STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105335	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abbey Delray	2105 SW 11th Court Delray Beach, FL 33445

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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 provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for: 2 of 4 Residential Units (Gulfstream & Garden), public/staff rest rooms (2), soiled utility rooms (4 of 4), main dining room, and skilled therapy room. The findings included: 1) During the initial resident screenings conducted by the surveyors on 06/3-4/24, and the Environment Tour Conducted on 06/06/24 at 10 AM with the Maintenance Supervisor, the following were noted: * Gardens Unit: room [ROOM NUMBER]: Electrical box loose and falling out of the wall behind the resident's bed, 2 of 6 dresser drawers not closing properly, and wall mounted lamp broken and falling from wall. room [ROOM NUMBER]: Privacy curtain too short to promote resident dignity/privacy, 2 pull knobs missing from bathroom drawer, a/c door requires re-caulking, and room windows soiled and in need of cleaning. room [ROOM NUMBER]: Privacy curtain too short to promote resident dignity/privacy, and room wall damaged, peeling paint and in disrepair. room [ROOM NUMBER]: Privacy curtain too short to promote resident dignity/privacy, and large area of bathroom floor was cracked. room [ROOM NUMBER]: Bathroom toilet requires re-caulking, and bathroom window blinds was broke and hanging off the window. * Gulfstream Unit: Community Shower: Handrail rusted. TV/Dining Room: Windows soiled. (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	Satellite Kitchen Entrance: Entry door heavily damaged and in disrepair. Nurses Station: Exterior of lockers (18) soiled and rust laden, and 2 of 2 individual lockers were heavily soiled and storing foods and personal supplies. room [ROOM NUMBER]: Bathroom drawers broken and in disrepair, room walls damaged and peeling paint, bathroom walls in disrepair, and closet doors in disrepair. room [ROOM NUMBER]: Bathroom emergency call bell pull cord was wrapped around the hand rail numerous times (3) resulting in the unit not operational when pulled (noted on 4 of 4 survey days - 06/3-6/24) . * Resident Library/Conference Room: 13 of 13 chairs were heavily damaged and the seat covers torn and in disrepair. 2) Observation of the main dining room conducted on 06/03/24 and 06/06/24 noted the following: (a) The exteriors of 15 of 15 dining room tables were noted to be worn, in disrepair, and noted to have areas of exposed wood and sharp edges. (b) Numerous room windows were covered in a green algae type substance. (c) Two of four rooms walls noted to have areas of peeling paint and large black scuff markings. 3) During the laundry observation tour conducted on 06/04/24 at 1 PM accompanied with the Housekeeping Supervisor and Corporate Regional Nurse, the following were noted: * Poinciana Soiled Utility Room: (a) large amounts of dried brown matter covering the ceiling mounted light cover and room walls. (b) open trash container with loose trash and no covering lid. (c) large rolling trash bin with exposed garbage and trash with the bin, and exterior of bin noted to have large areas of dried brown matter. (d) specimen refrigerator noted to have soiled gaskets. * Garden Soiled Utility room: (a) numerous dead bugs in room light fixture. (b) uncovered trash container with loose trash. (c) biohazardous container with no lid cover. * Cobblestone Soiled Utility Room: (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(a) Biohazardous containers (2) with no lids. * Gulfstream Soiled Utility Room: (a) Trash container with no lid with loose trash within the container. (b) Biohazardous container with no lid cover and loose biohazard waste within the container. Photographic Evidence Obtained for examples: #1, #2, #3, and #4. 4) Observation of the public /staff bathrooms (male/female) on 06/3-6/24 noted that the sink basins were in disrepair and had a large accumulation of a black mold type matter around the basin drain. Photographic Evidence Obtained. 5) During the observation of the skilled therapy room on 06/05/24 at 8 AM and accompanied with the Director of Skilled Therapy, the following were noted: (a) The Parallel Bars were noted to be old and worn. Specifically the left and right bars shook from side to side approximately 6 inches when tested . It was also noted that the non skid floor tape was worn off. The floor area was also noted to be soiled and heavily worn. Interview with the Director at the time of the observation noted to state the the bars should be more secure when in use for residents. (b) The seat exterior of the New Step exercising machine was noted to have 4 large tears across the entire seating surface and was in need of replacement . The machine was noted to be old, worn, and outdated.