

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2025
NAME OF PROVIDER OR SUPPLIER  Isles of Boynton Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3001 South Congress Avenue Boynton Beach, FL 33426	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to issue a refund due to the resident or resident representative within 30 days from the resident's date of discharge from the facility, for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3), reviewed for refunds.</p> <p>The findings included:</p> <p>1. Record review revealed Resident #1 was admitted to the facility on [DATE]. Further record review revealed on 02/20/25 he was discharged to an assisted living facility.</p> <p>During an interview on 06/05/25 at 11:15 AM, Resident #1's family member confirmed the resident was discharged from the facility on 02/20/25, and they still have not received the money owed to them. He explained that they paid privately for his stay through 02/28/25. The family member said he called the Business Office Manager (BOM) more than 2 times, and he also sent emails regarding the refund.</p> <p>During an interview with the BOM (Business Office Manager) on 06/05/25 at 3:45 PM, she said that she sent a request for a refund on 04/21/25 to the corporate biller who processes all refunds. When asked why it took two months to send the request to the biller, the BOM said that Resident #1's family member was sending emails to the previous BOM who held the position before her. When asked if she usually waits for the resident or the resident's family to initiate a request before a refund is processed, the BOM answered, No we don't. She explained that she reviews an Aging Report by phone with the corporate biller every Wednesday and Thursday. The BOM said that she intended to speak with the corporate biller that afternoon, and the surveyor requested that the BOM call the corporate biller to ask why the refund was not issued, but the attempted calls were unsuccessful. The BOM provided the surveyor with a copy of the Aging Report from 09/01/24-05/30/25. The BOM explained that the report included the amount of money that is owed to residents. Review of the report revealed Resident #1 was owed \$4,888.20. The BOM said that the resident or the resident's representative should have received the refund right away, and she did not know why it took so long.</p> <p>2. Record review revealed Resident #2 was admitted to the facility on [DATE]. Further record review revealed she was discharged from the facility on 02/26/25 to a skilled nursing facility. A review of the Aging Report revealed Resident #2 was owed a refund of \$2,177.64. The BOM agreed with the findings.</p> <p>(continued on next page)</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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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Record review revealed Resident #3 was admitted to the facility on [DATE]. Further record review revealed she was discharged from the facility and transferred to the hospital on [DATE]. A review of the Aging Report revealed that Resident #3 was owed a refund of \$871.18. The BOM agreed with the findings.</p> <p>During further interview with the BOM at 5:50 PM, when asked how she knew that Resident #2 and #3 hadn't received their refunds yet, she said she was aware that Resident #2 and #3 did not receive their funds because the amounts due were still listed on the Aging Report.</p> <p>Photographic evidence obtained.</p>		