

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Jupiter Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17781 Thelma Ave Jupiter, FL 33458	

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** 29151</p> <p>Based on record review and interview, the nursing staff failed to follow prescribed parameters including blood sugar and blood pressure results for 2 of 4 sampled residents (Resident #1 and Resident #5).</p> <p>The findings included:</p> <p>1) Clinical record review revealed Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including Diabetes.</p> <p>The Minimum Data Set assessment with reference date of 12/27/24 revealed the resident was assessed as moderately impaired for skills of daily decision making and is receiving insulin and hypoglycemic medications.</p> <p>A review of a Care plan dated 12/21/24, documented Resident #5 has Diabetes Mellitus with Hyperglycemia. The interventions included: Diabetes medication as ordered by doctor and monitor and document for side effects and effectiveness.</p> <p>Review of Physician's order dated 01/23/25, documented Insulin Lispro subcutaneous solution pen injector, 100 units per milliliter, Inject 2 units subcutaneously before meals for Hyperglycemia. Hold for glucose less than 150.</p> <p>Review of the Medication Administration Record dated 01/2025 documents Resident #5 received the Lispro insulin on the following dates, despite documented blood sugar below 150.</p> <p>On 01/23/25 the evening dose was given with blood sugar reading of 110.</p> <p>On 01/24/25 the evening dose was given with blood sugar reading of 110.</p> <p>On 01/25/25 the evening dose was given with blood sugar reading of 123.</p> <p>On 01/26/25 the evening dose was given with blood sugar reading of 119.</p> <p>2) Clinical record review conducted on 01/27/25 revealed Resident #1 was admitted to the facility on [DATE] with multiple diagnoses including Congestive Heart Failure and Hypertension.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Jupiter Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17781 Thelma Ave Jupiter, FL 33458	

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>The Minimum Data Set assessment with reference date of 12/27/24 revealed the resident was assessed as independent for skills of daily decision making and is receiving diuretic medications.</p> <p>Review of a Care plan dated 08/01/24 documented interventions as administer medications as ordered.</p> <p>Review of Physician's order dated 12/20/24 documented Entresto Oral Tablet 24-26 MG, give 1 tablet by mouth two times a day for Hypertension, hold for systolic blood pressure less than 110.</p> <p>Review of the Medication Administration Record dated 01/2025 documents the medication was given on 01/17/25 with a documented blood pressure of 106/60 and on 01/26/25 given with a blood pressure of 92/58.</p> <p>Interview with the Director of Nursing on 01/28/25 at 3:14 PM confirmed the medications were given despite the prescribed parameters.</p>