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36734 Based on interview and record review, the facility failed to appropriately respond to allegations of sexual assault in 1 of 1 sampled resident for sexual assault (Resident #33). The findings included: Resident #33 was admitted to the facility on [DATE] with diagnoses that included Dementia. A comprehensive assessment dated [DATE] documented the resident had moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 6 out of 15. Resident #33 was care planned for being alert and oriented x 2 (to person and place) and impaired cognitive function/dementia, inattention, and forgetfulness. Record review revealed a progress note dated 05/28/24 at 3:57 PM that documented: Resident was visited by SW (Social Worker) today to discuss grievance with another resident. Staff member saw male resident touched her inner thigh and attempt to put hand up blouse. Resident is confused and unaware of the incident. Resident was evaluated/checked by nursing staff. SW contact family to make her aware and also reported concern to APS (Adult Protective Services). SW to monitor resident behavior for any changes. Further record review revealed a progress note dated 05/28/24 at 5:44 PM that documented: This writer notified resident has fallen out of her wheelchair in the dining area. Upon entering the dining area resident noted with a laceration to above left eyebrow. 911 was called. Resident has left the facility alert, responsive and oriented. MD and resident daughter made aware. Resident #33 returned to the facility on [DATE] at 2:16 AM. There was no documentation of the resident's condition or psychosocial status post sexual assault. A review of Resident #33's orders revealed an order dated 05/31/24 for a Psych consult to address decreased appetite. An interview was conducted with the Director of Nursing (DON) on 06/05/24 at 10:00 AM. The DON stated they did a skin check on Resident #33 and separated the two residents. The other resident, Resident #39, was placed on 1:1. The DON further stated they interviewed other female residents on the same unit and staff. The Social Service Director interviewed both residents and notified the physician and other agencies. The DON provided a preliminary psych note dated 06/03/24. The DON stated the psych physician left a preliminary note and will then send a progress note. A review of the preliminary note documented Resident #33 seemed more confused and tearful. The plan was to continue same medications, rule out Urinary Tract Infection, and re-consult in 2 weeks. The note did not address the sexual assault on the resident. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A phone interview was conducted with the Psychiatrist on 06/05/24 at 10:30 AM. The Psychiatrist stated he was familiar with Resident #33. He stated he was told that Resident #33 was touched by another resident and the resident's appetite was decreased. The Psychiatrist acknowledged he did not address the resident's sexual assault in his preliminary note. He stated the resident has Dementia and does not remember anything. An interview was conducted with the Central Supply Coordinator on 06/05/24 at 11:30 AM. The Coordinator stated she witnessed the sexual assault on Resident #33 on 05/28/24. She was walking in the hall and saw Resident #33 in the middle of dining room with a male resident, Resident #39, sitting next to each other/facing each other. Resident #39 was rubbing between Resident #33's legs and up her blouse. Resident #33 looked uncomfortable/fidgeting. The Coordinator stated she walked over to Resident #33 and asked if she was finished, and wanted to go back to the room. As she was pulling Resident #33 away from the Resident #39, Resident #33 said Thank you for rescuing me. The Coordinator told the DON, who told her to report it to the SSD. An interview was conducted with the Social Service Director (SSD) on 06/05/24 at 11:45 AM. The SSD stated she was told by a staff member that Resident #33 was in dining room and was rubbed on by another resident, Resident #39. The SSD approached Resident #33 the same day, and the resident could not recall anything. The SSD went to Resident #39 and he said that Resident #33 was his friend. The SSD stated Resident #33 was more confused than usual that day when she talked to her. The SSD reported to nursing staff and supervisor, and called the family. The SSD acknowledged she documented SW to follow up, but Resident #33 went out to the hospital the same day. The SSD stated she did see Resident #33 when she came back to the facility, but did not document it. Record review revealed Resident #39 was admitted to the facility on [DATE]. A comprehensive assessment dated [DATE] documented the resident was cognitively intact with a BIMS of 13 out of 15.

