

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2025
NAME OF PROVIDER OR SUPPLIER  Medicana Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1710 Lake Worth Road Lake Worth, FL 33460	
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)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, interviews and record reviews, the facility failed to have an effective pest control program. The findings included: During a tour of the kitchen, on 09/10/25 at 8:50 AM, accompanied by the Dietary Manager, the following were noted: * One live and mature roach was observed on the door frame at the entrance to the janitorial closet.* One live and mature roach was observed in a container where a bag of sauce was stored.* Live mature and juvenile roaches, too numerous to count, were observed under the steamer around a floor drain where there was an accumulation of debris and residue.* Live mature and juvenile roaches were observed on the floor under and around the hand washing sink and the beverage station that were adjacent to each other. During an interview at the time of the observation, the Dietary Manager stated that the pest control company had just come out and treated the kitchen last week. The Dietary Manager stated, We do it every month (referring to the pest control company servicing the kitchen). Review of the most recent pest control invoices, on 09/10/25 at 10:20 AM revealed the following: * 07/11/25 - Pest Activity found during service - was blank* 08/01/25 - Pest activities found during service: Cockroaches noted during service - Cockroaches seen in kitchen area.* 08/18/25 - Pest Activity found during service: Cockroaches noted during service - Cockroaches seen in the kitchen During an interview, on 09/10/25 at 11:17 AM with the Pest Control Technician from the pest control company, when the findings were brought to his attention, the Pest Control Technician replied, We are treating tonight and that will be done. The plan moving forward is to keep treating until we don't see any. When asked about sanitation issues within the facility that contributed to the presence of pests, the Pest Control Technician replied, Mostly structural stuff. Every once in a while, there might be some issues around the dish pit - all in all it is a lot of wear and tear (the pest control technician was referring to the building and equipment being aged). The night crews are the ones that will be more likely to identify kitchen sanitation issues that contribute to pests because they come in after the kitchen is closed.</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:	Facility ID: 105259
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