Resident #1 by a Speedway gas station located on US-1 and 16th street. Staff H stated that Resident #1 was about to turn right onto Highway

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, between 7:00 AM and 7:05 AM, she was in the gym working on her notes when she heard an alarm. She walked in the direction of the door that the alarm sounded from and poked her out of the door but did not step out. The exit

On her way to the exit door, she stated that the

then asked Staff F. Certified Nursing Assistant

told her that the skinny

told her. She

... was walking in the hallway toward the exit door earlier, but he did not see her leave. Staff E further stated that she returned to the nurse's station and alerted additional staff to

door was located between

what the Resident in

Resident in

lady in

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high likelihood that she could have been seriously injured, seriously harmed, or . . . (Photographic

PM with Staff I. Social Services Director, she

day to the other. If a resident has a . (), or other

scores could vary from one

evidence obtained). In an interview conducted on

reported that

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at 12:33

. their

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A review of the Elopement drills that were provided by the facility showed no indication that , and Elopement in-services were given as listed on the Education Calendar for 2021. This surveyor was provided education in-service attendance reports for /mistreatment dated

Resident/Elopement/ dated

facility also conducted elopement drills on . A closer review of the Elopement drills

and Missing

. The

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was told to first check each room before searching outside the premises. Then you go out to look for the resident. When an elopement happens, they are supposed to tell someone in charge and follow the directions of the supervisor. Staff J stated that she did not participate in any elopement drills after When asked as to how many exit doors does the facility has, she did not know In a second interview conducted on 11:07 AM with Staff E, she stated that she was

charge because it was too early. She further said that when she was educated on elopement, she

educated on elopement twice a year. The drills consisted of a code called "BODYBEAR" as an

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AM, Staff K, Housekeeping, stated that on the day of the incident, she passed by ... to the nurses' stations. She is familiar with Resident #1, who usually comes out of her room at around 8:00 AM and goes outside the patio across from her room. On the morning of , she saw Resident #1 walking out of her room and did not think much of it. The next thing she heard was the alarm on the door. She walked in the direction of the sound and was told by Staff E, who was by the exit door, that Resident #1 had already gone and could not see her. She then started looking for Resident #1 around the

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....Procedure: Physician's order for

the (DON) effective

opened the exit door and peeked outside. Surveyor could not see a full view of the street from right to left, and only the ramp to the street was visible from the door (Photographic evidence obtained). The Regional Director of Clinical Services agreed that Staff E, should have stepped outside the door, and walked down the ramp, to have a full view of the street. 2). Review of facility policy and procedure on at 5 PM for

, , provided by

indicated that

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2a).During an observation conducted on at 11:24 AM, Resident #10 was observed receiving continuous infusing at two to three () liters per minute via . . . concentrator. There was no date/label noted on his tubing to indicate when it was last changed and there was no signage outside of the resident's doorway indicating ,, in use. Resident #10 was initially admitted to the facility and re-admitted to the facility on with diagnoses which included: ...

...,, Failure, and Dependence on Supplemental , . . Record review revealed

(),

Agency for Health Care Administration
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

	100610	B. WING	11/05/2021
ND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED

SUMMARY STATEMENT OF DEFICIENCIES DEFOURCES DEFOURCES NAME DEFOURCE DEFOURCE	(X5) COMPLETE DATE
Resident #10 had a Brief Interview Mental Status () score of 15 (), Photographic evidence obtained of the absent label on Resident #10's	
Resident #10's Medication Administration Record (MAR) nor on the Treatment Administration Record (TAR), to indicate any routine changing of the resident'stubing. On at 11:33 AM further computerized record review of the physician's order dated revealed that Resident #10's	

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 | Continued From page 15 N 201 also reflected the following: Monitor sat per order and report to Medical Director (MD) if . , . (. .) sat is less than (<) 90%, provide ,, per MD orders, ,, Settings: () via ... prongs/mask per order, history of (. . .) and __ use related to (.). at 12:28 PM, an interview was conducted with Resident #10 in which he was asked about his __ usage, and he replied that his should be infusing at three (3) liters per minute. The resident was not noted to be in any acute distress or exhibiting any (), at the time. The resident also stated that he routinely uses his everyday (24/7) and has done so for over two (2) years. He added that the facility staff should be changing his tubing at least every three (3) days. However, he said that sometimes they don't change the tubing for about two to three (...) weeks. On at 4:32 PM there was still no date/label noted on Resident #10's , tubing to indicate when it was last changed and there wass still no signage outside Resident #10's doorway, indicating . . . in use.

On at 2:35 PM there was still no date/label noted on Resident #10's , tubing to indicate when it was last changed and there is still no signage outside resident #10's doorway

On at 10:41 AM there was still no date/label noted on Resident #10's ____ tubing to indicate when it was last changed and there is still no signage outside resident #10's doorway

indicating . . . in use.

indicating . , , in use.

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Agency f	or Health Care Adminis	stration				D: 12/20/2021 M APPROVED
STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		100610	B. WING			C /05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
HARBOR	BEACH NURSING AND I	REHABILITATION CI 1615 MI.	AMIRD AUDERDALE, FL 3:	3316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
N 201	Continued From page	16	N 201			mentana
	On at 10:51 conducted with Staff Nurse (LPN), in which following three (3) qui resident's sink beneared the staff of the s					
	observed receiving hi five () litters via concentrator. Howeve noted on his was last changed. Re Resident #49 was ori on and re-a- diagnoses which incli ()) in Mental Status (BIM) s ,). Photograp	via ox r, there was no date/label tubing to indicate when it scord review revealed ginally admitted to the facility dmitted on with uded:				

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On ... at 4:03 PM there was no date/label noted on ... tubing to indicate when it was last changed.

On ... at 10:30 AM there was still no date/label noted on ... tubing to indicate

PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 | Continued From page 17 N 201 when it was last changed. On ... at 11:05 AM, a computerized record review conducted of the resident's current - Continuous at 2 liters (L)/minute (M) via to increase resident's to five (5) (L) via continuously, change tubing, mask and /or weekly, may change sooner as needed and ... ox. Computerized record review of Resident #49's Treatment Administration Record (TAR), further indicates for changing of this resident's tubing, mask and/or weekly, may change sooner as needed every night shift with the presence of . , . at two (2) liters per minute, to increase to five (5) liters via ... continuously every shift for On at 11:21 AM record review of Resident #49's nursing care plan dated also indicated for . , . . Settings: (. .) via (prongs) at two (2) (L) as needed (PRN) and a potential for (. . .)

should have been labeled and dated as to when it was last changed by staff. In fact, the __ order, __ tubing label and signage were not obtained/put into place

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related to prior history of () episodes. at 10:51 AM, an interview was conducted with Staff D, an (LPN), in which she acknowledged that the resident's ____ tubing

for Resident #10, until after surveyor intervention. During an interview conducted on 11:20 AM, the Director of Nursing (DON) further acknowledged that Resident #10 should have

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

100610

100610

E WING

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FORM APPROVEC

(X3) MULTIPLE CONSTRUCTION
A BUILDING:
COMPLETED

11105/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF P	1615 MIA	MI DD	S, ZIP CODE					
HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316								
(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) COMPLETE DATE				
N 201	Continued From page 18 had an order and signage in place, and she also acknowledged that both Resident #10 and Resident #149s tubing should have been labeled and dated; this was not done.	N 201						
	3) A review of the facility's policy titled "Weighing the Resident," revised on showed that residents will be unless ordered otherwise by the Physical on admission, weekly for 4 weeks and once a month after that. A record review of Resident #21 revealed his readmission to the facility on with diagnoses of Adult and and (difficulty swallowing) following a The annual Minimum Data Set (MDS) dated showed that Resident #21 had a Brief Interview of Mental Status () score of 06, which is moderate to the severe Review of the Care plan dated showed that Resident #1 has the potential for imbalanced nutrition, related to the process and A review of the above MDS section G showed that for eating, Resident #21 was coded as requiring supervision and 1 person assist. In an observation conducted on at 11:00 AM, a container of a house shake (nutritional supplements) was noted unopened at the side table of Resident #21. Another observation conducted on at 1:00 PM noted the							
	conducted on at 1:00 FM noted the same unopened house shake at the side table in Resident #21's room. In an observation conducted on at 3:30 PM, Resident #21 was observed in his room. Closer observation showed a Vanilla house shake			escentation and the second and the s				

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433D) SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 | Continued From page 19 N 201 that was opened but completed at the bedside. A container of another house shake provided at 2:00 PM was also at the side table unopened. An observation was conducted on at 6:00 PM. The meal cart arrived on the unit and was placed in the hallway. The meals were delivered to all residents while Resident #21 was waiting on his dinner tray. At 6:30 PM, the meal tray was brought into the room by staff, and at 6:40 PM, the team started assisting Resident #21 with his dinner meal (40 minutes later). An observation conducted on at 8:10 AM showed the meal cart that arrived on the unit between . to 117. At 8:40 AM, the staff brought the breakfast meal to Resident #21 in his bed (30 minutes later). A review of the Order Summary Report showed an order for Health shake two times a day for a supplement with lunch and dinner and record amount dated A review of the ... 's summary showed the following _ _ recorded for Resident #21: on _____ at ____, on at , , on at at ...,...

In an observation conducted on at 2:30 PM, Staff B, Restorative Certified Nursing Assistants, was asked to take the ___ on Resident #21. Staff B used a bed scale to obtain the . . . for Resident #21, Continued observation showed a new ____ recorded at ... In this observation, Staff B stated that weekly ___ are conducted on all residents on Mondays and Wednesdays. The new ___ recorded for Resident #21 showed an additional 3-, loss from

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: c B MING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 | Continued From page 20 N 201 A record review of the progress note dated by the facility's Dietitian revealed trending gradually for Resident #21 in the past 6 months. In this note, recommendations were made for Medpass (nutritional supplement) twice a day for ... management. An interview conducted on at 1:44 PM. with the facility's clinical Dietitian, revealed that she only comes to the facility in person once a week, but can review medical charts remotely. She said that ___ are given to her by Staff B when she comes into the facility on Fridays. The initial assessment is done up to 14 days from admission, but high-risk residents will be seen sooner. The facility's Dietitian reported that supplements can be provided to residents before her initial assessment if they have a history of ... loss or are at high nutritional risk. She further stated that she will speak to nursing staff regarding the intake of meals on all residents. According to her, the house supplement shakes are always given between meals to aid with gain. In this interview, she said that Resident #21 is not able to eat on his own and that he needs with hie

meals

drink the shake In an interview conducted on

In an interview conducted on PM, Staff C, Patient Care Assistance (stated that Resident #21 needs full assistance with all his meals. She further stated that someone needs to sit with him for the duration of the meals. When asked if he can drinkhis House Shakes (nutritional supplements) on his own, she said no. Staff C reported that she needs to hold the Shake and the straw to his ... for him to

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at 12:39

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Resident #200 had a

......, and on at The Nutrition Evaluation Initial that was completed on which was 7 days after Resident #200 admission, revealed no history recorded, the usual, and that Resident #200 is at risk for due to poor intake of meals. A review of the Order Summary Report showed an order for nutritional supplements dated was 8 days after admission. A review of the hospital records showed that

Agency for Health Care Administration								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		100610	B. WING			5/2021		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HARBOR	HARBOR BEACH NURSING AND REHABILITATION CI 1615 MIAMI RD FORT LAUDERDALE, FL 33316							
(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) COMPLETE DATE		
N 201	5 weeks. It further shand it wit to be somewhat In an interview condup PM, the facility's climit Resident #200 is con risk because of her produce when a reviewed the hospital she said yes, and that	oved that her as noted that she appeared as noted that she appeared at 12:39 all Dietitian stated that sidered at high nutritional por intake of meals and low sked by the surveyor, if she records of Resident #200, thot much was said about hospital reports. When	N 201					

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SS=J

asked as to the missing admission for Resident #200 she did not know but said that a was recorded on. The Diettian did not review Resident #200 char prior to completing her initial assessment 7 days later. She agreed with the surveyor that Resident #200 is at nutritional risk and that she needed nutritional supolements upon admission.