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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** 36734 Based on observation, interview, and record review, the facility failed to discontinue a Peripherally Inserted Central Catheter (PICC) line in a timely manner for 1 of 1 resident reviewed for PICC line (Resident #67). The findings included: Resident #67 was admitted to the facility on [DATE] with diagnoses that included Osteomyelitis (infection of the bone). A comprehensive assessment dated [DATE] documented the resident had mild cognitive impairment and required substantial/maximum assistance with activities of daily living. Record review revealed an order for Intravenous (IV) antibiotics daily dated 04/19/24 to start 04/20/24 until 05/24/24. An interview was conducted with Resident #67 and his spouse on 06/03/24. Resident #67's spouse stated the resident had finished his antibiotics 10 days ago, and still had the PICC line in place. The spouse stated she had requested the IV to be discontinued a few times for fear of an infection and it had not been done. The spouse stated she again requested the IV to be discontinued today, and was told by the nurse she would call the doctor to get an order to discontinue the IV. An interview was conducted with Resident #67's spouse on 06/04/24 at 12:50 PM. The spouse stated Resident #67 still had the IV line in place. An interview was conducted with Staff H, a Registered Nurse, on 06/04/24 at 1:00 PM. Staff H acknowledged Resident #67 had a PICC line, and last received IV antibiotics on 05/24/24. Staff H further acknowledged Resident #67 and his spouse requested the PICC line to be discontinued. Staff H stated she did not call the physician as requested. An interview was conducted with the Infection Control Preventionist (ICP) on 06/04/24 at 1:10 PM. The ICP stated the best practice is to remove a PICC line as soon as possible to avoid risk of infection.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893 Based on observations, interviews and record reviews, the facility failed to provide adaptive equipment as ordered to 2 of 2 residents reviewed for assistive devices, Residents #5 and 15. The findings included: The facility's policy, 'Assistance with Meals', revised March 2022, documented: Residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Residents who may benefit from Assistive Devices: 1. Adaptive devices (special eating equipment and utensils) will be provided for residents who need or request them. These may include devices such as silverware with enlarged/padded handles, plate guards, and/or specialized cups. 2. Assistance will be provided to ensure than residents can use and benefit from special eating equipment and utensils. 3. Residents may choose not to use adaptive devices. 1. Resident #5 was admitted to the facility on [DATE]. According to the resident's most recent complete assessment, a Quarterly Minimum Data Set (MDS), dated [DATE], Resident #5 had a Brief Interview for Mental Status (BIMS) score of 09, indicating that the resident was 'moderately' cognitively impaired. The MDS documented that the resident required 'supervision or touching assistance' for eating. Resident #5's diagnoses at the time of the assessment included: Speech and Language deficits following cerebral infarction, Aphasia following cerebral infarction, Contracture to right elbow, Cognitive communication deficit, Flexion deformity to the right finger joints. Resident #5's care plan for 'malnutritional problem', created on 11/08/18 and most recently revised on 06/05/24, documented, Resident has nutritional problem or potential nutritional problem related to diagnoses: speech and language deficits, aphasia, dysphagia, cerebrovascular disease, hypothyroidism, anxiety, hypertension, hyperlipidemia, GERD, major depression, history of weight loss; requires adaptive equipment with meals. The goal of the care plan was documented as, The resident will maintain adequate nutritional status as evidenced by maintaining weight without significant changes, no signs/symptoms of malnutrition . 