

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER Pearl at Fort Lauderdale Rehabilitation and Nursin		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NE 26th St Fort Lauderdale, FL 33305	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40153</p> <p>Based on observations, interviews, and record review, the facility failed to provide nutritional interventions in a timely manner for 2 of 6 sampled residents, reviewed for nutrition, Resident #365 and Resident #340.</p> <p>The findings included:</p> <p>Review of the facility's policy, titled, Nutrition Assessment, dated 05/19/23, documented, in part, the following: the dietitian, in conjunction with the nursing staff, will conduct a nutritional assessment for each resident upon admission (within 14 days). The nutritional assessment will include the current nutritional status and risk factors for impaired nutrition.</p> <p>Review of the facility's policy, titled, Weight Assessment and Intervention, dated 05/19/23, documented, in part, the following: residents' weights are monitored for unintended weight loss. Any weight change of 5 percent or more since the last weight assessment is retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietitian in writing.</p> <p>1. Record review documented Resident #365 was admitted to the facility on [DATE] with diagnoses to include Protein-Calorie Malnutrition and Anxiety Disorder.</p> <p>An interview was conducted on 08/28/23 at 10:20 AM with Resident #365, who stated that all he wants to eat is two peanut butter sandwiches a day and that the facility refused to give them to him. He also said that he preferred something other than the food consistency that is given to him (pureed consistency) daily.</p> <p>In an observation conducted on 08/30/23 at 8:40 AM, Resident #365 was noted in his room with the breakfast tray. Closer observation showed that he ate about 50% of his meals. In this observation, Resident #365 said that he ate about 50% of his dinner last night but that he did not like the food that was served to him.</p> <p>Record review documented a physician order for a regular, pureed-texture diet dated 06/14/23. Review of the weight log showed the following: the first initial weight taken on 06/28/23 showed that Resident #365 weighed 143 pounds (#). The next weight taken was on 07/06/23, which showed that Resident #365 weighed 122.5 pounds. This showed a significant / severe weight loss of 14% from 06/28/23 to 07/06/23.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 105089	Facility ID: 105089 If continuation sheet Page 1 of 3

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review did not show that an Initial Nutrition Risk Assessment was completed for Resident #365 on admission. The care plan for nutrition showed that Resident #365 was at nutritional risk, which was only initiated on 07/14/23.</p> <p>Review of the nutrition progress note dated 07/14/23 showed that Resident #365 had a 14.3% weight loss in 30 days. It further revealed that he was triggered by malnutrition and that he eats about 60% of his meals. In this note, the facility's clinical dietitian recommended Ensure Plus three times a day (TID), which was ordered on 07/14/23 (eight days after the severe weight loss was identified).</p> <p>A Nutritional History Assessment that was provided by the Director of Nursing (taken from the previous electronic system) showed that an initial assessment was completed for Resident #365 but that it did not have a date, time, or signature of the staff member who completed this assessment.</p> <p>An interview was conducted on 08/31/23 at 2:00 PM, with Staff G, Clinical Dietitian, who was asked why she had not completed the nutritional initial assessment on time when Resident #365 was admitted to the facility. She reported that she completed the assessment and that it was on the old electronic system. She was asked by the surveyor why it took her eight days after the severe weight loss to reassess Resident #365 and she did not know.</p> <p>A Speech Language Reassessment was conducted on 08/30/23 related to surveyor intervention for Resident #365. The new recommendations showed a diet upgrade from pureed to ground texture diet consistency.</p> <p>An interview was conducted on 08/31/23 at 8:45 AM with Resident #365, who stated that he was so happy that his diet was upgraded and was happy with his meal this morning. Continued observation showed that the resident ate over 75% of his breakfast meal.</p> <p>39026</p> <p>2. Resident #340 was admitted to the facility on [DATE] from an acute care hospital with diagnoses that included weakness, Rhabdomyolysis and Hepatocellular Carcinoma (liver cancer). Review of the admission assessment dated [DATE] revealed the resident had a small open area noted to left heel and a weight of 146 pounds (#).</p> <p>On 03/31/23, a nutrition assessment was done by Staff G, clinical dietitian, which revealed she recommended house shakes three times a day (TID) for increased kcals (calories) to augment intake.</p> <p>On 08/30/23 at 3:49 PM an interview was conducted with Staff G. She stated she would put an order into the Meal Tracker. She stated the system is new and corporate was not able to put the amount given for the mighty shakes in the system. The Meal tracker started after March 2023 which enabled an amount taken to be put into the system. There was no evidence that mighty shakes were being given to the resident.</p> <p>On 04/07/23, a second weight was taken on Resident #340. The resident's weight was 137 pounds. This indicated a 9-pound weight loss in 9 days. On 04/07/23, the order was entered for Ensure Plus 237 ml (milliliters) give one carton by mouth two times daily. This was given to the resident on 04/07/23 and 04/08/23.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/08/23, the resident was discharged to the hospital per family request.		