

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2026
NAME OF PROVIDER OR SUPPLIER  Boca Raton Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  755 Meadows Road Boca Raton, FL 33486	
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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to clarify and confirm an order for leg wraps with the ordering physician, and failed to document the physician order for the leg wraps for 1 of 3 sampled residents (Resident #2). Findings included:A review of the facility's policy titled, Physician Orders, with an effective date of 02/2026, documented under procedure to:Clarify unclear written orders by reviewing with the physician and documenting clarification on the physician's telephone order form, or in the electronic medical record as clarification order.Notify the resident/resident representative.Confirm the accuracy of orders. Review orders daily in the clinical meeting to confirm accuracy in transcription and identify errors of omission.Records review documented Resident #2 was admitted to the facility on [DATE] with diagnoses which included Chronic Venous Hypertension (Idiopathic) without Complications of Bilateral Lower Extremities, and Chronic Embolism and Thrombosis of Unspecified Veins of the Right Lower Extremity.A record review of the latest Minimum Data Set (MDS) assessment, dated 12/26/25, revealed under Section C of the Brief Interview for Mental Status (BIMS), a score of 15, indicating Resident #2 had good cognitive function.It was documented under physician order dated 03/03/26 that Resident #2's doctor appointment with a vascular surgeon was on 03/04/26.There was no physician order documented after the vascular surgeon visit. In an interview conducted with Staff D, a Registered Nurse (RN) and a Unit Manager on 03/12/26 at approximately 10:45 AM, she was asked about an order after the vascular surgeon's visit on 03/04/26, she responded the resident had a leg wrap paper order. When she was asked why the order was not documented in PCC, she did not respond. When asked what kind of leg wrap is ordered for Resident #2 by a vascular surgeon she responded, she would check. She then provided this surveyor with the document. The paper documented wrap. When she was asked if the order was clear, she responded, yes. When she was asked if there is a written order for the exact wrap size appropriate for the swelling legs, the type of compression required, the time the wrap must be applied, and time it must be removed from Resident #2's legs, she did not respond. When she was asked if there was an updated written physician order about the wrap from the 03/04/26 visit in PCC, she did not respond.When she was asked if she called the physician about clarifying the leg wrap order, she responded, no. When she was asked how they applied the leg wrap without clear physician order, she responded, the resident refused them. When she was asked whose responsibility it is to clarify unclear orders, she responded, we, as Nurses. She was asked why the order was not written under the nursing progress notes, and under the electronic physician orders, she did not respond. In an interview conducted with Resident #2 on 03/12/26 at approximately 11:00 AM, he stated that staff do not wrap his leg with compression materials. When he was asked when he received information about wrapping his legs with compression materials, he responded on his last visit with a vascular surgeon, on 03/04/26. He added that staff keep wrapping his swelling legs with the same kerlix ordered by a facility physician since last year. He saw another physician on 03/04/26. but staff do not follow his order. He was concerned about his swelling legs, but staff do not pay attention. When he was asked if he talked with staff regarding the leg wrap order, he responded, staff do not listen to him and keep on putting the same leg wrap. He decided to refuse the kerlix wrap (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2026
NAME OF PROVIDER OR SUPPLIER  Boca Raton Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  755 Meadows Road Boca Raton, FL 33486	
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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	because that was not the specific compression wrap the vascular surgeon ordered during his visit on 03/04/26. The next documented order was on 03/12/26. This order is for a follow up appointment with an Outpatient Rehab Center on 03/16/26 at 11:30 AM.		