STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105765	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 01948 Based on observation and interview, it was determined that the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior that included observation of 2 of 2 residential room areas (second floor and third floor), 1 of 2 dining room (second floor) areas, 1 of l elevators, and 4 of 4 wheelchairs Resident's #7, #9, #17, and #54. The findings included: During the resident screening performed by the surveyors on 08/26/24 to 08/27/24 and the Environment Tour conducted with the Administrator and Corporate Maintenance Director on 08/28/24 at 2:00 PM and on 08/29/24 at 1:00 PM, the following were noted: The Elevator's interior floors and walls were noted to be heavily soiled and stained. Exposed sharp piece of plastic noted near the handrails. The entry/exit door to the elevator was noted to be heavily soiled and stained. The metal handrail to the side of the elevator entry/exit was heavily worn down to the bare metal surface. Observation on the Second Floor revealed: The Second Floor Nurses Station floor was noted to have a heavy build-up of dirt and dust throughout. The exterior of the trash barrel was heavily soiled and stained. The Nurses Station Bathroom floor was heavily soiled and had black matter throughout, and floor tiles lifting. Dining Room (Second Floor): Heavily soiled and black stains throughout. Equipment: Soiled commercial floor cleaning machines (2) and cleaning equipment (brooms, dust pans, etc,) stored in corner of the dining room. Dining Room Tables: One of five tables (top) noted to be in disrepair with a large sharp wooded piece exposed. Dining Room Tables: Two of five tables bases noted to have soiled and large areas of peeling paint. (continued on next page)

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Hallway from Resident Rooms #221 to #237 the floors were heavily soiled and had black stains throughout entire hallway. The exterior walls were heavily soiled, stained and in disrepair throughout. There was offensive urine odor throughout. The Hallway from Resident Rooms #238 to #251): the floors were heavily soiled and had black stains throughout the entire hallway. Exterior walls were heavily soiled, stained and in disrepair throughout. Offensive urine odor throughout. On Hallway #1: The Fire door (1) noted to have large areas of peeling paint. room [ROOM NUMBER]-bathroom floors and baseboards were soiled and stained throughout. The Door (D) and Window (W) bed wardrobe closets are open, and no closures provided. room [ROOM NUMBER] had a large crack in room's floor tiles (approx. 15 feet), the room's ceiling was leaking (3 days), and W-bed resident complain of leak not repaired, bathroom toilet requires re-caulking to the floor, and the over-commode portable seat is heavily worn and soiled. room [ROOM NUMBER] noted with bed linen sheet covering the room's window (W-bed resident states waiting too long for replacement), room floor soiled and black stains throughout, exterior over-bed table in disrepair and sharp edges, over commode portable seat heavily stained and worn, and exterior of room dresser in disrepair and heavily worn. room [ROOM NUMBER] had an offensive urine odor throughout, over commode portable seat stained and heavily worn, room floors had yellow stains, room walls and baseboards heavily soiled and stained. room [ROOM NUMBER] noted with one of two wardrobe closets missing door/privacy curtain, and wardrobe kick plate missing at the bottom. room [ROOM NUMBER]: Privacy curtain soiled and stained (D-bed), room floor heavily soiled and black stains noted, bathroom ceiling tiles bulging down and falling from the ceiling, over commode portable seat heavily stained and worn, and room window curtains in disrepair. room [ROOM NUMBER]: Privacy curtain stained and soiled (W-bed), no over-bed table (W-bed), and room floors soiled and black stains throughout. The Linen Room/ Closet: Room floor heavily soiled and stained. The Soiled Utility Room/Closet: Ceiling vent noted with black with mold type matter, and room floor heavily soiled and noted with black stains. room [ROOM NUMBER]: Large hole in room wall, dresser drawers not shutting properly (2). room [ROOM NUMBER]: Room floor and baseboards soiled and black stains throughout, missing drawers (2) in wardrobe closet, and bathroom walls and baseboards soiled and in disrepair. room [ROOM NUMBER]: Wall mounted bulletin board heavily soiled with dried matter (2), and room floors and baseboards heavily soiled and stained throughout. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room [ROOM NUMBER]: Offensive urine odor (3 days), trash container located in corner of room filled with urine (1.5 gallons), large blood type stain on room floor, large black mold like stains across entire floor of room, and room floor heavily soiled and stained. room [ROOM NUMBER]: Bathroom door exterior heavily worn with sharp exposed wood edges; bathroom floor caulking in disrepair, room [ROOM NUMBER]: Bathroom door exterior heavily worn and in disrepair with sharp wood edges exposed, wall mounted bulletin board soiled, bathroom wall soiled and in disrepair, and room floor heavily soiled and black stained throughout. room [ROOM NUMBER]: Bathroom toilet tiles caulking to the floor in disrepair, room floor heavily soiled and black stains throughout, bathroom door in disrepair, bathroom floor soiled and stained, metal bed frame heavily rusted (W-bed),, and exterior of over-bed table (W-bed) rust laden. room [ROOM NUMBER]: Room floor heavily soiled and black stains throughout. room [ROOM NUMBER]: Window blinds in disrepair and will not close/open properly. Resident #7's Geri chair arm rests heavily worn and torn (Left & Right sides). Resident #54's Left wheelchair arm rest missing and right arm worn and torn. Resident #9's Wheelchair arm rests missing. Resident #17's Wheelchair arm rests missing. Observation on the Third Floor: room [ROOM NUMBER]: Shower handle leaking water, and water coming up though tiles near the wall air-conditioning unit. room [ROOM NUMBER]: Bathroom walls and shower tiles soiled and stained. room [ROOM NUMBER]: Privacy curtain soiled and stained (D-bed). room [ROOM NUMBER]: Resident complaining of roach sightings. room [ROOM NUMBER]: Room floor heavily soiled and black stains throughout, and residents complaining of roach sightings. room [ROOM NUMBER]: Resident #100 complaining of bed too small to fit body frame. Room#327: Bathroom not providing sufficient lighting for use. room [ROOM NUMBER]: Nightstand broken and drawers not operational, and room floor heavily soiled and black stains throughout.