12/05/18 with a revision date of 06/04/24 and a target date of 08/07/24. Interventions to the care plan included: Adaptive equipment for eating: standard built up fork/spoon, plate guard, built up knife and soup in mug all times. (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #5's orders included: Adaptive equipment for eating: standard built up fork/spoon, plate guard, built up knife and soup served in mug at all meals every shift - 08/18/21. Resident #5 was not interviewable. During an observation of lunch being served to the residents in the dining room on the 400 unit, on 06/04/24 at 12:46 PM, Resident #5 was noted with a built up fork and spoon, with traditional knife. The tray ticket that accompanied the meal documented the order for 'built up Spoon/fork/knife. During an observation of breakfast being served to the residents in the dining room on the 400 unit, on 06/05/24 at 8:34 AM, Resident #5 was served scrambled eggs and toast with a pre-portioned butter on the side. It was noted that the resident was provided a built up spoon and fork and a traditional knife. During an interview, on 06/05/24 at 1:41 PM, with Staff A, CNA, when asked about preparing the dining room for the residents prior to meals, Staff A stated, tables are already set for the residents. When asked about the lack of built up knives provided to the residents, Staff A replied, they had knives. They come from the kitchen (referring to the satellite kitchen in the dining room on the 400 unit) and they would place for the residents at the tables. During an interview, on 06/05/24 02:01 PM, with Staff B, CNA, when asked of the availability of adaptive equipment for the residents that have orders, Staff B replied, there are no residents that use adaptive equipment in the unit. All of them eat in the dining room (referring to the dining room on the 400 unit). 2. Resident #15 was admitted to the facility on [DATE]. According to the resident's most recent full assessment, a Quarterly MDS, dated [DATE], Resident #15 had a BIMS score of 12, indicating 'moderately' cognitively impaired. The assessment documented that the resident required 'Setup or clean up assistance' for eating. Resident #15's diagnoses at the time of the assessment included: Coronary Artery Disease, Seizure disorder, Hereditary and idiopathic neuropathy, Spondylosis of the cervical region, Idiopathic peripheral autonomic neuropathy, disorders of muscle. Resident #15's care plan for nutritional problem, created on 05/12/21 and most recently revised on 06/03/24, documented, The resident has nutritional problem or potential nutritional problem related to hyperlipidemia, hypertension, spondylosis, heart disease, history of wounds, history of weight loss, declines weights to be taken at times; requires adaptive equipment . The goal of the care plan was documented as, The resident will maintain adequate nutritional status as evidenced by maintaining weight as medically indicated and attainable; remain comfortable and tolerate food, fluid and/or supplements. 05/12/21 with a revision date of 05/02/24 and a target date of 07/15/24. Resident #15's orders included: Built-up/curved fork, spoon and built-up rocker knife with all meals. 01/09/23. (continued on next page)

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation of breakfast served to the residents in their rooms, on 06/05/24 at 9:29 AM, Resident #15 was served breakfast with built up fork that was not curved, a built up spoon that was not curved and a traditional knife, Resident #15 stated that the staff cut the sausage patties for her (noted to be two patties with one cut in half and the other intact). Resident #15 further stated she was not sure that she would be able to use the knife regardless of the nature of the utensil. During an interview, on 06/06/24 at 8:32 AM, with the Certified Dietary Manager (CDM) from sister facility, when the concerns were brought to their attention, the Dietary Manager stated that the facility had no built up knives. During an interview, on 06/06/24 at 8:46 AM, with Staff C, Occupational Therapist, and Staff D, Occupational Therapist, when asked about Resident #5 and 15 not receiving appropriate utensils for meals, Staff C stated, it would have to be a grip/grasp knife (referring to Resident #15, we just gave the CDM for the sister facility a whole bunch. Staff D stated that the built up forks and spoons were designed so that staff could easily curve the utensils by bending them. During the interview, it was noted that there were several bins that contained various adaptive equipment, including the built-up knives, built-up spoons, built-up forks and rocker knives.