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| 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 02/12/2026 |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations interviews and record review the facility failed to ensure correct medications were given as per physician's orders for 1 out of 25 opportunities for medication administration affecting Resident #155. The findings included: Review of the facility's policy titled, Clinical-Medication Administration with a revised date of 12/10/25 included in part the following: Guidelines for Medication Administration: Have a working knowledge of the medication you are administering; common dosage, common uses, common side effects, and reason the medication is being given to the resident. Use available resources such as drug handbooks, medication package inserts, medication websites, the provider, or the pharmacist if unfamiliar with the medication. Observe the Rights of Medication Administration: Right Medicine. Record review for Resident #155 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Displaced Avulsion Fracture (Chip Fracture) of Left Talus, Pressure Ulcer of Other Site, Acute Kidney Failure, and Type 2 Diabetes Mellitus. The Minimum Data Set assessment dated [DATE] documented in Section C a Brief Interview of Mental Status score of 15, indicating a cognitive response. Review of the Physician's Orders for Resident #155 revealed in part the following: An order dated 12/22/25 for Ascorbic Acid tablet 500mg give 1 tablet by mouth one time a day for wound healing. There was no order for Saccharomyces Boulardii 500mg for the resident. On 02/10/26 at 9:07 AM, an observation of a medication pass was conducted with Staff H, a Licensed Practical Nurse (LPN), for Resident #155. The nurse prepared Saccharomyces Boulardii 500mg and entered Resident #155's room to administer it. However, the wrong medication was not given to the resident, as the surveyor intervened and prevented the nurse from proceeding. During an interview conducted on 02/10/26 at 9:10 AM with Staff H LPN who was asked about the order for Resident #155 for the ascorbic acid 500mg. The LPN said she thought it was the same as the Probiotic Saccharomyces Boulardii 500mg. When asked what is the other name for ascorbic acid, she looked it up and said it is Vitamin C and acknowledged it was not the same medication.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 105496 | Facility ID: 105496 If continuation sheet Page 1 of 1 |