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49060 Based on observations, interviews, and record review, the facility failed to initiate and resolve grievances for 4 of 43 residents reviewed for grievances (Resident #6, Resident #9, Resident #19, and Resident #206). The findings included: Review of the facility's policy titled, Complaint/Grievance, dated 09/07/23, included the following: The Center will support each resident's right to voice a complaint/grievance without fear of discrimination or reprisal. The center will make prompt efforts to resolve the complaint/grievance and inform the resident of progress towards resolution. The center will inform residents of the right to file a grievance orally and in writing, the right to obtain a written decision regarding the grievance. Procedure: 1. An employee receiving a complaint/grievance from a resident, family member and/or visitor will initiate a Complaint/Grievance Form. Complaint/Grievance forms will be available 24 hours per days 7 days a week in an unsecured common area. 2. Original grievance forms are then submitted to the Grievance Officer/designee for further action. 4. The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days. 5. The findings of the grievance shall be recorded on the Complaint/Grievance Form. 7. The Grievance Official will log complaints/grievances on a Monthly Grievance log. 1)During an observation and interview conducted on 08/26/24 11:14 AM, Resident #6 stated that she has been soaking wet since this morning, but her call light does not work. In addition, she noted that this is not the first time she has been left soaking wet in the bed and forced to wait for the staff. Resident #6 stated staff is aware that the call light doesn't work, however, nothing has been done about it. Record review for Resident #6 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Multiple Sclerosis; Generalized Anxiety Disorder; Need for Assistance with Personal Care. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #6 had a Brief Interview for Mental Status (BIMS) of 15, which indicated that she was cognitively intact. Resident #6 was dependent on staff for toilet hygiene and needs substantial/maximal assistance for personal hygiene. 2) During an observation and interview conducted on 08/26/24 at 11:24 AM, Resident #9 stated that her call light has not worked for over 6-months now; and she has complained to the staff, and they have not done anything about it. She noted that maintenance has worked on the call light, however the call light works for a few days and then it stops working again. She acknowledged having 2 Call bells (this a manual call bell that you tap on top and it is only auditory), however the staff told her that they cannot hear them, so she doesn't bother to use them. Record review for Resident #9 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Hemiplegia, Muscle Weakness, and Gout. Review of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #9 had a BIMS score of 15, which indicated that she was cognitively intact and able to communicate. Resident #9 could wheel at least 150 feet in a corridor or similar space once she is seated in a wheelchair. 3) During an observation conducted on 08/26/24 at 11:43 AM, Resident # 19 stated that his call light has not worked for over a month. He noted that maintenance staff told him that it was an issue with the electrical outlets, however, the maintenance staff stated that he was not an electrician. He acknowledged wheeling himself in his wheelchair out of his room to get the staff's attention when he needs assistance. Record review for Resident #19 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Hemiplegia, unspecified affecting Left Nondominant Side; Generalized Anxiety Disorder and Type 2 Diabetes Mellitus. Review of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #19 had a BIMS score of 14, which indicated that he was cognitively intact. Resident #19 required supervision from staff for toilet transfer and shower/bath self; Resident #19 uses a wheelchair. 4) Record review for Resident #206 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Other Specified Fracture of Unspecified Pubis, Subsequent Encounter for Fracture with Routine Healing; Type 2 Diabetes Mellitus; Need for Assistance With Personal Care. Resident #206 was discharged from the facility on 07/05/24. Review of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #206 had a BIMS score of 14, which indicated that she was cognitively intact. Resident #206 required substantial/maximal assistance for lying to sitting on side of bed and toileting hygiene. Review of Nursing progress note dated 06/12/24 created by the Director of Nursing (DON) noted Resident #206's son was concerned that Resident #206's call light was still not functioning and wanted an update on the status of the call light. The DON informed Resident #206's son that she is doing well and call light is still non-functional but repairs are on-going and that a bell would be given to the resident to alert staff of need. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing progress note dated 07/01/24 documented Resident #206's call light was still non-functional, and Resident #206 had a manual call bell. Review of the monthly Grievance/Complaint Log from August 2023 to August 2024 documented the following: August 2023: no grievances on the log September 2023: 2 grievances on the log October 2023: no grievances on the log November 2023: 2 grievances on the log December 2023: 1 grievance on the log January 2024: no grievances on the log February 2024: 1 grievance on the log March 2024: 3 grievances on the log April 2024: no grievances on the log May 2024: 3 grievances on the log June 2024: 1 grievance on the log (no grievance filed from Resident #206 or her son) July 2024: 1 grievance on the log August 2024: 5 grievances on the log In summary, the Grievance log from August 2023-August 2024 had no complaints of call lights not functioning from any of the above residents. An interview was conducted on 08/28/24 at 9:25 AM with the Assistant Director of Nursing (ADON). She stated that grievances are usually written if a family member or resident puts in a complaint. For example, if the bed control is broken, maintenance would get the complaint and change the remote control, but no grievance form will be filled out, that's the way the facility does it. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 08/28/24 at 11:44 AM with the DON. He stated that any complaint from a resident or family member goes on the log and the grievance form should be filled and given to Social Services. Social Services will then give the form to the proper department to resolve. After the grievance is resolved then the form is given back to the social worker to file. Sometimes, grievances are discussed during the morning huddle meetings, such as residents' complaints, any concerns with staff, and environmental issues. For Resident #206, the DON stated that the son spoke with him and told him that the call light was not working. He didn't fill out the grievance form because he went to maintenance, but they were unable to fix it. He further stated that a call bell was provided to Resident #206 until the call light system can be fixed. He acknowledged not filling out a grievance form but did document in the nursing progress notes in Resident #206's chart. During an interview conducted on 08/28/24 at 5:50 PM with Staff M, Registered Nurse (RN), stated she has been working at the facility for 1 year. She noted, if a resident has a complaint, she tell the supervisor or maintenance depending on the complaint. She stated they add it to the maintenance log and maintenance would get to it in the morning. She acknowledged that sometimes she fills out the