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 01948 Based on observation and interview, it was determined that the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. The findings included: 1) During the initial Kitchen/Food Service Observation Tour conducted on 06/03/24 at 9 AM and accompanied with the Corporate Food Service Director (CFSD), the following were noted: (a) The door gasket of Walk-in refrigerator #1 was noted to have a large tear. It was discussed with the CFSD that the large tear could result in an inappropriate internal temperature. (b)The entrance of walk-in refrigerator #1 noted that there was a large area (3' X 6') of peeling paint. It was discussed with the CFSD that peeling chips of paint could result in food contamination . (c) The ceiling area around the internal motor of the walk-in refrigerator #1 was noted to be covered with a thick layer of dust and dirt. it was discussed with the CFSD that the dust/dirt could result in food contamination. (d) Observation of the walk-in freezer noted that foods were not properly covered for freezing. It was noted that a pan containing approximately 5 pound of fish fillets was not properly covered and was noted to be freezer burned. The CFSD discarded the fish. (e) Observation of the dish machine room noted that the entire wall area behind the dish machine had a thick layer of dust and dirt. The surveyor requested that the wall be cleaned prior to the next use of the dish machine. (f) The ceiling mounted wall vent located in the middle of the food production area noted that the filter was dust laden. (h) Observation the the bakery room noted that a soiled broom and dust pan were stored in the corner of the room and were in contact with clean bakery production equipment. The surveyor discussed with the CFSD that cleaning equipment be properly stored in the soiled room after use in the bakery room. (i) The commercial bench mounted can opener was noted to have a thick layer of black mold type substance and a build-up of metal shaving around the blade area. The surveyor requested that the can opener not be used until the unit was cleaned, sanitized, and a new blade inserted. (j) Observation noted that there was an open bin of used/soiled linens located in the food production area. The surveyor requested to the CFSD that the soiled linen bin be covered at all times and be moved from the food production area. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(k) Observation of the food production area noted that there were 2 reusable drinking cups with straws that staff were drinking from while preparing foods. It was discussed with the CFSD that the was a potential for saliva from the cup and straws be spread to foods resulting in food contamination. The surveyor also requested that the cups be removed immediately and staff in-serviced. (l) Observation of the food production area noted that the were approximately 20 commercial containers of spices and 3 - 1 gallon containers of cooking oils that failed to have an labeled opening date. (m) The Robot Coupe (blender) was noted to have approximately 1/2 inch of fluid in the bottom of the mixing container. It was discussed with the CFSD that the containers must be inverted and air dried after each cleaning. (n) The ceiling area (10' X 10)located in the food production area was covered with dried food matter. The surveyor requested that the ceiling area be cleaned as soon as possible, (o) The exterior of the ceiling air-condition vent located in the food production area was noted to have a build-up of black mold type matter. (p) Observation of the canned food storage room noted that there was a #10 can of Fruit Mix that had large dent. The CFSD stated that the can should have been removed from potential use. (q) The convection ovens (2) located in the food production area were noted to have a thick layer of black carbon build-up. It was discussed with the CFSD that the ovens were not being properly cleaned on a regular basis. Photographic Evidence Obtained examples (a) - (q) 2) During the observation of the Poinciana Satellite Kitchen conducted during the lunch meal of 06/03/24 at 11:30 AM, and accompanied with the Certified Dietary Manager and Corporate Food Service Director, the following were noted: (a) Floor drain covered with trash. (b) Kitchen Utility Carts (2) were soiled, areas of dried food matter, and stained. (d) Two diet aides noted to be wearing small earrings. Surveyor requested removal. (e) Entire floor area of serving kitchen covered with black type mold matter. (f) Room wall base boards soiled and dried matter-(approximately 5 feet). (g) Dessert cups not stacked properly and staff handling in a non-sanitary manner. (h) Main entree plates (10) noted to be heavily stained. (i) Entry/exit door to satellite serving kitchen soiled and stained. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Photographic Evidence Obtained for examples (a) - (i) 3) Observation of the completion of the breakfast meal in the main dining room on 06/04/24 at 9:45 AM noted the Diet Aide (Staff I) was replacing soiled table cloths with clean table cloths. Further observation noted that Staff I failed to sanitizing the soiled table tops before donning a clean table cloth. Interview with the Dining Manager at the time of the observation noted that the satellite kitchen failed to have a chemical sanitizing solution available to properly clean and sanitize the table tops between meals. The Dining Room Manager confirmed the findings of the surveyor's observation. 