In an interview conducted on at 2:00 PM, with the facility's Administrator, she was

N 204 400.022(1)(o), FS Right to be Free from,

chemical except those authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency. In case of an emergency, may be applied only by a qualified

(o) The right to be free from mental and , , , , , corporal punishment, extended

, and from physical and

informed of the findings.

, etc

Class I

involuntary

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N 204

PRINTED: 12/20/2021 Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 Continued From page 23 N 204 licensed nurse who shall set forth in writing the circumstances requiring the use of in the case of use of a chemical ., a physician shall be consulted immediately thereafter. . . . may not be used in lieu of staff supervision or merely for staff convenience. for punishment, or for reasons other than resident protection or safety. This Statute or Rule is not met as evidenced by: N204 Based on interviews, observations, record reviews and policy review, the facility failed to prevent neglect by failing to appropriately assess 1 Resident #1: Is Risk Assessment a resident as an elopement risk for 3 of 5 Evaluation and score was updated. sampled residents reviewed for elopements (Residents #1, Resident #39, and Resident #6). Resident #1 is guard remains in Additionally the facility failed to implement facility place with no other episodes of elopement Elopement Risk Evaluation/Assessment at the and is scheduled to be discharged from time of admission, facility failed to provide staff the facility. with instructions/policy procedure to communicate increase exit seeking behavior to identify need to The Licensed nurses were educated on increase supervision, failed to administer the Policy and Procedure of Following medications as ordered, failed to Physician Orders as they relate to instruct staff on what to do if a resident exits the 8 medication administration doors in the facility, and failed to do elopement and guard placement. drills. These failures allowed Resident #1 to elope

with a significant change in condition, and

from the facility undetected on between

and revised on

and develop individualized interventions. Process:

Patient/Residents to be evaluated on admission,

re-admission, 7 days post-admission, quarterly,

patient/residents that are at risk for elopement

The facility's Policies and Procedures titled "Elopement/ Risk Guideline" effective

an Overview "To evaluate and identify

7:00 AM and 7:05 AM.

The findings included:

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Staff E was educated on the Elopement

2 The Director of Clinical Services and/or

drills completion, residents@ elopement

designee conducted an audit of elopement

risk assessment evaluation for elopement,

medication administration, and measures

use for residents identified with high risk

Plan Policy and Procedure and participated in the elopement drill

Physician orders related to

to include but not limited to

conducted by the facility.

Agency f	PRINTED: 12/20/2021 Agency for Health Care Administration								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY					
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED			
					C				
		100610	B. WING		11/0	5/2021			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	ATE, ZIP CODE					
		1615 MIA							
HARBOR	ARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316								
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	1D	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE			
PREFIX TAG		SCIDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		DATE			
N 204	Continued From page	24	N 204						
	elopement event usin	g the risk tool. It further		for exit seeking, to ensure that the					
	showed that if a patie	nt/resident is identified as		Elopement Plan and Procedure is					
	being at risk for elope	ment, the following steps		followed. Corrective actions were					
		e an Elopement risk Alert		addressed as necessary.					
		aph, initiate individualized							
		n Patient/Residents' risk,		3.The Director of Clinical Services and	3/or				
	patient/resident Care	ualized interventions in the		designee educated staff with return demonstration on Elopement Plan and					
		stem device is utilized,		Procedure, Risk Evaluation for elopement,					
		of the device every shift and		timely conduction of elopement drills,					
		y. The staff will need to		Following Physician orders Policy and					
		ent Risk Alerts in an easily		Procedure as they relate to					
	accessible location a	nd complete routine		medications and guard use .					
	elopement drills mont	hly and review in QAPI							
	meetings."			4. The Executive Director and/or design					
				will conduct an audit of the Elopemen					
	Record review reveal			drills, Elopement Plan and Procedure					
		r from an acute care hospital noses that include		residents:: Elopement risk assessme Following Physicians orders as they re					
	On with dray	noses that include		to, medication and	eiate				
	and			guards, to ensure of timely					
	Minimum Data Set (N			implementation, random weekly x 4					
		revealed Resident #1		weeks, then random monthly, thereaf	ter.				
	had a	. of 11,		Findings will be discussed in the mon	thly				
	which indicates mode	erate loss in ability		QAA meeting to sustain compliance.					
		d with poor decision-making							
		the MDS, Resident #1 was							
	assessed not to have								
		under Functional Status,							
		upervision with walking in her accomotion on and off the							
		- medications, Resident #1							
		medication							
	for the past 7 days,	medications for							
		, medication							

score of 13 out of 15, indicating intact cognition. AHCA Form 3020-0001

for the past 7 days. Under Section Pand alarms, the . . . /elopement alarm was coded as not used. Another test was conducted on ... , which showed a new

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 Continued From page 25 N 204 Record review revealed a skilled nursing note dated showed that Resident #1 was identified as an elopement risk. An elopement risk evaluation was conducted on , the day of the elonement incident, which was not done prior to that. The assessment showed a score of 4, which indicates that Resident #1 is at risk for elopement. Record review revealed Resident #1 Physician's orders for medications in , (prior to the elopement that occurred on ...) included the following: ., 81 milligrams (mg) one tablet daily for 20mg one tablet daily for 325mg one tablet daily for a supplement: 100mg one tablet daily for ; , Extended-release 24 hour 60mg one tablet daily for , ;

for the dates of , , , , . . .

20mg one tablet daily for ...; 20mg one tablet daily for

tablet daily for

three times a day for,. During the Medication Administration Record (MAR) review, there were blank sections where the nurses would put their initials indicating if the medication was given or why it was not given. The medication had blanks

for ____; ____ D3 tablet 5000 units 1

D deficiency: ..., ... tablet 1 mg every 12 hours for symptoms; tablet 0.25mg one tablet two times a day for

75mg in the morning

tablet 15mg one tablet

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An interview was conducted on PM with the facility's Director of Nursing, who was asked why there were blank spaces when the nurse's initials should be there, and she was unable to provide a reason why. Resident #1's care plan reveals a focus of Resident "has potential for drug-seeking type behaviors. History of drug drug-seeking since admission." Date initiated . Interventions include "

meet" resident's "needs" (dated), "Educate" resident "on successful coping and

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and

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С 100610 B. WING ___ 11/05/2021

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HARBOR BEACH NURSING AND REHABILITATION CE 1615 MIAMI RD								
FORT LAUDERDALE, FL 33316								
(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) COMPLETI DATE				
N 204	Continued From page 27	N 204		Managara and Amagara and Amaga				
N 204	Continued From page 27 interaction strategies" (dated), and resident "will not out of facility" (dated). An additional focus of the care plan includes a focus of the resident "is an elopement risk" related to safety awareness" (date initiated) with interventions that include "actual elopement on "(dated)" assess for elopement risk" (date initiated) "eloctronic monitoring to place on the resident" (dated)." In an interview conducted with Staff H, CNA, via telephone on at 11:59 AM, she was asked about the incident on Staff H stated that she was leaving the facility when Staff G, a Licensed Practical Nurse (LPN) asked her to look for Resident #1 on her drive home. At approximately 7:15 AM, Staff H located on US-1 and 16th street. Staff H stated that Resident #1 was about to turn right onto Highway US-1 going North. The Resident was observed wearing sweatpants a, shirt, and sneakers and carrying her purse. Staff H pulled into the gas station and approached the Resident #1 and carrying her purse. Staff H pulled into the gas station and approached the Resident #1 did not recall her name but knew her by Resident #1 agreed to get in the car, and Staff H then brought her to the facility at approximately 7:20 AM. Staff H further stated that Resident #1 agreed to get in the car, and Staff H approximately 7:20 AM. Staff H further stated that Resident #1 agreed to get in the car, and Staff H approximately 7:20 AM. Staff H further stated that Resident #1 approximately 7:20 AM. Staff H further stated that Resident #1 approximately 7:20 AM. Staff H further stated that Resident #1 approximately 7:20 AM. Staff H further stated that Resident #1 approximately 7:20 AM. Staff H further stated that Resident #1 approximately 7:20 AM. Staff H further stated that the Resident #1 approximately 7:20 AM. Staff H further stated that the Resident #1 approximately 7:20 AM. Staff H further stated that the proper the proper that the proper the proper that the proper that the proper that the prope	N 204						
	During the night, she kept coming out of the room and asked to leave, and she had her shoes and			Acceptance				
	purse. She asked to leave multiple times during			200				
	the night shift and was monitored by staff.			e e				
	According to Staff H, Resident #1 was more			***************************************				
	than usual. When asked about her			e e				
	status before leaving the facility, she			ł				

AHCA Form 3020-0001

STATE FORM cesso 6XXP11 If continuation sheet 28 of 35

PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: c B MING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 | Continued From page 28 N 204 reported that Resident #1 was She also said that Resident #1 exhibited exit behaviors before her leaving on but nothing to the extent of her leaving the facility. An interview with Staff E, Certified , Assistant (COTA), was conducted on at 12:15 PM. Staff E stated that on , between 7:00 AM and 7:05 AM, she was in the gym working on her notes when she heard an alarm. She walked in the direction of the door that the alarm sounded from and poked her out of the door but did not step out. The exit door was located between On her way to the exit door, she stated that the Resident in ... told her that the skinny was walking in the hallway toward the exit door earlier, but he did not see her leave. Staff E further stated that she returned to the nurse's station and alerted additional staff to what the Resident in told her. She then asked Staff F. Certified Nursing Assistant (CNA), to check Resident #1's room to see if she was there. She did not call the police and is

Friday (

unsure if anyone called the police. The Director of Nurses and the Administrator had not arrived at the facility yet. Resident #1 was not located in her room or inside the facility. Staff immediately initiated a search of the grounds, including the parking lot. Staff G, who worked the night shift, went outside looking for Resident #1. In an interview with the Director of Maintenance at 4:25 PM it was revealed that the will only lock the front door. Last

) they changed the whole system but the keypads at the 7 other exit doors are not wired yet for the

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B MING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 Continued From page 29 N 204 system. The will lock the door within 3 of the door and of pressure will open the door in case of fire. The Director of Maintenance is not sure when all doors will be fully wired for a to be working on all 8 doors. In an interview conducted on at 10:20 AM, with Staff J. Certified Nursing Assistant, she arrived at the facility at 7:00 AM, on the morning of On her way to the nursing station, she heard from another staff that Resident #1 had escaped and that they listened to the alarm. According to Staff J, Resident #1 always says that she wants to go out and wants to leave and is known to be a little . On the morning of the incident, staff started looking for her outside and inside the facility. She was told to look for Resident #1 outside in the front parking lot of the facility. When asked if Resident #1 had guard before she attempted to leave

elopement drills after

did not know.

the facility, she said no. She further stated that because she had never left the facility before, she did not need one. According to Staff J, on they did not have a supervisor in charge because it was too early. She further said that when she was educated on elopement, she was told to first check each room before searching outside the premises. Then you go out to look for the resident. When an elopement happens, they are supposed to tell someone in charge and follow the directions of the supervisor. Staff J stated that she did not participate in any

to how many exit doors does the facility have, she

11:07 AM with Staff E, she stated that she was educated on elopement twice a year. The drills

In a second interview conducted on

. When asked as

at

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B MING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 Continued From page 30 N 204 consisted of a code called "BODYBEAR" as an indication that a resident was missing. They needed to get to the nurse's station and receive the individual assignment from the supervisor. Once you have your instructions, you follow them and report your findings. On the morning of , she heard the alarm and told the nurses what the Resident in told her. She tried getting the staff around the facility to search for Resident #1, and she even looked outside the front of the facility. After the incident, the facility conducted an in-service on elopement which she did not participate. When she returned, she completed a test on elopement. According to Staff E, nothing new was part of the education, and that they re-educated staff on the same instruction you would follow if an elopement happened again. She did not know if the facility completed another drill after the incident on . When asked by the surveyor if she could see Resident #1 walking away when she , she said: "I peeked outside the door on can see a partial view of the street, on both sides but more to the left." She then said Resident #1 must-have walked very fast.