grievance form for a resident. When asked to see the grievance form, Staff M went to the nurses' station and was observed looking for the form in a box filled with papers under the table. After 10 minutes of looking for the grievance form, Staff M finally found it. When questioned how often she utilizes the grievance form, she stated not often. She stated she recalls Resident #206 letting her know about the broken call light, she let the supervisor know and a bell was provided for Resident #206; however, the call light was never fixed. During an interview conducted on 08/30/24 at 4:15 PM, Social Services Director (SSD) stated she has been working at the facility since June 2024. She stated that she is responsible for maintaining the grievance log. The SSD stated the staff will fill out the grievance form or can come downstairs and report the complaint to her and she would fill out the form. She will then contact the proper department to investigate the grievance, and they will get back to her with the form filled out when the grievance is resolved; this way she can track the concerns in the facility. When asked if she has seen the grievance logs from August 2023 to August 2024, she stated yes and closed her eyes and shook her head.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on interviews and record review the facility failed to ensure each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment observation period of the Minimum Data Set (MDS), the observation period (also known as the Look-back period) is the time period over which the resident's condition or status is captured by the MDS for 3 of 3 residents sampled for resident assessment (Residents #48, #100, and #59). The findings included: 1) Resident #48 was originally admitted to the facility on [DATE] with most recent readmission on 04/29/24 with diagnoses that included in part: Cardiac Arrythmia Unspecified, Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris, Epilepsy, Cognitive Communication Deficit, and Dementia. Review of the MDS for Resident #48 dated 07/13/24 documented in a Brief Interview of Mental Status (BIMS) score of 7 indicating severe cognitive impairment. Documented in Section N under High-Risk Drug Classes: Use and Indication 1. Is taking -Check if the resident is taking any medication by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days; 2. Indication noted- If column 1 is checked, check if there is an indication noted for all medications in the drug class. E. Anticoagulant documented in column 1 under is taking was marked and under column 2 marked indication noted. Antiplatelet was not documented as taking or indication noted. To summarize, this indicated the resident was ordered/receiving anticoagulant and not ordered/receiving an antiplatelet. Review of the Physician's Orders for Resident #48 revealed an order dated 03/07/24 for Aspirin EC (An Antiplatelet) tablet Delayed Release 325mg, give 1 tablet by mouth one time a day for CAD/DVT (Coronary Artery Disease/Deep Vein Thrombosis). Review of the Physician's Orders for Resident #48 revealed an order dated 03/07/24 for Eliquis tablet 5mg (Apixaban) (An Anticoagulant) give 1 tablet by mouth two times a day for AFIB (Atrial fibrillation). 2) Resident #100 was admitted to the facility on [DATE] with diagnoses included in part: Cerebral Infarction, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Transient Cerebral Ischemic Attack, and Difficulty in Walking. Review of the MDS for Resident #100 dated 06/03/24 documented a BIMS score of 15 indicating a cognitive response. it was indicated in the high risk medications that the resident was receiving an anticoagulant and not receiving an antiplatelet. Review of the Physician's Orders for Resident #100 revealed an order dated 06/01/24 for Aspirin EC (An Antiplatelet) Tablet Delayed Release 325mg give 1 tablet by mouth one time a day for HTN (Hypertension). (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Physician's Orders for Resident #100 revealed an order dated 06/01/24 for Clopidogrel Bisulfate (An Antiplatelet) tablet 75 mg give 1 tablet by mouth one time a day for blood clot prevention. Review of the Physician's Orders for Resident #100 revealed no order active or discontinued for an anticoagulant. 3) Record review for Resident #59 revealed the resident was admitted to the facility on [DATE] with diagnoses including in part: Atherosclerotic Heart Disease of Native Coronary Artery with Unspecified Angina Pectoris, Unspecified Atrial Fibrillation, and Nicotine Dependence Unspecified. Review of the MDS for Resident #59 dated 06/10/24 documented a BIMS score of 15 indicating a cognitive response. Documented in Section N for medications under High-Risk Drug indicated the resident was receiving an anticoagulant and not receiving an antiplatelet. Review of the Physician's Orders for Resident #59 revealed an order dated 03/02/24 for Aspirin (An Antiplatelet) 81 mg Oral Tablet Chewable give 1 tablet y mouth one time a day for CAD (Coronary Artery Disease). Review of the Physician's Orders for Resident #59 revealed an order dated 03/02/24 for Clopidogrel Bisulfate (An Antiplatelet) Oral Tablet 75 mg give 1 tablet by mouth one time a day for DVT (Deep Vein Thrombosis). Review of the Physician's Orders for Resident #59 revealed no order for an anticoagulant. During a telephone interview conducted on 08/28/24 at 4:33 PM with Staff VV Minimum Data Set (MDS) Coordinator who stated she has worked at the facility for over 1 year. When asked how she determines if a medication is high risk what drug classification it is, Staff VV stated that she looks at the order for aspirin or Plavix (Clopidogrel Bisulfate) and what the indication is on the order, if it is for something related to the heart like CAD, she classifies it anticoagulant under high risk medications in Section D of the MDS. During a telephone interview conducted on 08/28/24 05:25 PM with facility's Consultant Pharmacist (CP) with Staff VV also on the telephone, the CP was asked if aspirin is antiplatelet, she stated it is antiplatelet and inhibits coagulation. When asked if aspirin was an anticoagulant, the CP stated no it is not . When asked about Clopidogrel she stated it is a reducing platelet activation and aggregation and is not considered an anticoagulant. The CP does not look at aspirin and Clopidogrel, or Plavix as an anticoagulant, because they work differently. The CP stated the mediations that would be classified as an anticoagulant would be Warfarin, Eliquis, Heparin, etcetera. Staff VV stated that after listening to the CP she acknowledged she had documented incorrectly the high class medications for anticoagulant and antiplatelet for Residents #48, #100, and #59.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 41837 Based on record review interviews and observations, the facility failed to ensure minimum nursing staff was provide daily related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population affecting resident census of 111 out of 120 bed facility . 