STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49060 Based on observations, interviews, and record review, the facility failed to respond to call lights in a timely manner for 3 of 3 sampled residents (Resident #6, Resident #29, and Resident #204). In addition, the facility failed to ensure the call light was functional and within reach for 1of 1 sampled resident (Resident #254). The findings included: Review of the facility's policy titled, Resident Call Light System, dated 09/30/19, included the following: Policy Statement- The community will ensure that call lights are answered in a prompt, calm, and courteous manner. Procedures: 5. The call light will be positioned conveniently for use within reach. 6. Call lights will be checked for proper functioning to ensure that cord length is appropriate, and that the light is in working order. 1) Record review for Resident #6 revealed that she was admitted to the facility on [DATE] with the following diagnoses: Parkinson's Disease, Hemiplegia and Hemiparesis following Cerebral Infarction, Alzheimer's Disease, and Dementia. Review of Section C of the Minimum Data Set (MDS) assessment dated [DATE] revealed that Resident #6 had a Brief Interview for Mental Status (BIMS) of 15, which indicated that she was cognitively intact. In addition, review of Section GG revealed that Resident #6 was dependent on staff for assistance for most of her Activities of Daily Living (ADLs), such as toileting and bathing. Review of the Care Plan dated 07/01/24 documented that Resident #6 had an ADLs self-care performance deficit with generalized weakness and continues to require assistance with self-care. Interventions included: requirement for total assistance by (1) staff with bathing/showering, toileting, personal hygiene and oral care; extensive assistance by (2+) staff to turn and reposition in bed; and encourage resident to use bell to call for assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Location Event Report (Facility internal Call light response system) for Resident #6 for 06/2024 revealed the following: On 06/06/24 33 minutes 25seconds (time the resident waited for assistance). On 06/08/24 39 minutes 38seconds On 06/20/24 36 minutes 7 seconds On 06/21/24 57 minutes 29 sec On 06/27/24 95 minutes 56 sec An interview was conducted on 07/08/24 at 3:40 PM with Resident #6. She noted that the staff is slow on answering the call lights. She stated that she called for assistance the other night and it was hours before anyone came over. Resident #6 acknowledged that she mentioned call light issue to the staff, however no one has done anything. 2) Record review for Resident #29 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: History of Falling and Muscle Weakness. Review of Section C of the MDS dated [DATE] revealed that Resident #29 had a BIMS of 13, which indicated that she was cognitively intact. In addition, review of Section GG revealed that Resident #29 was dependent on staff for most of her ADLs. Review of the Care Plan dated 05/26/24 documented that Resident #29 had an ADLs self-care performance deficit due to impaired balance, weakness, essential tremors, limited Range of Motion (ROM): right shoulder. Interventions included: requirement for extensive assistance by (1) staff with bathing/showering, toileting, personal hygiene and oral care; extensive assistance by (2+) staff for transferring; and encourage resident to use bell to call for assistance. Review of the Location Event Report for Resident #29 for 06/2024 revealed the following: On 06/13/24 48 minutes 1 seconds On 06/15/24 56 minutes 51 seconds On 06/27/24 88 minutes 15 seconds An interview was conducted on 07/08/24 10:12 AM with Resident #29. She stated that the staff takes 30 minutes to an hour to respond to her call light. She acknowledged that the staff is slow to respond, and she is concerned that no one will come to assist her if she was choking or had an emergency. 3) Record review for Resident #204 revealed that the resident was admitted to the facility on [DATE] with the following diagnoses: Central Cord Syndrome, History of Falling, Dysphagia, And Weakness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Section C of the MDS dated [DATE] revealed that Resident #204 had a BIMS of 15, which indicated that he was cognitively intact. In addition, review of Section GG revealed that Resident #204 required substantial assistance for ADLs. Review of the Care Plan dated 06/05/24 documented that Resident #204 had an ADL self-care performance deficit due to Impaired balance, weakness, and chronic central cord syndrome. Interventions included: requirement for extensive assistance by (1) staff with bathing/showering, toileting, personal hygiene and oral care; extensive assistance by (2+) staff for transferring; and encourage resident to use bell to call for assistance. Review of the Location Event Report for Resident #204 for 06/2024 revealed the following: On 06/08/24 57 minutes 25 