E, who was by the exit door, that Resident #1 had

In an interview conducted on

AM, Staff K, Housekeeping, stated that on the day of the incident, she passed by ... to the nurses' stations. She is familiar with Resident #1, who usually comes out of her room at around 8:00 AM and goes outside the patio across from her room. On the morning of , she saw Resident #1 walking out of her room and did not think much of it. The next thing she heard was the alarm on the door. She walked in the direction of the sound and was told by Staff

...... at 11:57

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B MING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 Continued From page 31 N 204 already gone and could not see her. She then started looking for Resident #1 around the building. She also reported that by the time she was ready to go into her car and drive around to look for Resident #1, another staff brought Resident #1 to the facility. She could not remember when the last time was, she participated in elopement drills. When asked if this happened again: she said, "they would not have to tell me anything; I would go looking for [Resident #1] right away". In an interview conducted on PM with the Maintenance Director, he stated he helps with the elopement drills. He noted that elopement drills are conducted once a month for every shift. Before this year, they used to have a dressed-up teddy bear called BODYBEAR, which the facility would hide either inside or outside. Once announced, staff would have to come to the nurse's station to receive their assignments. Now they have changed the drills, they will call the name of the missing resident, and staff will follow the supervisor's instructions. In an interview conducted on at 2:10

dated

PM, during the Resident Council meeting. Resident #33 stated that when an alarm goes off in one of the 8 exit doors, there is no sense of urgency by staff. He further said that staff would take a long time before , the loud noise of the alarm. Resident #9 stated that the last time one of the alarm doors went off, it took staff 15 minutes to come to the door to check as to why

Record review of Resident #33 showed that he was initially admitted to the facility on review of the Quarterly Minimum Data Set (MDS)

showed that Resident #33 has a

the alarm sounded off

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 | Continued From page 32 N 204 Brief interview of Mental Status () score of 15, which is _____, Record review of Resident #9 showed that he was initially admitted to the facility on A review of the Quarterly MDS showed that Resident #9 is with . . . score of 15, which is 2. Resident #39 was admitted to the facility on with diagnoses that include, Major ., , and Type 2 . A review of the Physician's orders for Resident #39 revealed an order for a guard dated A review of a nursing progress note dated revealed: "patient attempted to go out the door re-oriented patient to facility patient appeared to be" An elopement assessment was not completed on Resident #39 until ..., when it was determined that the resident was at risk for elopement. An interview with the Director of Nursing (DON) on at 10:30 AM revealed there are no additional elopement assessments

for Resident #39

revised on

device (

and modified on

A review of the resident's care plan for elopement risk initiated and revised on revealed the following: a focus of resident is "an elopement risk/ history of attempts to leave the facility unattended ... secondary to" Interventions dated and

guard)" date initiated

include "identify a pattern of ...,", and "provide electronic monitoring

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PRINTED: 12/20/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 100610 11/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CI FORT LAUDERDALE, FL 33316 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 204 | Continued From page 33 N 204 An interview was conducted with the Minimum Data Set (MDS) coordinator on at 11:00 AM, which revealed the original order for the guard is uncertain due to medical records dating to his admission are not in the facility anymore. 3. Resident #6 was admitted to the facility on and , following affecting the left non-dominant side, , and The Quarterly minimum data set (MDS) dated revealed in section C a brief interview of mental status (. . .) score of 13, indicating an intact response. A review of nursing progress noted date reveals Resident #6 was" up and about pacing in the hallway. The resident appeared to be very , screaming and velling at staff, and very difficult to redirect. A call was placed to (Psychiatrist). New order received 0.25mg q 12 hrs. as needed (PRN) for Noted and carried out."

AHCA Form 3020-0001

the

An interview with the DON on

AM reveals Resident #6 refused to have the guard put on his ankle, so they put it on the walker since he always uses his walker. Questioned the DON on why the guard was not put on when exit-seeking behaviors were identified on and she stated that after he was seen by psych, he didn't have any more exit-seeking behaviors. The first elopement risk evaluation for Resident #6 was done on and he was identified as at risk for elopement so

guard was placed on his walker on

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at 10:15

Agency f	or Health Care Adminis	stration					: 12/20/2021 I APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		100610	- 1	B. WING		11/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	s	TREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
HARBOR	BEACH NURSING AND I	REHABILITATION CE	615 MIAMI F ORT LAUDE	RD RDALE, FL	33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
N 204	Continued From page	34		N 204			
	because his are that far. Resident #6 leave when he was fi	guard on his walk he is not going anywhere bad, and he would not gel also said that he wanted to rst admitted to the facility. ndition of the facility, but h	t o				

AHCA Form 3020-0001

PRINTED: 12/16/2021 DEDARTMENT OF HEALTH AND HISMAN CEDWICES

DEFARTMENT OF HEALTHAND HOWAN SERVICES							
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			1	OMB NO	. 0938-039
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION NUMBER: A. BUILDING.		(X3) DATE : COMPI					
						l c	
		105578	B. WING			11/0	05/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			TREET ADDRESS, CITY, STATE, ZIP CODE				
				1	615 MIAMI RD		
HARBOR BEACH NURSING AND REHABILITATION CENTER				F	ORT LAUDERDALE, FL 33316		
(X4) ID		ATEMENT OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	AG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRO		CROSS-REFERENCED TO THE APPROPRIA	(TE	DATE		

F 000 INITIAL COMMENTS F 000

> complaints #2021010743, #2021014655. #2021015218 #2021015351 was conducted at Harbor Beach from to Nursing and Rehabilitation Center. The facility was not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The allegation related to complaint #2021014655 was substantiated due to the facility failing to provide supervision to prevent an elopement, and failure to assess a resident at an elopement risk.

An unannounced Recertification survey, with

On at 4:25 AM is determination was made that the findings of the survey posed Immediate Jeopardy to the health and safety of the residents admitted to the facility. Substantiated Quality of Care was identified at F600, Scope and Severity (J)-Freedom from , Neglect, and : and F689,

Scope and Severity (J)-Free of Accidents, Hazards/Supervision/Devices. The Immediate Jeopardy noncompliance started on Immediate Jeonardy is a situation in which the

provider's noncompliance with one or more requirements of participation has caused or is likely to cause, serious injury, harm. to the resident. The deficient practice allowed Resident #1 to exit the facility undetected between 7:00 AM and 7:05 AM. The facility's system failure, lack of adequate supervision, inaccurate risk of elopement

assessment, and a failure to thoroughly investigate the surrounding area of the door known to be the door from which the resident eloped.

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

TITLE

DEFICIENCY)

Electronically Signed /2021 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.

PRINTED: 12/16/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AN	ID HUMAN SERVICES			FORM APPROVE
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
				С
	105578	B. WING		11/05/2021
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY STATE ZIP CODE	

					C	
	105578	B. WING_			11/05/202	1
ROVIDER OR SUPPLIER BEACH NURSING AND R	REHABILITATION CENTER		18	515 MIAMI RD		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLI	ETION
There were 51 resides the time of the survey. The facility's Administ Nursing were notified and given the IJ Temp. AM. On at 2:00 P Director of Nursing, C Registered Nurse Con Nurse Consultant, Re Preventionist Nurse, c. Ostultant, Re Preventionist Nurse, and Jeopardy was remove was when the facility based upon the compalarm response, educe reporting exit seeking immediate intervention behaviors, higher leve identifying the correct toward to a (D) for Notential for more that immediate jeopardy a and severity were low facility's corrective actions were team through observe item through observes which were Free from and CFR(s): 483.12(a)(1)	nts residing in the facility at rator and Director of of the Immediate Jeopardy lates on 11/04/21 at 10:25 **M. the Administrator, orporate Regional issultant, Interim Regional displant of feed that the Immediate did. The date of removed the immediate did. The date of removed the immediacy letion of elopement drills for atton provided to all staff on behaviors, implementing ins for exit seeking of supervision, and root cause analysis. by of F600 and F680 were or actual harm with an iminimal harm that is not is of The scope ered because of the ions implemented. These revertified by the survey tions, record reviews, and econducted on Neglect					
The resident has the r	right to be free from,					
	EBEACH NURSING AND F SUMMARY STI. (EACH DEFICIENCY REGULATORY OR I. Continued From page There were 51 reside The facility's Administ Nursing were notified and given the IJ Temp AM. On at 2:00 F Director of Nursing. C Registered Nurse Cor Nurse Consultant, Re Preventionist Nurse, a Operations, were not Jeopardy was remove was when the facility based upon the citory based upon the more tha immediate interventio behaviors, higher leve identifying the correct The scope and severi lowered to a (D) for N potential for more tha immediate jeopardy a and severify were low facility's corrective ac corrective accitons wet team through observe team through observe interviews which were Free from and CFR(s): 483.12(a)(1)	EACH NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCISES GEACH ENTERIEST OF DEFICIENCISES GEACH ENTERIEST OF LICENTIFYING INFORMATION) Continued From page 1 There were 51 residents residing in the facility at the time of the survey. The facility's Administrator and Director of Nursing were notified of the Immediate Jeopardy and given the 1J Templates on 11/04/21 at 10:25 AM. On at 2:00 PM, the Administrator, Director of Nursing were notified of the Immediate Jeopardy and given the 1J Templates on 11/04/21 at 10:25 AM. On at 2:00 PM, the Administrator, Director of Nursing, Corporate Regional Registered Nurse Consultant, Interim Regional Nurse Consultant, Regional Control Preventionist Nurse, and the Vice President of Operations, were notified that the Immediate Jeopardy was removed. The date of was when the facility removed the immediate based upon the completion of elopement drills for alarm response, education provided to all staff or reporting exit seeking behaviors, implementing immediate interventions for exit seeking behaviors, higher level of supervision, and identifying the correct root cause analysis. The scope and severity of F600 and F689 were lowered to a (D) for No actual harm with a potential for more than minimal harm that is not immediate jeopardy as of The scope and severity were lowere decause of the facility's corrective actions implemented. These corrective actions were verified by the survey team through observations, record reviews, and interviews which were conducted on Free from and Neglect	REACH NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES GEAN DEFICIENCY MAY BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) There were 51 residents residing in the facility at the time of the survey. The facility's Administrator and Director of Nursing were notified of the Immediate Jeopardy and given the UT Templates on 11/04/21 at 10.25 AM. 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These corrective actions were verified by the survey team through observations, record reviews, and interviews which were conducted on Free from Neglect, and	SUMMARY STREMENT OF DEFICIENCIES SUMMARY STREMENT OF DEFICIENCIES GEAR DEFICIENCY MAST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) There were 51 residents residing in the facility at the time of the survey. The facility's Administrator and Director of Nursing were notified of the Immediate Jeopardy and given the IJ Templates on 11/04/21 at 10:25 AM. On at 2:00 PM, the Administrator, Director of Nursing were notified of the Immediate Jeopardy and given the IJ Templates on 11/04/21 at 10:25 AM. On at 2:00 PM, the Administrator, Director of Nursing, Corporate Regional Registered Nurse Consultant, Interim Regional Nurse Consultant, Regional Preventionist Nurse, and the Vice President of Operations, were notified that the Immediate Jeopardy was removed. The date of was when the facility removed the immediacy based upon the completion of elopement drills for alarm response, education provided to all staff on reporting exit seeking behaviors, implementing immediate interventions for exit seeking behaviors, involved the field of the facility's corrective actions implemented. These corrective actions were verified by the survey team through observations, record reviews, and interviews which were conducted on Free from and Neglect. Fe000	STREET ADDRESS. CITY, STATE, ZIP CODE 1619 MIAMIN RD SUMMARY STATEMENT OF DETICENCIES SUMMARY STATEMENT OF DETICENCIES SUMMARY STATEMENT OF DETICENCIES SUMMARY STATEMENT OF DETICENCIES GEACH DETICENCY MAY SEE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 There were 51 residents residing in the facility at the time of the survey. The facility's Administrator and Director of Nursing were notified of the Immediate Jeopardy and given the IJ Templates on 11/04/21 at 10:25 AM. On at 2:00 PM, the Administrator, Director of Nursing, Corporate Regional Registered Nurse Consultant, Interim Regional Nurse Consultant, Regional Preventionist Nurse, and the Vice President of Operations, were notified that the Immediate Jeopardy was removed. The date of was when the facility removed the immediacy based upon the completion of elopement drills for alarm response, education provided to all staff on reporting exits seeking behaviors, higher level of supervision, and identifying the correct root cause analysis. The scope and severity of F600 and F689 were lowered to a (D) for Nacetual harm with a potential for more than minimal harm that is not immediate jeopardy as of The scope and severity were lowered because of the facility's corrective actions implemented. These corrective actions were verified by the survey team through observations, record reviews, and interviews which were conducted on Free from and Neglect F600 F607 LAUDERDALE, FL 33316 PROVIDENT LAUDERDALE, FL 33316 PROVIDENT LAUDERDALE, FL 33316 PROVIDENT LAUDERDALE, FL 23316 PROVIDENT LAUDERDALE, FL 23316 PROVIDENT LAUDERDALE, FL 23316 PROVIDENT LAUDERDALE, FL 23316 PROVIDENT LAUDERDALE, FLAD CEACH CACH CACH CACH CACH CACH CACH CAC	ROUNDER OR SUPPLIER BEACH NURSING AND REHABILITATION CENTER SUMMANY STATEBORY OF DESCRIPTIONS SEACH DESCRIPTION OF STATEBORY OF DESCRIPTION OF STATEBORY