1) Review of the facility's State Minimum Nursing Staffing from 06/23/24 to 08/24/24 revealed on 06/30/24 the daily average for nursing (Registered Nurses and Licensed Practical Nurses) was 0.9899 (below the minimum 1.0). On 08/30/24 at 3:00 PM the administrator provided updated Minimum Nurse Staffing forms. During an interview conducted 08/27/24 at 11:00 AM with the Administrator who stated she is the person responsible for completing the Nurse Staffing Calculations. When asked what the minimum should be, she said the daily average total Nursing hours should be 1.0, the daily average CNA 2.0 , and the weekly average of combined Nursing, CNA, and Direct Care Staff should be 3.6. When asked about 06/30/24 with the daily average for nursing being 0.9899, and 08/04/24 with the daily average for nursing being 0.9967 she said the nurses must have punched in late. The DON was asked about food/nutrition service staff, she said those are the hours for all food service staff including the prep and cooking. She was informed the hours are for direct care only. She said she would revise the forms and provide revised forms to the surveyor. Observation on 08/28/24 at 4:08 PM several residents were noted on the smoking patio, with Staff NN Certified Nursing Assistant who was present on the inside of the facility watching residents on the smoking patio through the window. During an interview conducted on 08/28/24 at 4:10 PM with Staff NN, CNA. When asked if she is the responsible staff member at this time to observe residents smoking, she said yes. When asked why she was inside the facility, she said they watch from the inside and just gets up to go outside from time to time when residents are outside, she said not while she was inside. When asked if she always performs this duty by herself, she said they take turns and usually there are 2 staff present, but not today they are a little short staffed. An interview was conducted on 08/28/24 at 5:02 PM with Staff ZZ. She stated she feels that the facility is short staffed,but we all work together to get the work done.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 41837 Based on record review and interviews the facility failed to ensure a performance review of every Certified Nursing Assistant (CNA) was completed at least every 12 months. The findings included: On 08/27/24 at 9:00 AM the Director of Nursing (DON) was asked for the performance review for the following Certified Nursing Aides: Staff II Certified Nursing Assistant with hire date of 11/04/20 Staff JJ Certified Nursing Assistant with hire date of 11/09/21 Staff KK Certified Nursing Assistant with hire date of 01/19/22 Staff LL Certified Nursing Assistant with hire date of 02/22/24 Staff MM Certified Nursing Assistant with hire date of 08/23/23 During an interview conducted on 08/29/24 at 9:50 AM with the DON who stated they are not able to provide any performance review evaluations for the 5 CNAs that was requested due to transition of ownership this week. When asked if he could try to request the information requested from the previous owner, he said Human Resources informed him it is not available to be requested.

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Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40153 Based on record reviews and interviews; the facility's Administrator failed to follow up on reported rodent sightings in a timely manner and address them immediately, failed to ensure the designated Infection Preventionist who is responsible for the facility's Infection, Prevention and Control Program (IPCP) had completed specialized training in infection prevention and control. The facility's administrative staff failed to ensure that their policies for pest control services were followed, coordinate with other department heads, failed to contact the appropriate local agencies regarding the rodent infestation. The facility's failure to immediately implement an effective pest control program to eradicate and contain the rodents identified in residents' areas had the potential to spread diseases to residents and potentially affect 111 residents residing in this 120 bed facility. Rats and mice are known to carry many diseases. These diseases can spread to people directly, through handling of rodents; contact with rodent feces (poop), urine, or saliva (such as through breathing in air or eating food that is contaminated with rodent waste); or rodent bites. Rodents can also carry ticks, mites, or fleas that can act as vectors to spread diseases between rodents and people. The system failure to ensure pest control/infection control and prevention interventions and services were effective and implemented resulted in the likelihood for serious injury and/or death. This failure resulted in the determination of Immediate Jeopardy on 06/27/2024. The findings of Immediate Jeopardy were determined to be ongoing on 8/30/2024. The findings included: A review of the facility's Administrator's job description signed on 04/04/2022 revealed the following: Delegate the administrative authority, responsibility, and accountability necessary for carrying out assigned duties. Responsible for day-to-day clinical and administrative activities of the facility, including profit and loss responsibility, and ensures compliance with all state and federal regulations. Provide leadership to all facility staff to meet the goal of providing quality resident care. Schedule regular meetings with direct report staff to provide supervision, ensure communication, and monitor the facility. Ensure a safe, clean and comfortable environment for residents, visitors and staff. Maintain effective relationships and open communication with residents, families, staff, contractors, and the outside community. A chart review revealed that Resident #9 (room [ROOM NUMBER]) was initially admitted to the facility on [DATE] with diagnoses of Hemiplegia, Muscle Weakness, and Gout. The last Minimum Data Set (MDS), dated [DATE], section C, revealed Resident #9 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated that she was cognitively intact and able to communicate. Section GG of the MDS revealed that Resident #9 could wheel at least 150 feet in a corridor or similar space once she is seated in a wheelchair. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview conducted on 08/26/24 at 11:24 AM, Resident #9, stated that for the last 4 Saturdays there has not been any housekeeping services and the place was dirty. The facility's Supervisors were aware that there were pests, roaches, and mice/rodents in the facility. When asked how often she has seen any, she said, They practically live here. Resident #9 then pointed at a flat, sticky trap (with a rat picture on the label) used for mice/rats in her room that was still in an unused packet sitting on top of her belongings. Resident #9 reported that these traps were used for mice/rats sighting in her room near the air-conditioning area. In this interview, the Surveyor observed a white boxed container, which was located by the air-conditioning unit and was labeled for pests and roaches. According to Resident #9, the white box used for trapping pests did not work for rats or rodents, and this was why she kept requesting the pest control technician to get her the unused designated mice trap that was seen earlier on top of her belongings. During this entire interview, the Surveyor noted that food packaging that were opened on the