seconds On 06/09/24 37 minutes 48 seconds On 06/10/24 35 minutes 2 seconds On 06/10/24 34 minutes 23 seconds On 06/11/24 33 minutes 21 seconds On 06/11/24 29 minutes 42 seconds On 06/14/24 33 minutes 55 seconds On 06/14/24 36 minutes 48 seconds On 06/14/24 32 minutes 29 seconds On 06/21/24 41 minutes 43 seconds On 07/07/24 41 minutes 57 seconds An interview was conducted on 07/08/24 at 10:20 AM with Resident #204. He stated that since admission he has not been happy with the care at the facility. He acknowledged that the staff takes a long time to respond when he calls for assistance. An interview was conducted on 07/08/24 2:37 PM with Resident #204's spouse. The spouse stated that just today, she used the call light to get assistance for her husband to be transferred back to bed (Resident #204 was sitting in his wheelchair). She acknowledged that a staff member did come in, turned off the call light and stated that they will be back to assist her husband soon; however, it had been 30 minutes now and her husband starting to slide out of his wheelchair. She also stated that he does that when he gets tired. After the interview, an observation was conducted for 15 minutes out in the hallway where Resident #204's room was located. No staff member was observed returning to assist Resident #204 for transferring to bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 07/09/24 at 2:35 PM with Staff W, Private Aide for Resident #35. She stated that it takes a long time to get assistance after pressing the call light and sometimes they do not come by at all. However, Staff W has noted that this week the staff have been very helpful because the surveyors are in the facility, but most of the time they do not respond promptly to the call lights. An interview was conducted on 07/10/24 at 2:00 PM with Staff I, Certified Nursing Assistant (CNA). She stated that all nursing staff carry a radio/walkie talkie (observed Staff I with a radio in her pocket). When a call light goes on, the person at the nurses' station announces through the radio the room number that needs assistance. Staff I also stated that if the room is in her assignment, she responds Copy and goes to assist the resident. If she is busy assisting another resident, then Staff I communicate via the radio that she is busy and to get another CNA to assist. She stated that they should respond within 3 minutes to call lights, and if the call light is still on after 3 minutes, it is announced again through the radio. In addition, Staff I stated that they are not allowed to go into the resident's room, turn off the call light and tell the resident that they will come back without assisting the resident. During an interview conducted on 07/10/24 at 2:32 PM, with Staff K, CNA, she stated that she usually works the 11-7 shift. Staff K stated that she response to call lights as soon as possible. She stated that she usually walks around her assigned hallway to assure call lights are answered and does not carry a radio; however, she can hear the call lights (during this interview, two call lights were noted on but no sound was heard by the surveyor). She was then asked if she heard those call lights Staff K stated yes. An interview was conducted on 07/10/24 at 2:44 PM, with Staff J, CNA. She stated that all CNAs have radios, and the call lights are announced through the radio/walkie talkie. If she is assisting another resident, she answers that she is busy, and another staff would assist. Staff J also stated that staff are supposed to answer the call lights as soon as possible or within 5 minutes. In addition, Staff J stated that if two call lights are on, she will go into one room and turn off the light and explain to the resident that she will be back and goes to assist the other resident; she would then return to that resident's room once she is done. During an interview conducted on 07/10/24 at 4:00 PM, with Staff M, Scheduling Coordinator, she acknowledged that she usually manages the call light system at the nurses' station. Once the call light is turned on in a resident's room or bathroom, she will hear a beep in the phone system. Then, she announces the room number using the radio and all nursing staff carry radios. Staff M believes that if the call light is not turned off in the room within 5 minutes, the phone system will beep again at the nurses' station, and she will re-announce the room number utilizing the radio. In addition, Staff M acknowledged that the call light system does track how long the call light went unanswered, however, she does not have access to the system. An interview was conducted on 07/10/24 at 4:10 PM with the Administrator. She stated that she receives daily emails from Palcare (Facility internal Call light response system), and it shows the call light respond times for all the residents' rooms for the day. The Administrator acknowledged reviewing the call light times daily and discussing it with the staff. She stated that she does not have the log-in information for the PalCare system. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 07/10/24 at 4:14 PM with the Director of Nursing (DON). She stated that she does have login rights to Palcare system. However, she receives daily emails about the call light response times and has not had the need to log into the Palcare system. 50370 4. Resident #254 was admitted to the facility on [DATE] with diagnoses of unspecific severe protein-calorie malnutrition, anemia, and weakness. The Admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15, which is cognitively intact. In an observation conducted on 07/08/2024 at 12:21 PM, Resident #254 sat on a chair beside his bed. A white cord call light with a cylindrical tip was noted tucked in under Resident #254's left side. The above call light was observed to have a broken part on top. In this observation, Resident #254 was asked if he knew how to call Staff if he needed help. Resident #254 said that he did not know how to call Staff and did not know that the white cord cylindrical was a call light. Another gray call light with a circular type was noted clipped to Resident #254's sheets and out of reach. Continued observation revealed Resident #254 attempting to press the cylindrical call light, which did not work (no light was indicated outside the room after pushing the cylinder call light). Resident #254 attempted to use the cylindrical call light twice, but it did not work. In an interview with Staff E, a Certified Nursing Assistant (CNA), conducted on 07/08/2024 at 12:25 PM, the surveyor asked her why the cylindrical tip call light was not working. She stated, I do not know. In this interview, the Director of Nursing (DON) said that Residents in the semi-private rooms had 2 call lights. In an observation on 07/09/2024 at 10:39 AM, Resident # 254 was sitting on his chair, expressing his needs. He complained that he could not find his phone, remote control for the Television (TV), and he did not know how to call the Staff. A call light with gray cord and circular top was clipped to bed sheets on top of Resident #254 bed which was out of reach. In this observation Resident #254 was attempting to get the attention of 2 Staff members who were sitting a few feet away, by waving at them. Resident #254 kept waving at them to get their attention multiple times but failed to get the Staff's attention, showing his persistent efforts to communicate his needs. Further observation on 07/09/24 at 10:56 AM showed Resident #254 waving his hands to get the attention of Staff A, Supervisor Lifestyles. Staff A went into Resident #254's room and asked him what he needed. Staff A left the room without ensuring Resident #254 had access to the circular call light clipped to the bed linen. In an interview with Staff R, a Licensed Practical Nurse (LPN), on 07/11/2024 at 11:00 AM, she stated that Staff are expected to answer call lights as soon as they are available and able. Even when she is doing medication passes, she makes sure she asks another Staff member to respond to a call light. When asked if there had been any instances of call lights not being responded to for more than 30 minutes, she said it never happened on her shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370 Based on observations, interviews, and record review, the facility failed to provide nutritional interventions in a timely manner for 1 of 4 sampled residents reviewed for nutrition (Resident #254). The findings included: A review of the facility policy titled Weight Management, revised on 08/31/2020, revealed the following: new residents will be weighed by nursing personnel upon admission to establish a baseline weight. The nursing personnel will take and record the weights. Weights will be completed in accordance with Physician orders. In an observation conducted on 07/08/24 at 9:49 AM, Resident #254 was noted in his chair. A bottle of Ensure Plus (nutritional supplement) was noted on the side table, and about 75% consumed. In this observation, Resident #254 said that he mostly eats less than 50% of his meals and has a poor appetite. Resident #254 said that he likes the Ensure Plus supplements and asked for them a few days ago. When asked if he had a weight loss, he said yes but was not sure how much weight he lost. In an observation conducted on 07/08/24 at 12:20 PM, Resident #254 was eating his lunch meal in his room. The lunch plate was noted with mashed sweet potatoes, peaches and cream, and ham sandwich. Continued observation at 12:40 PM revealed that Resident #254 ate only a bite of his ham sandwich and pushed his food away saying he was not hungry. Resident #254 was admitted to the facility on [DATE] with diagnoses of unspecific severe protein-calorie malnutrition, anemia, and weakness. The Admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15, which is cognitively intact. The Admission Health and History dated 06/18/24 showed the following: Resident #254 has