		ID HUMAN SERVICES MEDICAID SERVICES			FORM	: 12/16/2021 1APPROVED : 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE :	SURVEY
		105578	B. WING		11/0) 05/2021
NAME OF P	ROVIDER OR SUPPLIER		1 8	STREET ADDRESS, CITY, STATE, ZIP CODE	1 1370	JOILULI
TOOLL OF T	NO FIDER OF OUT DER		- 1	615 MIAMI RD		
HARBOR	BEACH NURSING AND I	REHABILITATION CENTER	- 1	FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600		2 tion of resident property,	F 600			
	includes but is not lim					
	corporal punishment, any physical or chem treat the resident's m	ical not required to				
	§483.12(a) The facilit	y must-				
	§483.12(a)(1) Not use , , , , corpo involuntary This REQUIREMENT by:					
	Based on interviews.	observations, record view, the facility failed to		F600		
	prevent neglect by far a resident as an elop- sampled residents re- (Residents #1, Resid- Additionally the facilit Elopement Risk Evali- time of admission, far	ling to appropriately assess		1.Resident #1, #6, and #39 risk for elopement evaluation and Elopement books were updated, and other neces interventions were placed to address seeking behaviors. The Regional Director of Clinical Servador in the regional processiones conducted an elopement of the regional procession of the r	exit	
	increase exit seeking increase supervision, medicat instruct staff on what doors in the facility, a	behavior to identify need to failed to administer ions as ordered, failed to to do if a resident exits the 8 and failed to do elopement		drill for staff to include Staff E and educated on Elopement Plan,/Neglect Policy and Procedure.		
		allowed Resident #1 to elope ected on between 1.		2.DCS and/or designee conducted an audit of residents record and facility elopement drills to ensure that elopem	s	

The findings included:

The facility's Policies and Procedures titled

an Overview "To evaluate and identify

and revised on

... , Risk Guideline* effective

has

risk evaluation and measures to address

residents with high risk for elopement are in place, to include but not limited to,

and elopement plan. Corrective actions

were done as necessary.

medications administration

PRINTED: 12/16/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES.

CENTER:	S FOR MEDICARE &	MEDICAID SERVICES				. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE : COMPL	
		105578	B. WING		11/0) 05/2021
IAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ARBOR I	BEACH NURSING AND F	REHABILITATION CENTER		1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 600	and develop individual Patient/Residents to be re-admission, 7 days with a significant char elopement event using showed that if a patie	are at risk for elopement dized interventions. Process: the evaluated on admission, post-admission, quarterly,	F 60	3.DCS and/or designee educated staff include new hired staff with return demonstration on new elopement plan timely conduction of elopement drills, educated on and Neglect Policy and Procedure.	i, and	

interventions based on Patient/Residents' risk, and document individualized interventions in the patient/resident Care plan and Kardex, If a monitoring system device is utilized, check the placement of the device every shift and functionality every day. The staff will need to maintain the Elopement Risk Alerts in an easily accessible location and complete routine elopement drills monthly and review in QAPI meetings."

are needed: complete an Elopement risk Alert

and obtain a photograph, initiate individualized

Record review revealed Resident #1 was admitted to the facility from an acute care hospital with diagnoses that include

. The Resident's Minimum Data Set (MDS) Comprehensive assessment dated revealed Resident #1 had a of 11. which indicates moderate loss in and can be associated with poor decision-making skills. In Section E of the MDS. Resident #1 was assessed not to have behaviors. In Section G of the MDS under Functional Status. Resident #1 needs supervision with walking in her room, corridor, and locomotion on and off the unit, Under Section N- medications, Resident #1 was assessed to take medication for the past 7 days, . . . , medications for

following Physician orders Policy and Procedure as they relate to the , . , medication administration and guard use, and timely Elopement Risk Evaluation. 4.Executive Director and/or designee will conduct an audit of elopement drills, residents: elopement risk assessment evaluation, and measures for residents who were identified with high risk for exit

seeking behavior to include but not limited to ____ medication administration and guard use, to ensure of timely implementation, adequate supervision and residents are free from neglect, random weekly x 4 weeks, then random monthly, thereafter, Findings will be discussed in the monthly QAA meeting to sustain compliance.

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		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 12/16/2021 M APPROVED D: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		105578	B. WING			C /05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND I	REHABILITATION CENTER	16	REET ADDRESS, CITY, STATE, ZIP CODE 15 MIAMI RD DRT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 600	for the past 7 days. U and alarms, the coded as not used. A conducted on score of 13 out of 15, Record review reveal dated show identified as an elope risk evaluation was or day of the elopement done prior to that. Th score of 4, which indi risk for elopement.	medication inder Section P. Jelopement alarm was nother test was which showed a new indicating intact cognition. ed a skilled nursing note at that Resident #1 was ment risk. An elopement indicated on	F 600			

included the following: 81 milligrams (mg) one tablet daily for 20mg one tablet daily for 20mg one tablet daily for 225mg one tablet daily for supplement; 100mg one tablet daily for Extended-release 24 hour 60mg one tablet daily for 20mg one tablet daily for 20mg one tablet daily for 25mg in the morning for 30mg tablet daily for 75mg in the morning for 90mg tablet daily for 10mg tablet daily for 25mg in the morning for 30mg tablet daily for 25mg in the morning for 30mg tablet 5000 units 1 tablet daily for 25mg one tablet daily for 30mg tablet d

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES			FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		105578	B. WING			C 05/2021
NAME OF PR	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE		
HARBOR	BEACH NURSING AND I	REHABILITATION CENTER	1	1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	Continued From page	9.5	F 600			
	(MAR) review, there is the nurses would put medication was giver The medication for the dates of, at bedtime. The 0.25mg had blanks for the bedtime doses. To the bedtime doses.	r,,, for he medication ,, and				

A review of the Elopement drills that were provided by the facility showed no indication that and Elopement in-services were given as listed on the Education Calendar for 2021. This surveyor was provided education in-service attendance reports for /mistreatment dated and Missing Resident/Elopement/ dated facility also conducted elopement drills on

after the incident on . A closer review of the Elopement drills after did not show an education that included: an outside search that needs to be done outside the facility as far as the distance from the alarming exit door as a point of reference.

An interview was conducted on ... at 2:00 PM with the facility's Director of Nursing, who was asked why there were blank spaces when the nurse's initials should be there, and she was unable to provide a reason why.

Event ID: 6XXP11

DEPART	MENT OF HEALTH AN	ND HUMAN SERVICES			FORM	M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	1	PLETED
		105578	B. WING			C 05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND I	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1815 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERÊNCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	Continued From page	e 6	F 60	00		
	behaviors. History of drug-seeking since ad Interventior meet" resident "o "Educate" resident "o interaction strategies' resident "will not). An addition	ial for drug-seeking type drug and drussion." Date initiated ns include " and ds' (dated), in successful coping and "(dated), and out of facility' (dated nal focus of the care plan er essident "is an elopement to safety				

In an interview conducted with Staff H, CNA, via telephone on at 11:59 AM, she was asked about the incident on Staff H stated that she was leaving the facility when Staff G. a Licensed Practical Nurse (LPN) asked her to look for Resident #1 on her drive home. At approximately 7:15 AM, Staff H located

interventions that include "actual elopement on " (dated), "assess for elopement risk" (date initiated) "electronic monitoring to place on the resident"

then brought her ... to the facility at

Event ID: 6XXP11

(dated).

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES CHITERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING C. C. 105578 SMING STREET ADDRESS, CITY, STATE, ZIP CODE

AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		105578	B. WING				C
		105576	D. WHYG		EET ADDRESS, CITY, STATE, ZIP CODE	11/4	05/2021
NAME OF P	ROVIDER OR SUPPLIER						
HARBOR	BEACH NURSING AND I	REHABILITATION CENTER			MIAMI RD		
				FOF	RT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page	97	F	600			
, 550	approximately 7:20 A Resident #1 was very During the night, she and asked to leave, a purse. She asked to the night shift and wa According to Staff H, than usual. V status before reported that Resider also said that Resider also said that Resider horbing to the extent An interview with Stat.	M. Staff H further stated that resitiess the night before. Kept coming out of the room and she had her shoes and eave multiple times during a monitored by staff. Resident #1 was more When asked about her e leaving the facility, she it #1 was . She if #1 was . She if #1 was the she was she was a she was a she was she was a		300			
	was in the gym worki heard an alarm. She door that the alarm st out of the door l door was located beh On her way to the exi Resident in lady in was toward the exit door e leave. Staff E further	t door, she stated that the told her that the skinny walking in the hallway sarlier, but he did not see her stated that she returned to d alerted additional staff to					
	then asked Staff F, C (CNA), to check Resi was there. She did no unsure if anyone calle Nurses and the Admi the facility yet. Reside room or inside the fac	counter. She artified Nursing Assistant dent #1's room to see if she ot call the police and is dthe police. The Director of nistrator had not arrived at ent #1' was not located in her littly. Staff immediately ne grounds, including the					

DEPARTMENT OF HEALTHAIN	D HOWAIN SERVICES		FORM APPROVE
CENTERS FOR MEDICARE & I	MEDICAID SERVICES	1	OMB NO. 0938-039
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
			С
	105578	B. WING	11/05/2021
VAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE ZIP CODE	

ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COMP	LETED
					-		s
		105578	B. WING			11/	05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER	•	1615	EET ADDRESS, CITY, STATE, ZIP CODE MIAMI RD IT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
F 600	went outside looking I In an interview with th on at 4:25 P will only Friday () they system other exit doors are n system. the door within 3 of pressure will open Director of Maintenan doors will be fully wire working on all 8 doors In an interview condu AM, with Staff J, Cert arrived at the facility a of On her w she heard from anoth had escaped and that According to Staff J, F that she wants to go o is known to be a little oth for Resident #1 c look for Resident #1 c lot of the facility, whe a guard befor the facility, she said n ed under one. Ac medid not need one. Ac medid not need one. Ac medid not need one. Ac on they decease it wa	the worked the night shift, for Resident #1. The Director of Maintenance M it was revealed that the look the front door. Last y changed the whole but the keypads at the 7 to wired yet for the The will lock of the door and the door in case of fire. The ce is not sure when all ed for a to be to the door of the door and to be to the door of the door and to be to the door of the door and to be the state of the door and to be the state of the door of the door and to be the state of the door of the doo	F	600			
	was told to first check						

