STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105475	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Terrace of Delray Beach Nursing and Rehabilita	5430 Linton Blvd Delray Beach, FL 33484

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33103 Based on record review and interview, the facility failed to have adequate discharge documenation to ensure the facility followed physician orders to provide Home Health Services set up and that services were provided to residents on discharge home for 1 of 3 sampled residents reviewed for discharge, Resident #92. The findings included: Review of Resident #92 electronic medical record (EMR) revealed Resident #92 was admitted to the facility on [DATE] and discharged on [DATE]. The resident had diagnoses to include Unspecified Fracture of Left Patella, Pain, Difficulty Walking, Hypertension, Type II Diabetes Mellitus, Depression and Anxiety. Review of the physician's orders dated 04/18/24 documented to discharge the resident home with RN (Registered Nurse) evaluation, Physical Therapy (PT), Occupational Thereapy (OT), and Home Health Aide (HHA) and to follow up with Primary Care Physician (PCP) in 1 week. Review of the Progress Notes dated 04/18/24 at 7:30 PM documented, Resident discharged home accompanied by friend, family in stable condition. All due care rendered. All the discharged instructions along with the remaining meds given to Resident. Resident verbalized understanding. Left with all the personal belongings. Resident instructed to visit PCP [Primary Care Physician] in 3-5 days of discharge. On 07/26/24 at 10:17 AM, an interview was conducted with Resident #92. The resident confirmed the facility did not arrange for Home Health services, so they were not provided at the time she was discharged home. During an interview on 07/29/24 at 1:40 PM with Social Worker Director (SWD), she stated, she [SSW] sets up discharges, if there is an order for home health, I would reach out to the company; Her insurance was [name provided], I sent out her documents to [Name provided] Home Health Care. I don't make the appt because the company needs to get approval and schedule with client. If person needs DME (Durable Medical Equipment) I send for wheelchair then I request it but she didn't have DME orders. The SWD could not provide evidence that the Home Health Agency was provided with documents for the required service to Resident #92. (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

Printed: 10/31/2024
Form Approved OMB
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 07/30/24 at 12:21 PM with [name provided] Home Health Care (HHC) and spoke with the HHC Coordinator. He stated when he tried to pull the resident's name up in his computer, [the resident's] name does not come up in system. If we would have received documentation from the nursing home we would have made a file. They usually fax it and call to follow up to see if we received it but I don't see any of it. There was no evidence in the record that Home Health Services were set up or provided for Resident #92 as per the physician orders. Review of the discharge plan of care provided did not address or document the specific needs of the resident as outlined in the physician orders.