over bed table, and other unsealed food items were around the bed. In an interview conducted on 08/29/24 at 7:20 AM with Staff OO, the Pest Control Technician stated that the facility does not have a Pest Control Log that he checks every time he comes into the facility for the specific locations and rooms that need treatments. The facility's Administrator reports all pest sightings verbally to him. The facility's Administrator only told him of rodent sightings for the first time last week. In an interview conducted on 08/26/24 at 1:30 PM with the facility's Administrator, she stated she was not aware of any rodents sighting in the facility and reported that any residents or staff members had not told her of any rodents in the facility. She further stated that Pest Control Services are here once a week, and she is in constant contact with the pest control technician. In an interview conducted on 08/29/24 at 7:53 AM, the Director of Nursing (DON) stated that he had never seen any rodents or rats in the facility but was told by Staff RR, a Registered Nurse who saw three rodents in room [ROOM NUMBER] which was on 06/27/24. The DON sent a message to the Administrator letting her know of the sighting which was reported by Staff RR. The Administrator told him that she would let Staff PP, the Former Maintenance Director who is no longer an employee with the facility, to take care of the issue According to the DON, he received multiple complaints of rodent sightings in the last six months from various staff members. Some staff members reported rodents coming out of the air-conditioning unit, but this was never verified. He always discussed these sightings in the department heads' meetings that are conducted daily, and the Administrator was aware of the rodent issue for the last six months. He was told by the facility's Administrator that the rodent issue would be handled in-house by the Maintenance Department rather than called a Pest Control Company. He did not document any of the reports or sightings from staff members and did not report the dates and times of the sightings. The DON stated that he expected the Administrator to take care of the rodent issue immediately, but she did not. Since he expected the Administrator to take care of the rodent concern, he did not notify the Health Department of the rodent infestation. He further reported that he is responsible for ensuring that the residents are kept in a safe, clean environment. He even discussed with the Administrator why she did not call the Pest Control Company but decided to take care of it in-house by the Maintenance Director. The Director of Nursing said that the Administrator was not overly concerned and said that she would have the in-house team take care of the rodents' sightings. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview with the Administrator on 08/29/24 at 8:00 AM, she revealed being was aware that Resident #9 reported seeing rodents in her room last Thursday and she told the pest control technician to treat Resident #9's room. The Administrator said they were going to deep clean the room and put all the food items in the room in tight plastic containers. In a phone interview conducted on 08/29/24 at 8:40 AM with Staff PP, who started working in the facility in December of 2023 and left a month ago(July).; revealed the Administrator was aware of the rodent issue in the facility and was very involved in the pest control area before he was even hired. Around March of this year, he started getting reports of rodents sighting around the facility. He was not sure as to what arrangements were made with the Staff OO, the Pest Control Technician, and the Administrator, but Staff OO did not know of the rodent infestation in the facility. Staff OO visited the facility weekly, and they always discussed pest control issues. Staff OO never mentioned any rodent sightings reported to him by the Administrator. Staff PP received multiple complaints of rodents sighting by staff members which were not documented or written down in a pest control log. Most of the rodent's sightings were reported on the 2nd floor [NAME] Wing. He further revealed he never felt the support or leadership skills from the facility's Administrator. There were no systems in place to control the rodent's problem from the source. The in-house treatments that were done in some of the rooms did not resolve the problem and were only a temporary fix. Staff PP advised the Administrator to close the [NAME] Wing unit to treat the entire wing and eradicate the issue, which she refused. A chart review revealed Resident #36 (room [ROOM NUMBER]) was admitted to the facility on [DATE] with diagnoses of Dementia and Bipolar Disorder. The Minimum Data Set (MDS) dated [DATE] revealed a BIMS score of 12 which is mild cognitive impairment. In an interview conducted on 08/29/24 at 9:38 AM with Staff RR, Registered Nurse stated she has worked in the facility for the last 13 months. Around two months ago, she came down to the Director of Nursing (DON) office and told him that she saw three rodents running around in Resident #36's room; it was during medication administration, it was late in the evening when she noticed the rodents located at the end of the room. The DON told her that he would let management know of the rodent's sighting. A few days later, the DON told her that rodent traps would be placed in the resident's room.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on interviews and record review, the facility failed to maintain medical records on each resident that are complete and accurately documented for 1 of 3 residents reviewed for closed record (Resident #104). The findings included: Record review for Resident #104 revealed the resident was originally admitted to the facility on [DATE] with a readmission on 05/02/24 and left against medical advice (AMA) on 08/07/24. Review of the Minimum Data Set for Resident #104 dated 07/20/24 documented a Brief Interview of Mental Status (BIMS) score was 15 indicating a cognitive response. Review of the BIMS Evaluation for Resident #104 dated 08/07/24 documented a BIMS score of 14 indicating a cognitive response. Review of the AMA form for Resident #104 revealed the resident signed the form on 08/07/24. Review of the Nursing notes for Resident #104 from 08/06/24 to 08/07/24 revealed no documentation the family being notified of resident leaving the facility and signing himself out AMA. During an interview conducted on 08/28/24 at 9:45 AM with the Assistant Director of Nursing who stated she personally notified the family member but acknowledged she forgot to document the discussion with family member about Resident #104 signing out AMA. During a telephone interview conducted on 08/28/24 at 10:00 AM with the Emergency Contact #1 for Resident #104 who stated the relationship to the resident is her uncle. She stated she was told her uncle signed himself out, she did not feel he had the mental capacity to sign himself out. She went on to say her uncle will sometimes go off of his medication, then get in a mood and want to take off, he has done this in the past. When asked if the facility contacted her to inform her the resident left the facility against medical advice (AMA), she said yes and was able to confirm the date as 08/07/24.