CENTERS FOR MEDICARE & I ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		OMB NO. 0938-039 (X3) DATE SURVEY
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED
			С
	105578	B. WING	11/05/2021

			rt. Dorzon			_
		105578	B. WING _			C 11/05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER		1615	EET ADDRESS, CITY, STATE, ZIP CODE 5 MIAMI RD RT LAUDERDALE, FL 33316	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	(X5) COMPLETION DATE
F600	to look for the resider happens, they are acharge and follow the Staff J stated that she elopement fulls after to how many exit doo did not know. In a second interview 11:07 AM with Staff E educated on elopement consisted of a code or indication that a resid needed to get to the rithe individual assignment once you have your in and report your finding, she heard to use the search for Resident # outside the front of the facility conducted which she did not par she completed a lest Staff E, nothing new and that they re-educ instruction you would happened again. She completed a nother of When ask ecompleted another dr. When ask ecompleted and the conducted which she did happened again. She completed a Resident # peeked outside the drough a per a partial view can see a partial view of the staff to the staff to the staff E, nothing new When sale conducted a partial view of the staff to the staff E, nothing new and that they re-educ instruction you would happened again. She completed a rother of can see a partial view of the staff to the staff the staff to the staf	I. When an elopement poposed to tell someone in offeredions of the supervisor. did not participate in any	F	600		

If continuation sheet Page 10 of 46

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/16/2021 MAPPROVED D: 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		105578	B. WING			1	C 05/2021
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 615 MIAMI RD		
HARBOR	BEACH NURSING AND F	REHABILITATION CENTER			FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 600	Continued From page	10	F	600			
	In an interview condu	cted on at 11:57					
		eping, stated that on the					
	day of the incident, sh to the nurses' stations						
		ally comes out of her room					
		id goes outside the patio					
	across from her room	. On the marning of					
		esident #1 walking out of her					
		k much of it. The next thing arm on the door. She walked					
		sound and was told by Staff					
		it door, that Resident #1 had					
		ld not see her. She then					
	started looking for Re	sident #1 around the					
		orted that by the time she					
		ner car and drive around to					
	look for Resident #1, Resident #1 to t	another statt brought he facility. She could not					
	remember when the l						
		nent drills. When asked if					
	this happened again:	she said, "they would not					
		ng; I would go looking for					
	[Resident #1] right av	/ay".					
	In an interview condu	cted on at 12:15					
	PM with the Maintena	ince Director, he stated he					
		ent drills. He noted that					
		onducted once a month for					
		s year, they used to have a					
		er called BODYBEAR, which either inside or outside.					
		ff would have to come to the					
		eive their assignments. Now					
		e drills, they will call the					
		esident, and staff will follow					

the supervisor's instructions. In an interview conducted on

PM, during the Resident Council meeting,

at 2:10

PRINTED: 12/16/2021 DEDARTMENT OF HEALTH AND HISMAN CEDWICES

DEPARTMENT OF REALTH AND HOWAN SERVICES FO						
CENTERS FOR MEDICARE & MEDICAID SERVICES OF						
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	105578	B. WING		C 11/05/2021		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 1000,2021		

1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CENTER FORT LAUDERDALE, FL 33316 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 600 Continued From page 11 E 600 Resident #33 stated that when an alarm goes off in one of the 8 exit doors, there is no sense of urgency by staff. He further said that staff would take a long time before , the loud noise of the alarm. Resident #9 stated that the last time one of the alarm doors went off, it took staff 15 minutes to come to the door to check as to why the alarm sounded off. Record review of Resident #33 showed that he was initially admitted to the facility on A review of the Quarterly Minimum Data Set (MDS) dated showed that Resident #33 has a Brief interview of Mental Status () score of 15, which is ..., ..., Record review of Resident #9 showed that he was initially admitted to the facility on review of the Quarterly MDS showed that Resident #9 is with score of 15, which is 2. Resident #39 was admitted to the facility on with diagnoses that include . . . 's , Major , and Type 2 A review of the Physician's orders for Resident #39 revealed an order for a A review of a nursing progress note dated revealed: "patient attempted to go out the door re-oriented patient to facility patient appeared to be An elopement assessment was not completed on Resident #39 until , when it was determined that the resident was at risk for elonement. An interview with the Director of Nursing (DON) on at 10:30 AM revealed

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DEPARTMENT OF HEALTH AND HUMAN SERVICES					
CENTERS FOR MEDICARE & MEDICAID SERVICES C					
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
	105578	B. WING		11/05/2021	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		

IND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		COMP	LETED
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		105578	B. WING			11/	05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER		1615	EET ADDRESS, CITY, STATE, ZIP CODE 5 MIAMI RD RT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	there are no additions for Resident #39. A review of the resider risk initiated revealed the following elopement risk/ leave the facility unattained revealed the following revised on "in ", and "providevice (guard and modified on An interview was con Data Set (MDS) coord AM, which revealed the guard is unce dating to his adranymore. 3. Resident #6 was as with diagnos and following the left now and following the left of the control of	It elopement assessments It is care plan for elopement and revised on	F	600			

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NO DI AN OE CORRECTION IDENTIFICATION NUMBER:		(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

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		105578	B. WING			05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER		١	STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD FORT LAUDERDALE, FL 33316	
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F 600	Continued From page	13	F	600		
	guard put on the walker since he al Questioned the DON was not put on when he walker sixth seeking behavior evaluation for Reside and he was identified on and he was identified the guard was 10:45 AM revealed a He further stated that because his are that far. Resident #6 leave when he was fit He did not like the cook knows now that he is for the facility Immediate included: 1. On The D and designee compile assessments on all or	## refused to have the his ankle, so they put it on ways uses his walker. on why the guard on the wast-seeking behaviors were and she stated that after h, he didn't have any more s. The first elopement risk nt ## was done on as at risk for elopement so s placed on his walker on ident ##6 on at guard on his walker. he is not going anywhere bad, and he would not get also said that he wanted to st admitted to the facility, but he n't going anywhere. e Jeopardy Removal Plan				
	were updated.	natas of Clinical Sandaga				
	3. On , the Dir	ector of Clinical Services				

		ID HUMAN SERVICES MEDICAID SERVICES			FORM): 12/16/2021 MAPPROVED): 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	1	LETED
		105578	B. WING		1	05/2021
	ROVIDER OR SUPPLIER	REHABILITATION CENTER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	Nursing Staff on com Evaluation which is no admission. This consphone education whe documentation if ne- includes 18 licensed 4. On, the Dir was educated by the on conducting New A during the clinical me	ed education for Licensed pleting the Elopement Risk be completed at the time of isted of on-site education, in available and education nurses. Head of Clinical Services Regional Nurse Consultant dmission Chart reviews	F 600			

- On11/4/21 The Director of Clinical Services was educated by the Regional Nurse Consultant on initiating interventions related to increasing supervision needs.
- 7. Licensed staff and unlicensed staff including , (7), HousekeepingLaundry (5), Dietary (7), CNAs (28), and Nurses (18) Administrative/department heads (12), will be in-serviced on any new resident identified with exit seeking behaviors by the Director of Clinical Services and/or designees.
- B. On Licensed staff and unlicensed staff education were initiated on reporting and communicating resident exit-seeking behaviors to

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AND PLAN OF	CURRECTION	IDENTIFICATION NUMBER:	A. BUILDI	IG_		COMP	LE LED
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	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER		18	TREET ADDRESS, CITY, STATE, ZIP CODE 815 MIAMI RD ORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY)		(X5) COMPLETION DATE
F 600	their supervisor. Staff Housekeeping/Laund (28) and Nurses (18) Administrative/depart 9. On Licem was initiated on the a meds. Licensed Nursing staff 10. On The Services/designee wire Electronic Administrative sident psych medic given, and/or docume 11. On The Electronic Administrative present of Clinical Sed determining the root elopements by the Re Operations. 12. The Executive Director, Michigan Services, Soc Operations. Activities Housekeeping Super Manager, Dipresent. The Elopean Charles Supervised.	included are (7), ry (5), Dietary (7), CNAs and and ment heads (12). Seed Nursing Staff education diministration of Education includes 18 ff. Director of Clinical in conduct a daily audit of the ion Record to ensure attorn is documented as inted for refusal. Executive Director and revices were educated on causes specific to egional Vice President of Pre	F	600			
		ment meeting was held on sipation of the Center					

Medical Director, Executive Director, Director of Clinical Services, Social Services Director, Unit

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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		

1615 MIAMI RD

HARBOR BEACH NURSING AND REHABILITATION CENTER FORT LAUDERDALE, FL 33316 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION F 600 Continued From page 16 E 600 Manager, MDS Coordinator, Plant Operations Manager, Human Resources, Housekeeping Supervisor, Dietary Director, . . , Director, and Activities Director. The plan along with the root cause for the incident was discussed and approved by the Medical Director. The Facility's policy on Elopement was reviewed during the QAPI meeting. 14. An ad hoc quality assurance performance improvement meeting was held on the participation of the Center Medical Director. Executive Director, Director of Clinical Services, Social Services Director, Unit Manager, MDS Coordinator, Plant Operations Manager, Human Resources, Housekeeping Supervisor, Dietary ..., Director, and Activities Director. The plan along with the root cause for the incident was discussed and approved by the Medical Director. The facility's policy on and Neglect was reviewed during the QAPI meeting. 15. Plant Operations and or Designee will be responsible for conducting monthly elopement drills. Results will be brought and reviewed during the Quality Assurance Committee meeting. 16. ... 8:30 am The Plant Operations Manager rounded in the facility to validate all exit doors were secure and alarms functioning properly. F 689 Free of Accident Hazards/Supervision/Devices F 689 SS=J CFR(s): 483.25(d)(1)(2)

		ND HUMAN SERVICES MEDICAID SERVICES			FORM	D: 12/16/2021 M APPROVED D: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		SURVEY PLETED
		105578	B. WING			05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD FORT LAUDERDALE, FL 33316		
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F 689	§483.25(d)(2)Each is supervision and ass accidents. This REGUIREMEN by: Based on interview reviews and policy in prevent a from unsupervised. The supervision to preve sampled residents in CResident #1). The CResident #11. The CResident #1 to elope on betwee the supervision to the facility's Policies "Missing Patient/Res and review" (Staff will patient/resident and elopement occurs we the premises or a sand/or any necessar	azards as is possible; and esident receives adequate stance devices to prevent T is not met as evidenced s, observations, record sview, the facility failed to resident with memory and m exiting the facility addition to the facility addition to the facility failed for provide the facility failed for elopement of 1 of 5 sviewed for elopement risk efficient practice allowed of from the facility undetected 17.00 AM and 7.05 AM.	F 685	F689 1.Resident #1 s Risk Assessment Evaluation and score was upd Resident #1 s guard remain place with no other episodes of elop and is scheduled to be discharged in the facility. The Licensed nurses were educated the Policy and Procedure of Followin Physician Orders as they relate to procedure and guard placement. Staff E was educated on the Elopem Plan Policy and Procedure and participated in the elopement drill conducted by the facility. 2. The Director of Clinical Services a	ns in ement om I on ig ion	

(LOA) book and Medical Record to ensure

patient/resident is not on an authorized leave or

please return to your room", over PA system.