4) During the observation of the completion of the breakfast meal on 06/04/24 at 10 AM, it was noted that a Diet Aide (Staff J) was pushing a cart full of soiled pots and pans (12) from the satellite kitchen through a entire hallway of resident rooms. Further observation noted that the pots and pans were not covered and were heavily soiled. Interview with Staff J at the time of the observation, he was aware that all soiled equipment must be properly covered when going through resident areas. Staff J stated that he forgot to cover the cart. 5) Observation of the Gulfstream satellite kitchen conducted on 06/04/24 at 10 AM, and accompanied with the facility's Certified Dietary Manager noted the following: (a) The cupboard area below the sink was noted to have a drain laden with a thick black mold type matter. (b) Clean silverware was not being handled in a sanitary manner. Staff were noted to handle the eating portion of the silverware prior to rolling in a linen napkin. (c) Ceiling mounted air-conditioning unit located in the middle of the kitchen was soiled and dust laden. (d) Kitchen utility cart (1) was soiled, stained, and areas of dried food matter. (e) The counter area behind the kitchen sink faucets was noted to have a build-up of black type mold matter. (f) Food storage cupboards exteriors were heavily worn and dented sodas cans in storage. (g) Soiled cleaning rags were being stored in the sink basis and were not being stored in a sanitizing solution when not in use. (h) Reach-in refrigerator gaskets were soiled and a build-up of black mold type matter. (i) The entrance/exit door to the satellite kitchen was in disrepair, heavily damaged, soiled and stained. Photographic Evidence Obtained for example (a) - (i) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105335	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abbey Delray	2105 SW 11th Court Delray Beach, FL 33445

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6) During the observation of the lunch meal in the main satellite kitchen (Poinciana Unit) on 06/03/24 at 12 PM, temperatures of foods were taken by the use of the facility's calibrated digital food thermometer. The findings noted that cold foods were not being held at the regulatory temperatures of 41 degrees or below and hot food temperatures were not being kept at a minimum of 135 degrees F or above as evidenced by the following: * Tossed Salads (12 individual portions) = 57 degrees F. * Pureed Southern Succotash (6 portions) = 130 degrees F. 7) During the observation of the breakfast meal in the main satellite kitchen (Poinciana Unit) on 06/04/24 at 8 AM, temperatures of foods were taken by the use of the facility's calibrated digital food thermometer. The findings noted that cold foods were not being held at the regulatory temperatures of 41 degrees or below and hot food temperatures were not being kept at a minimum of 135 degrees F or above as evidenced by the following: * Milk (10-8 ounce containers) = 45 degrees F * Orange Juice (half gallon container) = 60 degrees F * Cranberry Juice (half gallon container) = 48 degrees F * Apple Juice (32 ounce container) = 58 degrees F * Butter Pats (30 individual) = 70 degrees

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105335	A. Building B. Wing	06/06/2024

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36734 Based on observation and interview, the facility failed to a sanitary soiled utility room [ROOM NUMBER] of 4, and failed to have a designated clean area area in the laundry room. The findings included: 1. A tour of the facility's soiled utility rooms (4) was conducted on 06/06/24 at 11:00 AM with the Regional Nurse Consultant. All four soiled utility rooms contained biohazard containers that were uncovered revealing used sharp containers (used needles) and biohazard bags. [NAME] substance was observed on the walls and ceilings, and the light fixtures were soiled with dirt and debris. 2. A tour of the laundry room revealed a dirty glove on the clean folding table in direct contact of clean clothes. There was no designated clean area as the soiled laundry was sorted directly next to the washers and the soiled laundry cart was stored on the other side of the 4 commercial washers. The laundry baskets were observed dirty with debris on the inside bottom of the cart. The ceiling vents located directly above the clean folding table were observed with dust and debris. The Regional Nurse Consultant acknowledged the above.