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49060 Based on observations, interviews, and record review, the facility failed to ensure residents have functioning communication system to call for staff assistance from their room (including bathroom) to a centralized staff work area for 5 of 43 residents reviewed for call lights (Resident #6, Resident #9, Resident #19, Resident #83, and Resident #88). The findings included: Review of the facility's policy titled, Call Lights, dated 09/01/23, included the following: The purpose of this policy is ensuring residents' requests and needs are responded to. Procedure: 2. Answer the resident's call as soon as possible. 5. Report malfunctioning call lights to Maintenance, ED, and/or DON promptly. 6. Offer stationary bells and/or round frequently on residents if the call light system is malfunctioning. 1)Record review for Resident #6 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Multiple Sclerosis; Generalized Anxiety Disorder; Need for Assistance with Personal Care. Review of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #6 had a Brief Interview for Mental Status of 15, which indicated that she was cognitively intact. Resident #6 was dependent on staff for toilet hygiene and substantial/maximal assistance for personal hygiene. During an interview conducted on 08/26/24 11:14 AM, Resident #6 stated that she has been soaking wet since this morning, but her call light does not work. In addition, she noted this is not the first time she has been left soaking wet in the bed and forced to wait for the staff. Resident #6 stated staff is aware that the call light doesn't work, however, nothing has been done about it. She acknowledged that the facility is short staff and therefore she waits until is her turn to get changed. 2)Record review for Resident #9 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Hemiplegia, Muscle Weakness, and Gout. Review the Minimum Data Set (MDS) dated [DATE] revealed that Resident #9 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated that she was cognitively intact and able to communicate. Resident #9 could wheel at least 150 feet in a corridor or similar space once she is seated in a wheelchair. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview conducted on 08/26/24 at 11:24 AM, Resident #9 stated that her call light has not worked for over 6-months now; and she has complaint to the staff, and they have not done anything about it. She noted that maintenance has worked on the call light, however the call light works for a few days and then it stops working again. She acknowledged having 2 Call bells (this a manual call bell that you tap on top and it is only auditory), however the staff told her that they cannot hear them, so she doesn't bother to use them. Resident #9 stated that she will call 911 if she sees herself in an emergency; this is not right; we pay for everything to work at the facility. She noted that she only sees the staff during meal trays and medication administration, the staff doesn't come to check on the residents. 3)Record review for Resident #19 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Hemiplegia, unspecified affecting Left Nondominant Side; Generalized Anxiety Disorder; Type 2 Diabetes Mellitus. Review of the Minimum Data Set (MDS) dated [DATE] revealed that Resident #19 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated that he was cognitively intact. Resident #19 required supervision from staff for toilet transfer and shower/bath self; Resident #19 uses a wheelchair. During an observation conducted on 08/26/24 at 11:43 AM, Resident # 19 stated that his call light has not worked for over a month. He noted that maintenance staff told him that it was an issue with the electrical outlets, however, the maintenance staff stated that he was not an electrician. He acknowledged wheeling himself in his wheelchair out of his room to get the staff's attention when he needs assistance. 4)During an inspection of the call light system in Resident #19's bathroom revealed that the call light when activated would not light up in the bathroom or outside of the resident's room to notify staff that Resident #16 required assistance. Further observation revealed that while the bathroom call system was activated, no auditory was heard at the nurses' station. During an interview conducted on 08/26/24 at 11:43 AM, Resident #19 stated that he can wheel himself in his wheelchair to the bathroom and use the sink and toilet. During an interview conducted on 08/26/24 at 11:21 AM Staff O, Certified Nursing Assistant (CNA), stated that she has been working at the facility for 6 months. She acknowledged that the call lights have not been working since she has been working at the facility. 40153 5. A chart review revealed that Resident #83 had a Brief Interview of Mental Status (BIMS) score of 14, which is cognitively intact. This was taken from the Quarterly Minimum Data Set (MDS) dated [DATE]. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview conducted on 08/26/24 at 9:55 AM, Resident #83 stated that the call light had not been working for a long time. Resident #83 then proceeded to press the call light button noted at the end of the call light cord. No light was noted outside Resident #83 ' s room, indicating that the call light was used in the room. No light was noted in the nurse ' s station, indicating to staff that the call light was used in Resident #83 ' s room. Further observation did not see any staff coming into Resident #83 ' s room. No staff came into the room [ROOM NUMBER] minutes later at 10:25 AM, and no staff came into the room an hour later at 10:55 AM. This Surveyor attempted to use the call light inside Resident #83 ' s room at 11:00 AM. No light was noted outside Resident #83 ' s room, indicating that the call light was used in the room. No light was noted in the nurse ' s station, indicating to staff that the call light was used in Resident #83 ' s room. Further observation from 11:00 AM to 11:50 AM showed no staff coming into Resident #83 ' s room. An interview conducted on 08/26/24 at 11:55 AM with Staff YY Certified Nursing Assistant stated that she has been working in the facility for the last nine years. When a resident uses the call light to call for assistance, a light will go on outside the room, indicating that the resident needs help. She further said that the light would also go on at the nurse ' s station, indicating the room number that the call light was used. 6. In an observation conducted on 08/26/24 at 10:50 AM, in Resident #88 ' s room, this Surveyor used the call light noted on the bed to call for assistance. No light was noted outside the room to notify staff that the call light was used to call for assistance. Further observation revealed no light in the nurse ' s station, indicating to staff that the call light was used in Resident #88 ' s room In an interview conducted on 08/27/24 at 1:50 PM, the Administrator stated that someone came in this morning to work on the call lights, but it is not something that can be done in a day and needed to be completed next week at some point and that they are waiting on specific parts.