Repeat three times to alert staff of a missing

patient/resident. Assigned staff to search the

grounds. If the patient/resident is not located

the Executive Director and Director of Nurses,

after the initial search the point person will notify

medical Announce "resident name)

elopement drills completion, residents

elopement, Physician orders related to

elopement risk assessment evaluation for

and measures to include but not limited to

with high risk for exit seeking, to ensure

that the Elopement Plan and Procedure is

medication administration.

guard use for residents identified

		D HUMAN SERVICES MEDICAID SERVICES			FORM): 12/16/2021 1 APPROVED): 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		105578	B. WING		1	05/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HARBOR	BEACH NURSING AND F	REHABILITATION CENTER	- 1	1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	Resident Representa Executive Director adesignee to notify loc return to the Center a completed to determineeded. Document in Physician, Resident F Director, Director	live, and Physician. The d/or Director of Nursing or al Law Enforcement. Upon physical evaluation will be not if urther textment is the Medical Record. Notify kepresentative, Executive urses and Law able) of patient/resident's vise the interventions as openment andrisk Plan and Kardex." ad Resident #1 was from an acute care hospital noses that include noses that include The Resident's DS) Comprehensive revealed Resident #1 () icates moderate loss in an be associated with poor In Section E of the MDS, store of the MDS under siddent #1 needs supervision m, corridor, and locomotion	F 68:	addressed as necessary. 3. The Director of Clinical Services and designee educated staff with return demonstration on Elopement Plan and Procedure, Risk Evaluation for elopen timely conduction of elopement drills, Following Physician orders Policy and Procedure as they relate to predictions and guard use. 4. The Executive Director and/or designation of the Elopement drills, Elopement Plan and Procedure, residents: Elopement Plan and Procedure, residents: Elopement risk assessment Following Physicians orders as they residents, to ensure of timely implementation, random weekly x 4 weeks, then random monthly, thereaf Findings will be discussed in the mont QAA meeting to sustain compliance.	neee in the late	

Another

Under Section P- and alarms, the . . /elopement alarm was coded as not used.

test was conducted on which showed a new score of 13 out of 15, indicating intact cognition.

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DEPARTMENT OF REALTH AND HOWAN SERVICES				
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

AND PENN OF CORRECTION IDENTIFICATION HOMBER.		A. BUILDI	A. BUILDING			COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER			П	STREET ADDRESS, CITY, STATE, ZIP CODE		
				l	1615 MIAMI RD		
HARBOR	BEACH NURSING AND F	REHABILITATION CENTER			FORT LAUDERDALE, FL 33316		
010.10	CUMMADVCT	ATEMENT OF DEFICIENCIES	ID.	_	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFI	iΧ	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
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					DEFICIENCY)		
F 689	Continued From page	19	F	689			
	Record review reveal	ed a skilled nursing note					
		ed that Resident #1 was					
	identified as an elope	ment risk. An elopement					
	risk evaluation was co	onducted on the					
		incident, which was not					
	done prior to that. The	e assessment showed a					
	score of 4, which indi-	cates that Resident #1 is at					
	risk for elopement.						
	Resident #1's care pla	an reveals a focus of					
	Resident "has potenti	al for drug-seeking type					
	behaviors. Hx. [Histor	y] of drug and					
		dmission." Date initiated					
	. Intervention						
	meet" resident's "nee	ds" (dated),					
		n successful coping and					
		(dated), and					
		out of facility" (dated					
		nal focus of the care plan					
	includes the resident						
	risk/ related						
	awareness" (date initi						
		ude "actual elopement on					
	" (dated), "assess for					
	elopement risk" (date						
		to place on the resident"					
	(dated).						
	Decord review reveal	ed Resident #1 Physician's					
		, (prior to the elopement					
) included the following:					
		mg) one tablet daily for					
	., omnagrants (20mg one tablet daily					
	for	20mg one tablet daily 20mg one tablet					
	daily for (Zonig one tablet					
		325mg one tablet daily					
		325mg one lablet daily					
		, ; ,					
	one tubict duty to	process of the proces			1		1

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 12/16/2021 MAPPROVED 0: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105578	B. WING _				05/2021
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HARBOR	BEACH NURSING AND I	REHABILITATION CENTER			615 MIAMI RD ORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Extended-release 24 for	hour 60mg one tablet daily 20mg one tablet 20mg one tablet 75mg in the 35 tablet 5000 D deficiency; tablet 1 mg every 12 hours mptoms; tablet to times a day for tablet 15mg one tablet Administration Record were blank sections where their initials indicating if the tor why it was not given. had blanks medication or the dates of at 5:00 PM. for he medication, and	F6	89			
	PM with the facility's asked why there were	ducted on at 2:00 Director of Nursing, who was e blank spaces when the bethere, and she was eason why.					

In an interview conducted on at 11:00 AM with the facility's the Director of Rehab, he stated that they use the BCAT (Brief Cognition Assessment Tool) to assess the level. Residents must be able to meet a specific criterion to be able to perform the test. The social worker will do her ____, and the SLP (Speech

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CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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			A. BUILDING				
		105578	B. WING			C 11/05/2021	
	NAME OF PROVIDER OR SUPPLIER HARBOR BEACH NURSING AND REHABILITATION CENTER		•	1615	ET ADDRESS, CITY, STATE, ZIP CODE MIAMI RD T LAUDERDALE, FL 33316	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE	
F 689	Language Pathologis assess states when re BCAT is more intensis questions that have 1 commands. The test needs to be done by that the BCAT could a needs assessment are an excellent tool recording the properties of the BCAT. The more does not be on all their Activities of the BCAT, the more does not all their Activities of the BCAT is most be structured for some of 20 and below getting hurt if they asstart walking, and the monitoring to avoid at a score of 20 and below getting hurt fifty and the monitoring to avoid at a score of the BCAT is because of the score of the BCAT is an another. The BCAT is is a more accurate term Resident #1 had a BC Assessment Tool) cordinates and the score of the BCAT is is a more accurate term. The assess facility's Speech-Lang, 3 days after 3 days after the BCAT is manually as the score of the BCAT is in the same accurate terms.	(1) will conduct the BCAT to us. The is used as a sidents are admitted. The re with specific based step command and 2 step seems of the sole that the step command of the sole that the sole that for the sole that the sole	F	689			

for following basic directions, short-term memory

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ENTERS FOR MEDICARE & MEDICAID SERVICES C						
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CENTER FORT LAUDERDALE, FL 33316 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 689 Continued From page 22 F 689 recall, and problem-solving skills. Resident required max verbal cues for redirection to structured tasks throughout the examination. An elopement risk evaluation was conducted on , the day of the incident, which was not done prior to that. The assessment showed a score of 4, which indicates that Resident #1 is at risk for elopement. In an interview conducted on at 11:10 AM with Resident #1, she could not have a conversation with the surveyor and did not provide appropriate responses when answering the surveyor's questions. In an interview conducted with Staff H, CNA, via at 11:59 AM, she was telephone on asked about the incident on Staff H stated that she was leaving the facility when Staff G. a Licensed Practical Nurse (LPN) asked her to look for Resident #1 on her drive home. At approximately 7:15 AM, Staff H located Resident #1 by a Speedway gas station located on US-1 and 16th street. Staff H stated that Resident #1 was about to turn right onto Highway US-1 going North. The Resident was observed wearing sweatpants, a shirt, and sneakers and carrying her purse. Staff H pulled into the gas station and approached the Resident on Resident #1 stated. "I do not want to go

then brought her

the hospital." Staff H reported that Resident #1 did not recall her name but knew her by Resident #1 agreed to get in the car, and Staff H

to the facility at approximately 7:20 AM. Staff H further stated that Resident #1 was very restless the night before. During the night, she kept coming out of the room

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CENTERS FOR MEDICARE & MEDICAID SERVICES 0								
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED					
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	105578	B. WING	11/05/2021					

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CENTER FORT LAUDERDALE, FL 33316 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 689 Continued From page 23 F 689 and asked to leave, and she had her shoes and purse. She asked to leave multiple times during the night shift and was monitored by staff. According to Staff H. Resident #1 was more than usual. When asked about her status before leaving the facility, she .. She reported that Resident #1 was also said that Resident #1 exhibited exit behaviors before her leaving on nothing to the extent of her leaving the facility. An interview with Staff E. Certified Assistant (COTA), was conducted on at 12:15 PM. Staff E stated that on , between 7:00 AM and 7:05 AM, she was in the gym working on her notes when she heard an alarm. She walked in the direction of the door that the alarm sounded from and poked her out of the door but did not step out. The exit door was located between On her way to the exit door, she stated that the Resident in told her that the skinny lady in was walking in the hallway toward the exit door earlier, but he did not see her leave. Staff E further stated that she returned to the nurse's station and alerted additional staff to what the Resident in told her. She then asked Staff F. Certified Nursing Assistant (CNA), to check Resident #1's room to see if she was there. She did not call the police and is unsure if anyone called the police. The Director of Nurses and the Administrator had not arrived at the facility yet. Resident #1 was not located in her room or inside the facility. Staff immediately initiated a search of the grounds, including the

looking for Resident #1.

parking lot. Staff G, a Licensed Practical Nurse (LPN) who worked the night shift, went outside

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CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
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F 689	Continued From page	24	F 6	89			
	surveyors walked the walked when she left Resident #1 walked of Nursing and Rehabili exit door on the North down the ramp and to going West towards to Street) did not have a thighway US-1 had 6 on each side. Further crossing light or traffic US-1 and 16th street, or been hilb y, or been hilb y, was out of the facility was out of the facility	n					
	reported that side day to the other. If a in (), or oth score might be affect for the depending after a resident is all in aware of the BCAT tells, but she is not very	Services Director, she cores could vary from one					
	that the BCAT is more because they are going	it is more detailed. Staff said accurate than the ng into more details with the					

questions, and it takes longer to do the test. Staff

DEPARTI	FORM	7: 12/16/2021 MAPPROVED 0: 0938-0391				
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NAME OF PROVIDER OR SUPPLIER HARBOR BEACH NURSING AND REHABILITATION CENTER			1	ITREET ADDRESS, CITY, STATE, ZIP CODE 615 MIAMI RD FORT LAUDERDALE, FL 33316		
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F 689	I, further stated that I and speech have imp to the facility. On repeated score On at 1:00 test would be c In this test, Resident the present year and indicating severely.	Resident #1's	F 689			

in a priorie interview conducted on at 1.48 PM with Resident #15 father, he stated that Resident's #1 communication and status have worsened since she was admitted to the facility. He further reported that Resident #1 is not able to verbalize her needs to him.

A review of the Elopement drills that were provided by the facility showed no indication that and Elopement in-services were given in ... as listed on the Education Calendar for 2021. This surveyor was provided education in-service attendance reports for /mistreatment dated and Missing

Resident/Elopement/ dated The

facility also conducted elopement drills on and after the incident on ... A closer review of the Elopement drills after ... did not show an education that included: an outside search that needs to be done outside the facility as far as the , ... distance from the alarming exit door as a point of

Facility ID: 100610

reference.

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F 689	of On her w she heard from anoth had escaped and that According to Staff J, I that she wants to go o is known to be a little of the incident, staff s outside and inside the look for Resident #1 (lot of the facility. Whe	vay to the nursing station, ler staff that Resident #1 they listened to the alarm. Resident #1 always says out and wants to leave and . On the morning started looking for her facility. She was told to outside in the front parking an asked if Resident #1 had re she attempted to leave ho, further stated that her left the facility before, she	F 68!	Đ		

, they did not have a supervisor in charge because it was too early. She further said that when she was educated on elopement, she was told to first check each room before searching outside the premises. Then you go out to look for the resident. When an elopement happens, they are supposed to tell someone in charge and follow the directions of the supervisor. Staff J stated that she did not participate in any elopement drills after . When asked as to how many exit doors does the facility has, she did not know.

