

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Stuart Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SE Palm Beach Rd Stuart, FL 34994	

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to timely submit resident data, within 14 days as required, for 4 of 4 sampled residents reviewed for Minimum Data Set (MDS) submissions, Residents #2, #30, #67 and #75. The findings included:a. Record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses that included Paroxysmal Atrial Fibrillation, Hemiplegia and Hemiparesis following cerebral infarction affecting right dominant side and Chronic Obstructive Pulmonary Disease. Record review of the annual Minimum Data Set (MDS) assessment revealed it was accepted to Centers for Medicare and Medicaid Services (CMS) on 07/01/25. It was completed on 06/16/25. The assessment was submitted on day 15.b. Record review revealed Resident #30 was admitted to the facility on [DATE] with a diagnosis of Congestive Heart Failure. Record review revealed the quarterly MDS was completed on 05/12/25 and submitted on 05/29/25, 17 days after completion.c. Record review revealed Resident #67 was admitted to the facility on [DATE] with a diagnosis of post Cerebral Infarction. An interview was conducted with the MDS coordinator on 09/17/25 at 12:08 PM revealed an entry assessment was submitted on 09/02/25 which was more than 14 days after the Assessment Reference Date (ARD).d. Recor review revealed Resident #75 was admitted to the facility on [DATE] with a diagnosis of Atherosclerotic Heart Disease of native coronary artery without angina pectoris. A quarterly MDS was completed on 08/18/25 and submitted on 09/09/25, which was on day 22.An interview was conducted with the MDS coordinator on 09/17/25 at 2:30 PM regarding the 4 late MDS submissions reviewed. The MDS coordinator stated they were all late submissions. She stated she tries to submit weekly but sometimes she gets busy, and she does it every 2 weeks and that is how she got behind.</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
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