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F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on observations and interviews, the facility failed to ensure handrails are securly affixed to wall on 1 of 3 floors (3rd floor hallway). The findings included: On 08/26/24 from 9:45 AM to 11:00 AM during an initial tour of the facility, the handrails on 3rd floor were found to be loose at the following locations: Next to room [ROOM NUMBER] (Photographic Evidence Obtained). Next to the 3rd floor elevator near nursing station (Photographic Evidence Obtained). Next to room [ROOM NUMBER]. Across from room [ROOM NUMBER]. Across from room [ROOM NUMBER]. During an interview conducted on 08/30/24 at 1:00 PM with the Administrator who was informed of the loose handrails on the 3rd floor, she stated, they had had an issue with the handrails on the 2nd floor and those had been secured to the wall.

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40153 Based on observations, interviews, and record reviews, the facility's administrative staff failed to implement, maintain, and measure an effective pest control program to eradicate and contain rodent infestation. Facility administrative staff was unable to address rodent sightings in a timely manner. The facility's administrative staff failed to follow their own policy for pest control and educate staff members appropriately. These diseases can spread to people directly through the handling of rodents; contact with rodent feces (poop), urine, or saliva (such as through breathing in air or eating food that is contaminated with rodent waste); or rodent bites. This had the potential to affect 111 residents residing in this 120-bed capacity facilities. The system failure to ensure pest control/infection control and prevention interventions and services were effective and implemented resulted in the likelihood for serious injury and/or death. This failure resulted in the determination of Immediate Jeopardy on 06/27/2024. The findings of Immediate Jeopardy were determined to be ongoing on 8/30/2024. The findings included: A review of the facility policy titled Pest Control Services dated 12/08/23 showed the following: A program will be established to control insects and rodents within the facility. The Administrator coordinates with the Maintenance Department to arrange pest control services monthly or as needed. Staff should report to the Administrator and Maintenance Department sightings of live pests, which are documented in the pest control log. Food preparation, service, and storage areas will be monitored regularly for any signs of pests or vermin. The Administrator and Maintenance Department will be notified immediately of any concerns. A chart review revealed that Resident #9 (room [ROOM NUMBER]) was initially admitted to the facility on [DATE] with diagnoses of Hemiplegia, Muscle Weakness, and Gout. The last Minimum Data Set (MDS), dated [DATE], section C, revealed Resident #9 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated that she was cognitively intact and able to communicate. Section GG of the MDS revealed that Resident #9 could wheel at least 150 feet in a corridor or similar space once she is seated in a wheelchair. A chart review revealed that Resident #36 (room [ROOM NUMBER]) was admitted to the facility on [DATE] with diagnoses of Dementia, Bipolar Disorder. The MDS dated [DATE] revealed a BIMS score of 12, which was slight cognitive impairment. (continued on next page)

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview conducted on 08/26/24 at 11:24 AM, Resident #9 stated that for the last 4 Saturdays, there had not been any housekeeping services and that the place was dirty. The facility's Supervisors were aware that there were pests, roaches, and mice/rodents in the facility. When asked how often she has seen any, she said, They practically live here. Resident #9 then pointed at a flat, sticky trap (with a rat picture on the label) used for mice/rats in her room that was still in an unused packet sitting on top of her belongings. Resident #9 reported that these traps were used for mice/rats sighting in her room near the air-conditioning area. In this interview, the Surveyor observed a white boxed container, which was located by the air-conditioning unit and was labeled for pests and roaches. According to Resident #9, the white box used for trapping pests did not work for rats or rodents, and this was why she kept requesting the pest control technician to get her the unused designated mice trap that was seen earlier on top of her belongings. During this entire interview, the Surveyor noted that food packaging was opened over the bed table, and other unsealed food items were around the bed. In an observation conducted on 08/26/24, at 11:50 AM, Two Surveyors were on the 2nd floor [NAME] Wing hallway across from Resident #9' room. Upon exiting the room across, they observed a rodent running in the [NAME] Wing hallway toward Resident #9's room. Resident #9, who was sitting in her wheelchair in the hallway, lifted one leg to avoid touching the rodent with her feet. Resident #9 then said to Surveyors, There it is. Did you see it? as she pointed at the rodent running into her room. In an interview conducted on 08/26/24 at 1:30 PM, with the facility's Administrator, she stated she was not aware of any rodents sighting in the facility and reported that she was not told by any residents or staff members of any rodents in the facility. A chart review revealed Resident #9's roommate, Resident #96, was admitted to the facility on [DATE] with diagnoses of Altered Mental Status, Dementia, and Cerebral infarction. The MDS dated [DATE] showed a BIMS score of 14, which was cognitively intact. In an interview conducted on 08/26/24 at 12:10 PM with Resident #96, she was not able to answer any of the Surveyor's questions regarding the rodent sighting. In an interview conducted on 08/26/24 at 1:07 PM with Staff PP, the Psychologist stated that she had not seen any rodents in the facility but was told by several residents that they observed rodents in the facility. A review of the Pest Control service reports showed the following: On 02/1/24, a pest control service report showed that a routine rodent control service was provided. On 03/7/24, a pest control service report that showed a routine rodent control service was provided. On 4/4/24, a pest control service report that showed a routine rodent control service was provided. On 05/02/24, the pest control service report showed that a routine rodent control service was provided. On 06/6/24, a pest control service report that showed a routine rodent control service was provided. On 07/11/24, a pest control service report showed that a rodent control service was provided for exterior perimeter rodent control for roof rats. On 08/01/24, the pest control service report showed that a routine rodent control service was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105765	