11:07 AM with Staff E, she stated that she was educated on elopement twice a year. The drills consisted of a code called "BODYBEAR" as an indication that a resident was missing. They needed to get to the nurse's station and receive the individual assignment from the supervisor. Once you have your instructions, you follow them and report your findings. On the morning of , she heard the alarm and told the nurses what the Resident in told ber She tried getting the staff around the facility to

In a second interview conducted on

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D PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED			
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CENTERS FOR MEDICARE &	MEDICAID SERVICES	1	OMB NO. 0938-039			
DELACTIVENT OF TEACHTAIN HOWAY OCTOROS						

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CENTER FORT LAUDERDALE, FL 33316 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 689 Continued From page 27 F 689 search for Resident #1, and she even looked outside the front of the facility. After the incident, the facility conducted an in-service on elopement which she did not participate. When she returned, she completed a test on elopement. According to Staff F. nothing new was part of the education. and that they re-educated staff on the same instruction you would follow if an elopement happened again. She did not know if the facility completed another drill after the incident on could see Resident #1 walking away when she peeked outside the door on, she said: "I can see a partial view of the street, on both sides but more to the left." She then said Resident #1 must-have walked very fast. In an interview conducted on AM, Staff K, Housekeeping, stated that on the day of the incident, she passed by to go to the nurses' stations. She is familiar with Resident #1, who usually comes out of her room at around 8:00 AM and goes outside the patio across from her room. On the morning of , she saw Resident #1 walking out of her room and did not think much of it. The next thing she heard was the alarm on the door. She walked in the direction of the sound and was told by Staff E, who was by the exit door, that Resident #1 had already gone and could not see her. She then started looking for Resident #1 around the building. She also reported that by the time she was ready to go into her car and drive around to look for Resident #1, another staff brought Resident #1 to the facility. She could not remember when the last time she participated in elopement drills. When asked if this happened

again: she said, "they would not have to tell me

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NAME OF PI	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 615 MIAMI RD		
HARBOR	BEACH NURSING AND F	REHABILITATION CENTER			ORT LAUDERDALE, FL 33316		
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F 689	right away". In an interview condu PM with the Maintens helps with the eloper elopement drills are c every shift. Before thi dressed-up teddy bee the facility would hide Once announced, sta nurse's station to recc they have changed th name of the missing i the supervisor's instru. In a tour conducted o the Regional Director was asked to accomp door that Resident #1 opened the exit door Surveyor could not se from right to left, and was visible from the c obtained). The Region Services agreed that stepped outside the d ramp, to have a full vi	coking for [Resident #1] cted on at 12:15 since Director, he stated he nent drills. He noted that conducted once a month for s year, they used to have a ar called BODYBEAR, which either Inside or outside, iff would have to come to the sive their assignments. Now the drills, they will call the scident, and staff will follow ctions. In at 6:00 PM, with of Clinical Services, she pany the surveyor to the exit escaped from. Surveyor and peeked outside, see a full view of the street only the ramp to the street of the protographic evidence had Director of Clinical Staff E, should have toor, and walked down the	F	689			
	On the Dire and designees initiate	actor of Clinical Services ad education for staff on how nt who has eloped from an					

alarming door to include an immediate perimeter area search from the starting point of , , , distance. The responder to the alarming door will be assigned to conduct the initial/immediate

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F 689	search. This educatio demonstration to valid education when avail documentation if need education when avail documentation if need education when avail documentation if need emonstration will conclude the production of the state of the educated by the Seni conducted elopement 3 days starting on 3 the product on response. 4. On the Diractor of Clir and designes initiate demonstration to followed the state of the state of the conclusion initiated on (7). Houseke (7). CNAs (28). Nurse Administrative/depart 5. On License was initiated to ensure valuation is conduct Education includes 18 december 18 december 18 december 18 december 18 december 19 december 18 december 19	n consisted of return late knowledge and phone able and education sed. Return education sed. Return education sed. Return education shinten programmer sed. Return education shinten sed. Return education sed. Return education sed. Return education sed. Return education sed. Sed. Return sed. Ret	F6:	39	

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F 689	determining the root	ecutive Director and ervices were educated on	F€	589		
	Quality Assurance an Improvement meeting Medical Director, Director Social Services Director	g on with the ector of Clinical Services, dor, Plant Operations, pervisor, Housekeeping				
	performance improve with the partit Medical Director, Exe Clinical Services, Sot Manager, MDS Coort Manager, Human Resupervisor, Dietary Dand Activities Director root cause for the incapproved by the Med	hoc quality assurance ment meeting was held on ippation of the Center cutive Director, Director of ial Services Director, Director of ial Services Director, Unit dinator, Plant Operations sources, Housekeeping irector,				
	improvement meeting	assurance performance gwas held on with e Center Medical Director,				

Executive Director, Director of Clinical Services, Social Services Director, Unit Manager, MDS Coordinator, Plant Operations Manager, Human Resources, Housekeeping Supervisor, Dietary Director, and Activities Director.

The Plan along with the root cause for the incident was discussed and approved by the

		ID HUMAN SERVICES			FORM APPROV	
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F 689	Medical Director. The		F 689			
F 692 SS=D	meeting. Nutrition/Hydration St CFR(s): 483.25(g)(1)		F 692			
	(includes naso- both, endoso fluids). Based comprehensive asset ensure that a residen §483.25(g)(1) Mainta of nutritional status, a desirable body balance, unless the n	ins acceptable parameters uch as usual body or range and electrolyte esident's clinical condition s is not possible or resident				
	maintain proper hydra §483.25(g)(3) Is offer	ed a therapeutic diet when problem and the health care				
	This REQUIREMENT by: Based on observatio review, the facility fail nutritional assessmen ordered nutritious trefurther loss for reviewed for nutrition #200).	is not met as evidenced ns, interviews, and record ed to ensure a timely it, falled to assist with ats; and failed to prevent 2 of 11 sampled residents (Resident #21 and Resident		F692 1.The Registered Dietician reassess Resident #21 and #200s nutritional status to provide the necessary interventions for theirlosses. Staff were educated on assisting		
	The findings included	:		residents during meals and to their		

		D HUMAN SERVICES MEDICAID SERVICES					APPROVED 0.0938-0391
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NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HARBOR	BEACH NURSING AND F	REHABILITATION CENTER			ORT LAUDERDALE, FL 33316		
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F 692	A review of the facility Resident," revised on residents will be otherwise by the Phys for 4 weeks and once 1. A record review of readmission to the far diagnoses of Adult (difficulty a first interview of Mer 06, which is moderate Review of the showed that Resident M21 was cot and 1 person assist. In an observation con AM, a container of a 1 supplements) was no able of Resident #21 was cot and 1 person assist. In an observation con AM, a container of a 1 supplements) was no same unopened hous Resident #21 room. In an observation con PM, Resident #21 tonducted on the container of a 1 supplements was no table of Resident #21 tonducted on the container was not some unopened hous Resident #21 was container of a 1 supplements was no table of Resident #21 tonducted on the container was not some unopened hous Resident #21 tonducted on the container was not some unopened hous Resident #21 was container was opened but used side. A container	's policy titled "Weighing the	F	692	nutritional supplements as necessary. 2.The Director of Clinical Services and designee conducted an audit of reside during meals and residents receiving nutritional supplements to ensure that they are receiving the assistance need as necessary. The Registered Dietician conducted are audit of residents: Nutritional Assessment record to ensure that losses are limely addressed as necessary. Corrective actions were mean necessary. 3.The Regional Dietician educated the Registered Dietician on the Nutrition/Hydration Status regulatory requirement. 4.The Registered Dietician and/or designee will conduct an audit of the residents during meals and residents unutritional supplements to ensure that assistance are provided as necessary nutritional assessments are in place for esidents with _ losses for timely intervention, random weekly x 4 weeks then random monthly, thereafter. Findl will be discussed in the monthly QAA meeting to sustain compliance.	nts led ade vith and r	

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F 692	An observation was of 6:00 PM. The meal of was placed in the hall delivered to all reside waiting on his dinner tray was brought into	onducted on at at art wived on the unit and tway. The meals were nts while Resident #21 was tray. At 6:30 PM, the meal the room by staff, and at arted assisting Resident #21 40 minutes later).	F 692			

AM showed the meal cart that arrived on the unit to 117. At 8:40 AM, the staff brought the breakfast meal to Resident #21 in his bed (30 minutes later). A review of the Order Summary Report showed

an order for Health shake two times a day for a supplement with lunch and dinner and record amount dated A review of the 's summary showed the following ___ recorded for Resident #21: on at ..., ..., on at , , on at at ..., ...

In an observation conducted on at 2:30

PM, Staff B, Restorative Certified Nursing Assistants, was asked to take the ___ on Resident #21. Staff B used a bed scale to obtain the . . . for Resident #21. Continued observation showed a new ____ recorded at that weekly , are conducted on all residents on Mondays and Wednesdays. The new __ recorded for Resident #21 showed an additional 3-, ... loss from A record review of the progress note dated by the facility's Dietitian revealed

.... trending gradually for Resident #21 in the

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 12/16/2021 MAPPROVED 0: 0938-0391
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F 692	past 6 months. In this were made for Medpz twice a day for An interview conducts with the facility's clinic she only comes to the week, but can review She said that when she comes into initial assessment is cadmission, but high-rit sooner. The facility's supplements can be a fer initial assessment is can be a former than the same of the same shown in	note, recommendations ass (nutritional supplement)	F€	i92			

are always given between meals to aid with . _ . gain. In this interview, she said that Resident #21 is not able to eat on his own and that he needs with his meals.

In an interview conducted on at 2:20 PM, Staff C, Patient Care Assistance (.), stated that Resident #21 needs full assistance with all his meals. She further stated that someone needs to sit with him for the duration of the meals. When asked if he can drink his House Shakes (nutritional supplements) on his own, she said no. Staff C reported that she needs to hold the Shake and the straw to his for him to drink the shake.

In an interview conducted on at 12:39

PM, the facility's clinical Dietitian reported that she did not know that a new was obtained FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 100610

Event ID: 6XXP11

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DEPARTMENT OF HEALTH AN	ID HUMAN SERVICES			FORM APPROVE
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

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	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD FORT LAUDERDALE, FL 33316	
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F 692	for Resident #21 and She also was not awe assisted with his nutri meals. 2. A review of the cha was admitted to the fe discharged to the hos Diagnoses of severe Argon had a soo Section 6 for a section	that he lost 3 more pounds, are that Resident #21 is not titonal supplements between an another than 1 that the supplements between the supplements between the supplements between the supplements between the supplements of	F	692		
	due to po of the Order Summan for nutritional supplem was 8 days after adm	ident #200 is at risk for or intake of meals. A review y Report showed an order nents dated which ission.				
	Resident #200 had a	al records showed that in owed that her , was at				

		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 12/16/2021 M APPROVED O: 0938-0391
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HARBOR	BEACH NURSING AND F	REHABILITATION CENTER		1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 692	, and it we to be somewhat In an interview condu PM, the facility's clinic Resident #200 is conrisk because of her perbody	as noted that she appeared incled on at 12:39 cal Dietitian stated that sidered at high nutritional oor intake of meals and low sked by the surveyor, if she records of Resident #200, It not much was said about hospital records. When	F			
F 695 SS=D	The Dietitian did not r prior to completing he later She ai Resident #200 is at n needed nutritional suj In an interview condu PM, with the facility's informed of the finding	was recorded on review Resident #200 chart erview Resident #200 chart er initial assessment 7 days greed with the surveyor that untitional risk and that she pplements upon admission. Indeed on at 2:00 Administrator, she was gs. , Care and Suctioning	F€	995		
33-17	§ 483.25(i) , care ar The facility must ensureeds , care and suc care, consistent with practice, the comprel care plan, the resider and 483.65 of this sul	nd suctioning. ure that a resident who e, including ctioning, is provided such professional standards of ensive person-centered ats' goals and preferences,				

Based on observation, record review, interview

by:

F695

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	105578	B. WING	11/05/2021			
			С			
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED			
ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY			
CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039			
ALI ARTIMENT OF MEACHTAIN	ACTIVITY OF TEACHTAIN HOMAN SERVICES					