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview conducted on 08/29/24 at 6:28 AM with Staff OO, Pest Control, he stated that he had been coming to the facility four times a week for the last seven months. When asked if he had seen any rodents in the facility, he said no and that he had not seen any rodent droppings. Staff OO stated that Resident #9 told him that she saw a rodent in her room near the window by the air-conditioning unit last Thursday. He then placed two glue traps in the room by the air-conditioning unit. Staff OO stated that during the above routine rodent control services conducted monthly, he checks on the five black rodent control boxes that are placed outside the facility perimeter. These boxes are checked once a month for any activities or sighting of rodents. He never found any rodents inside the black boxes, but he did see some activities inside the boxes indicating that rodents took the bates that were placed in these boxes. The rodent trap boxes are part of a routine service for preventative measures. According to Staff OO, once a week for his visits is sufficient, but twice a week would be better. He had reports of rodents being seen in the main kitchen about two months ago, and he placed traps. Staff OO did not see any rodent activities or capture any rodents from the traps that he placed in the main kitchen. According to Staff OO, the facility does not have a Pest Control Log that he checks every time he comes into the facility to review the areas and rooms that need to be sprayed or treated. The staff tells him verbally about the areas that need treatment when he comes into the facility. In an interview conducted on 08/29/24 at 7:53 AM with the Director of Nursing (DON), he stated that he had never seen any rodents in the facility but was told by Staff RR, a Registered Nurse who saw rodents in a resident's room on 06/27/24 and reported it to him. Staff RR reported seeing rodents in room [ROOM NUMBER] running around by the window. She further said to him that she witnessed 3 medium-sized rodents who were not fully grown and who went by her very fast. This sighting was passed to the Administrator, who said she would handle the issue. An overnight staff member whose name he did not know told Staff SS, Medical Records, that she saw a rodent on the 2nd floor but did not give any specific room or location of this sighting. In an interview with the Administrator on 08/29/24 at 8:00 AM, she stated that he verbally tells Staff OO of pest control issues and sightings when he comes for his weekly visits. According to the Administrator, it is not written on any pest control logs. She was aware that Resident #9 reported seeing rodents in her room last Thursday, and she told Staff OO to treat the room. The Administrator stated that they are going to treat the entire room, take all furniture and belongings out, and look for possible openings and holes. According to the facility's administration, Resident #9 has been in the facility for [AGE] years, and her family brings her groceries every week, which are stored all around her room. In a phone interview conducted on 08/29/24 at 8:40 AM with Staff PP, the Former Maintenance Director stated that he started working in the facility in December of last year and left the facility a month ago. He was told by Staff QQ, Maintenance Staff, that Resident #36 had rodents running around her room. Staff QQ placed glue traps in Resident #36's room to try to trap the rodents, but this did not work since rodent sightings were still noted in the room. In March of 2024, he started getting multiple complaints of rodents around the facility from multiple staff members who reported sighting, but none of the sightings were documented in a pest control log. Most of the rodent sightings were coming from the 2nd floor [NAME] Wing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105765	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens Nursing and Rehab Center	190 NE 191st Street Miami, FL 33161

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F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	In an interview conducted on 08/29/24 at 9:38 AM with Staff RR, the Registered Nurse reported that she has been working in the facility for the last 13 months. Around two months ago, she came down to the Director of Nursing (DON) office and told him that she saw three rodents running around in Resident #36's room. It was late in the evening, during medication administration, when she noticed the rodents were located at the end of the room. The DON told her that he would let management know of the rodent's sighting. A few days later, the DON told her that rodent traps would be placed in the resident's room. Any rodents or pest sightings are documented on the pest control log in the nurse's station. When asked if she had documented the sighting in the pest control log, she said no. In an interview conducted on 08/29/24 at 9:52 AM with Staff SS, Medical Records stated that she was unaware of any rodents sightings in the facility or any other staff members reporting sighting of rodents. She denied any staff telling her verbally or via text messages of any rodents sightseeing in the facility. When asked about the policy for pest sightings, she said that she would tell the Administrator and Maintenance staff. When asked if she was part of any group chat regarding the facility, she said yes. In an interview conducted on 08/29/24 at 10:04 AM with Staff QQ, Maintenance staff reported that he has been working in the facility since 2001. He has never seen any rodents around the facility and was never told by any staff members or residents of any rodent sighting. Staff PP never told him about the rodents that were sighted in Resident #36's room. Staff QQ stated that he looks at the pest control log located on each unit for any pest control issues or sightings from staff. He knows that the Pest Control technician comes into the facility on ce a week but does not know what was treated and which areas. In another interview conducted on 08/29/24 at 10:10 AM with Staff SS, she reported that after she was done with the earlier interview on 08/29/24 at 9:52, she suddenly remembered that a staff member said to her that they saw a rodent on the unit which was on 08/20/24. She did not know the name of the staff member who told her but knew that they worked the night shift. Staff SS sent the information to the facility's group chat. In an interview conducted on 08/29/24 at 10:18 AM with Staff TT, Physical Therapy Assistance stated that she had never seen any rodents in the facility. This week, she was told of a rodent sightseeing, which was observed by Surveyors and Resident #9. She is part of a group chat from the facility by all department heads. She read on the group chat that a rodent was seen by a staff member last week, on 08/20/24. The facility's Administrator was aware of these sightings.