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	·	COMPLETED
					С
		105578	B. WING		11/05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD FORT LAUDERDALE, FL 33316	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
F 695	and review of policy a failed to 1) ensure the hysician's current or indication for use, for for for 1 of 2 sar #10). 2) failed to ensure the residents receiving and Resident #49). The findings included Review of facility policy at 5 PM for the (DON) effective	nd procedure, the facility it in obtained the attending ders for and a resident receiving phied residents (Resident re that it dated and properly bing for 2 of 2 sampled	F6S	1. Resident #10 and #49s we checked for label and physician orders and were updated as needed during it survey. 2. The Director of Clinical Services and designee conducted an audit of reside with to ensure that a physician order is in place and is appropriately labeled. 3. The Director of the Clinical Services and/or designee educated licensed nurses on the regulatory requirement as related to order the conduct an audit of reside with to ensure that a physician order is on place and is appropriately labeled, random weekly x 4 weeks, the random morthly, thereafter. Findings be discussed in the monthly QAA meet to sustain compliance.	and the second s

and Implementation Medications are

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 12/16/2021 I APPROVED : 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE : COMPL	.ETED
		105578	B. WING				05/2021
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		18	TREET ADDRESS, CITY, STATE, ZIP CODE 815 MIAMI RD ORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD I			(X5) COMPLETION DATE			
F 695	administered in accororders, including any 1) During an observal at 11:24 AM. Residen receiving continuous three () liters per in concentrator. There whis this tubing to 1 changed and there we resident's doorway in and re-ae with diagnos Supplemental Resident #10 have shillure, a Supplemental () score of 15 () Photographic evidene label on Resident #10. Signage outsi On at 11:26	dance with prescriber required time frame. Ition conducted on 1#10 was observed infusing at two to initually a sono date/label noted on ndicate when it was last as no signage outside of the dicating in use. It is a son signage outside of the dicating in use. It is a sono date/label noted on the dicating in use. It is a sono signage outside of the dicating in use. It is a sono signage outside of the dicating in use. It is a more within a sono date when the dicating in the sew which included: I have been dead to the facility on sew which included: I have been discontinuation of the discontinuation of the absent the discontinuation of the absent the discontinuation of the discontin	F	695			

parameters, for this resident. Neither were there any orders or other documentation written on Resident #10's Medication Administration Record (MAR) nor on the Treatment Administration Record (TAR), to indicate any routine changing of

On at 11:33 AM further computerized record review of the physician's order dated review of the physician's order dated review of the target and the state of the

the resident's . , . tubing.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES					
CENTERS FOR MEDICARE & MEDICAID SERVICES O					
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
				С	
	105578	B. WING		11/05/2021	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		

			A. BUILDING				
		105578	B. WING	_			C 05/2021
NAME OF PROVIDER OR SUPPLIER HARBOR BEACH NURSING AND REHABILITATION CENTER			•		STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 695	re-admission to the fat the resident was frant the resident was frant per resident breathing and again in re-ordered/re-newed if acility on However, on computerized record in Comp	and not re-ordered upon dilly on . Again, referred out to the hospital on trequest for difficulty is, was not upon re-admission to the at 11:44 AM, a review was conducted of the um Data Set (MDS) section rence dates of of these instances it was dent was receiving envice (DOS). PM, a computerized record of sursing care plan dated of the following: Monitor or to Medical Director (MD) ses than (<) 90%, provide s, Settings: () via or order, history of () and to () PM, an interview was ent #10 in which he was usage, and he replied to be infusing at three (3) resident was not noted to	F	698			

		D HUMAN SERVICES			FOR	M APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES ITATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DAT	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
105578 B. W			B. WING		11	C /05/2021
	ROVIDER OR SUPPLIER BEACH NURSING AND F	REHABILITATION CENTER	·	STREET ADDRESS, CITY, STATE, ZIP CODI 1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COI IX (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
F 695	date/label noted on R to indicate when it was wass still no signage doorway, indicating On at 2:35 F date/label noted on R to indicate when it was still no signage outsid indicating in to On at 10:41 date/label noted on R to indicate when it was to indicate when it was still no signage outsid indicating in to the control of the contr	M there was still no esident #10's tubing is last changed and there outside Resident #10's tubing in use. M there was still no esident #10's tubing is last changed and there is e resident #10's doorway use. AM there was still no esident #10's tubing is last changed and there is e resident #10's tubing is last changed and there is eresident #10's doorway	F	695		
	On at 10.51 conducted with Staff if Nurse (LPN), in which following three (3) que resident's 1). She replied, "Yes, on have or get an order 1, ? She stated, D, acknowledged that verify whether or not order for the	AM, an interview was D, a Licensed Practical n she was asked the				

changed by staff.

been labeled and dated as to when it was last

at 10:59 AM Resident #49 was observed receiving his ordered ____ at four to

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DEPARTMENT OF HEALTH AND HUMAN SERVICES						
CENTERS FOR MEDICARE & MEDICAID SERVICES CO.						
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
			С			
	105578	B. WING	11/05/2021			

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1615 MIAMI RD HARBOR BEACH NURSING AND REHABILITATION CENTER FORT LAUDERDALE, FL 33316 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES. (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 695 Continued From page 41 F 695 five () liters via via ox concentrator. However, there was no date/label

noted on his . , , . tubing to indicate when it was last changed. Record review revealed Resident #49 was originally admitted to the facility and re-admitted on diagnoses which included: _ . () and history of and . . , . . . , in . . . He had a Brief Interview Mental Status (BIM) score of 12 (moderately). Photographic evidence obtained of absent label on Resident #49's . , . tubing.

On at 4:03 PM there was no date/label noted on ____ tubing to indicate when it was last changed.

at 10:30 AM there was still no date/label noted on ____ tubing to indicate when it was last changed.

On ... at 11:05 AM, a computerized record review conducted of the resident's current physician's orders indicated ..., ...,: ...,... - Continuous at 2 liters (L)/minute (M) via . . to increase resident's . , . . to five (5)

continuously, change (L) via tubing, mask and /or weekly, may change sooner as needed and ... ox.

Computerized record review of Resident #49's Treatment Administration Record (TAR), further indicates for changing of this resident's tubing, mask and/or ... weekly, may change sooner as needed every night shift with the presence of . , .. at two (2) liters per minute, to increase to five (5) liters via continuously every shift for . , . . .

AN

DEPARTMENT OF HEALTH AND) HUMAN SERVICES				FORM	M APPROVED	
CENTERS FOR MEDICARE & M	//EDICAID SERVICES				OMB NO	0. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	105578	B. WING	_			C 05/2021	
NAME OF PROVIDER OR SUPPLIER			-	STREET ADDRESS, CITY, STATE, ZIP CODE			
HARBOR BEACH NURSING AND REHABILITATION CENTER			1	1615 MIAMI RD FORT LAUDERDALE, FL 33316			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 695 Continued From page	42	F	695		_		
Resident #49's nursing also indicated for (prongs) at two (and a potential for related to prior history On at 10:51 / conducted with Staff D acknowledged that the should have been labe was last changed by st In fact, the ord signage were to for Resident #10, until During an interview co 11:20 AM, the Director acknowledged that Rehad an _ order a chonowledged that Rehad an _ order a chonow	Settings: () via (2) (L) as needed (PRN) () of () episodes. AM, an interview was b, an (LPN), in which she resident's	F	810				

Based on observations, interviews, and record

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED	
		105578	B. WING			11	C I/05/2021
NAME OF P	ROVIDER OR SUPPLIER	•			TREET ADDRESS, CITY, STATE, ZIP CODE		
HARBOR	BEACH NURSING AND I	REHABILITATION CENTER			615 MIAMI RD ORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 810	review, the facility fail device for 1 of 10 san uturition (Resident #2 The findings included In an observation cor PM, Resident #21 the function and f	ed to provide an eating npled residents reviewed for 1). : : : : : : : : : : : : :	F	810	1.Resident #1 and #21s\[]\text{ missing soo} plates were corrected and were provid during the annual survey and are ongo 2. The Dietary Supenvisor and/or designonducted an audit of residents with adaptive equipment for meals to ensur compliance. Corrective actions were made as necessary. 3. The Dietary Supervisor and/or designous educated the dietary staff on ensuring adaptive equipment are serve for residents with orders for them, during meals. 4. The Dietary Supervisor and/or designification with the dietary staff on ensure that residents with orders for adaptive equipment are in place, randweekly x 4 weeks, then random month thereafter. Findings will be discussed the monthly OAA meeting to sustain compliance.	ed bing. nee e of e of that e e or e or e e or e e or e e e e e e e	

		ID HUMAN SERVICES					APPROVED
		MEDICAID SERVICES	1				0. 0938-0391
	ID DI AN OF CODDECTION DESCRIPTION NUMBER.				CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDI	NG_			
						1	C
		105578	B. WING			11/	05/2021
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HARROR	SEACH NURSING AND I	REHABILITATION CENTER			615 MIAMI RD		
TO THE OWN	SEACH HOROMO AND	TENADETATION SERVER		F	ORT LAUDERDALE, FL 33316		
(X4) ID		ATEMENT OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG	TILOODH OIL OIL	CO OCITITI THO INI CHAINTION	ind		DEFICIENCY)		
F 810	Continued From page	.44	-	310			
	a Scoop plate with all			310			
	assistance with feeding						
	assistance with recun	ig and coenig.					
	In an observation cor	ducted on at 6:00					
		in his bed with the dinner					
	meal at his bedside.	Closer observation showed a					
	meal ticket that had a	Scoop plate written on it.					
	The actual dinner pla	te did not have a Scoop					
		ician's orders (photographic					
	evidence obtained).						
	In an interview condu	cted on at 10:46					
		at 10:46 ager in Training, he was					
		r as to who is responsible					
		tickets on the tray line. He					
		on the tray line". The diet					
		for checking the diet types,					
	the correct number of	fluids, diet consistency, and					
	making sure that the	right portion size is correct					
		rther reported that the cook					
		e sure that the scoop plates					
		as per the Physician's					
	orders.						
	In an interview condu	cted on at 5:00					
		Administrator she was					
	informed of the findin						
F 814	Dispose Garbage and	•	F	314			
SS≃D	CFR(s): 483.60(i)(4)	2 residuo r topony					
	(-)						
	§483.60(i)(4)- Dispos	e of garbage and refuse					
	properly.						
		is not met as evidenced					
	by:						
		n and interviews, it was			F814		
		acility failed to dispose of			1.The dumpster was addressed during	the	
	garnage and refuse p	roperly to ensure a potential			LITTE GUITIPSIEL WAS AUGIESSED OUTING	uic :	

annual survey and is being maintained.

		ID HUMAN SERVICES MEDICAID SERVICES			O.	FORM APPROVED MB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION		3) DATE SURVEY COMPLETED	
		105578	B. WING			C 11/05/2021
		REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 1615 MIAMI RD FORT LAUDERDALE, FL 33316		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 814	Closer observation si dumpsters that were i kitchen area. One of open with a bag of ge (Photographic eviden bottles, food residue, etc.) which was and underned and underned was informed of the finan interview condu. AM, with Staff A. Man asked by the surveyo for making sure that I the kitchen is cleaned stated that it is his restarted working in the acknowledged all find checked on a regular.	e garbage/refuse, an frotting garbage was noted, owed two large trash occated outside the main he dumpsters was propped rhage half out ce obtained). Noted gloves, and unidentified matter saft the dumpsters. ducted on at 4:40 Food Service Director and ndings. cted on at 10:46 ager in Trainting, he was ras to who is responsible he dumpster area outside I and free of debris. He sponsibility, but that he only facility last week. Staff A lings and said "it needs to be basis".	F	Staff A was provided an edi- regulatory requirement for of Refuse Property. 2. The Dietary Supervisor an audited the garbage dispose that they are property dispo Corrective actions were manecessary. 3. The Executive Director ecidency Supervisor on the ni- requirement for proper dispigarbage. 4. The Dietary Supervisor an will conduct an audit of the disposal to ensure that they disposed random weekly x random monthly, thereafter be discussed in the monthly to sustain compliance.	Garbage and Ind/or designees all to ensure used. Index as ducated the egulatory isosal of ind/or designees garbage are properly 4 weeks, then . Findings will .	,