pain weakness and has been functionally decreasing over the last 3 weeks. He had extensive ecchymosis of the skin on his body from the falls. He appeared to be cachectic with malnourishment. He appears to be frail, with multiple bruises on his body. A review of the Comprehensive Nutritional Assessment revealed it was started on 06/26/24 (5 days later) and locked on 06/28/24, which was seven days after Resident #254 was admitted . In this note, Staff P, Clinical Dietitian, noted the following: Resident #254 had an intake of his meals between 26% and 50%. His Body Max Index (a calculation that estimates body fat percentage and risk of disease based on a person's weight and height) was at 17.0, which was in the underweight category. Resident #254 was admitted with severe protein-calorie malnutrition and may not be meeting estimated needs. It further showed that Resident #254 would benefit from weight gain toward normal Body Max Index. Weekly weights are in place to monitor and recommend Ensure Plus (nutritional supplement) once a day to aid with meeting estimated needs. A review of the Physician's orders showed the following: weekly weights times four every Saturday for four weeks, dated 06/21/24. A review of the Weight Log revealed that an admission weight of 122 pounds was taken on 06/28/24, 6 days after Resident #254's admission. No other weights were recorded after 06/28/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Medication Administration Record revealed the following: An order for Ensure Plus one time a day, which was placed from 06/29/24 to 07/2/24, 8 days after Resident #254's admission. An order for Ensure Plus three times a day was started on 07/03/24, 12 days after Resident #254's admission. A Nutrition/Dietary note dated 07/03/24 revealed the following: severe malnutrition related to inadequate protein-energy intake as evidenced by less than 50% of estimated needs for over five days; moderate to severe muscle wasting and moderate to severe fat loss. It further showed that Resident #254 requested to increase the Ensure Plus to 3 times a day and that he loves the supplements. A review of the hospital records dated 06/21/24 revealed that Resident #254 has moderate protein-calorie malnutrition per dietary assessment with recent significant weight loss per the patient's wife. The Care plan initiated on 06/24/24 revealed that Resident #254 has nutritional problems or potential nutritional problems with severe protein-caloric malnutrition. In an interview conducted on 07/09/24 at 5:50 PM with Staff Q, the Clinical Dietitian stated that she likes to monitor residents' admission weights and intake of food before deciding whether to provide residents with nutritional supplements. She will conduct observations during meal rounds and monitor weights every week. A weight template is used with residents' weights that are later placed in the electronic system by her or the nursing staff. She can identify any residents with weight loss trends when she places the weights into the electronic system. The Clinical Dietitian has up to 7 days to complete the Admission Assessment. Weights should be taken on admission, on the 2nd day, weekly for four weeks, and monthly thereafter. When asked about high nutritional risk residents, she said any residents with significant weight loss, decreased intake of meals, or significantly decreased intake of meals. The best practice for any high nutritional-risk residents is to assess them immediately. When she does her nutritional assessment, she will look at the history and physical from the hospital for any history of weight loss, low BMI, or low weight for age. She will often try to interview any family members. For any residents who had significant weight loss prior to admission, she will provide nutritional supplements. The best nutritional practice was to provide these residents with nutritional supplements as soon as possible. Staff Q further said that Staff P, a Clinical Dietitian, completed Resident #254's Comprehensive Nutritional Assessment while she was on vacation. She assessed Resident #354 as soon as she came back from vacation and conducted a nutrition focus physical exam on 07/03/24. Resident #254 was identified with severe malnutrition related to inadequate protein and energy intake. In this evaluation, Staff Q recommended increasing the Ensure Plus nutrition supplement to 3 times daily. The surveyor requested a new weight on 07/10/24, which revealed a weight of 120 pounds. This showed an additional weight loss of 2 pounds and a new BMI score of 16.1. A phone interview conducted on 07/10/24 at 11:30 with Resident #254's wife stated that Resident #254 used to weigh around 150 pounds and had not been eating much in the last few months. She further said that she was concerned with his weight loss and wanted to ensure he received his Ensure supplements each day. In this interview, Resident #254 was noted in his bed, and an Ensure supplement was noted to be consumed 100%. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Comprehensive Nutritional Assessment conducted on 07/10/24 revealed that Resident #254 was eating between 26% and 75% of his meals, not 26% to 50%, as noted in the chart review on 07/09/24. In the above assessment, Staff P documented that Resident #254's current diet intake was meeting estimated needs. In an interview conducted on 07/10/24 at 10:00 AM with Staff Q, Clinical Dietitian, she acknowledged that the Ensure Plus supplements once a day recommended on the Comprehensive Nutritional Assessment on 06/28/24 were not enough to meet Resident #254's estimated needs. In an interview conducted on 07/11/24 at 11:00 AM with the Administrator, she was informed of the findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on observations, interviews and record review, the facility failed to change nebulizer tubing weekly for 2 of 2 residents reviewed for Respiratory Therapy (Residents #45 and #153). The findings included: Review of the facility's policy titled, Department (Respiratory Therapy) - Prevention of Infection with a revised date of November 2020 included in part the following: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff. Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol: 1.Obtain equipment (I.e., administration set-up, plastic bag, gauze sponges). 9.Discard the administration set-up: every seven (7) days. 1) Record review for Resident #45 revealed the resident was originally admitted to the facility on [DATE] with a most recent readmission on 05/29/24 with diagnoses that included: Encounter for Surgical Aftercare Following Surgery on the Digestive System and Methicillin Resistant Staphylococcus Aureus Infection as the Cause of Diseases Classified Elsewhere. Review of the Minimum Data Set (MDS) assessment for Resident #45 dated 06/04/24 documented in Section C a Brief Interview of Mental Status (BIMS) score of 14, indicating a cognitive response. On 07/08/24 10:40 AM, an observation was made of Resident #45 lying in bed with a nebulizer machine on the bedside table, a nebulizer mask in a plastic bag, and tubing on the nebulizer mask dated 06/26/24 On 07/08/24 at 2:20 PM, a second observation was made of nebulizer tubing dated 06/26/24 in Resident # 45's room on the bedside table. On 07/09/24 at 10:10 AM, an observation was made of nebulizer tubing dated 07/08/24 in Resident #45's room on the bedside table. Review of the Physician's Orders for Resident #45 revealed an order dated 05/17/24 for Clean Oxygen Concentrator Air Filter every night shift every Tuesday for maintenance and as needed Review of the Physician's Orders for Resident #45 revealed an order dated 05/29/24 for Albuterol Sulfate Inhalation Nebulization Solution 1.25 MG/3ML (Albuterol Sulfate) 3 ml inhale orally via nebulizer every 6 hours for SOB(shortness of breath)/wheezing. Review of the Treatment Administration Record (TAR) for Resident #45 from 07/01/24 to 07/04/24 revealed no documentation of nebulizer tubing change. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Progress Notes for Resident #45 from 07/01/24 to 07/04/24 revealed no documentation of nebulizer tubing change. Review of the Care Plan for Resident #45 dated 04/04/24 with a focus on the resident has oxygen therapy r/t (related to) Ineffective gas exchange, pneumonia, acute hypoxic respiratory failure, Obstructive sleep apnea. The goal was for the resident to have no s/sx (sign/symptoms) of poor oxygen absorption through the review date. The interventions included: Encourage or assist with ambulation as indicated. For residents who should be ambulatory, provide extension tubing or portable oxygen apparatus. Give medications as ordered by physician. Monitor/document side effects and effectiveness. Monitor for s/sx of respiratory distress and report to MD (Medical Doctor) PRN (as needed): Respirations, Pulse oximetry, Increased heart rate (Tachycardia), Restlessness, Diaphoresis, Headaches, Lethargy, Confusion, Atelectasis, Hemoptysis, Cough, Pleuritic pain, Accessory muscle usage, Skin color. Oxygen settings: O2 (oxygen) via nasal prongs at 3L continuously. During an interview conducted on 07/09/24 at 1:44 PM with Staff S, Registered Nurse (RN) stated she has worked at the facility for 9 years. When asked about how often nebulizer tubing needs to be changed, the RN stated it is changed once a week by the night shift. When asked where the nebulizer tubing change would be documented, the RN stated it would be on the TAR (Treatment Administration Record) it will pop up for the nurse to change it and document. During an interview conducted on 07/09/24 at 2:00 PM, Staff U, Registered Nurse (RN) stated she has worked at the facility almost 5 years. When asked about how often nebulizer tubing needs to be changed, the RN stated it is changed weekly, usually by the night shift. 2) Record review for Resident #153 revealed the resident was admitted to the facility on [DATE] with diagnoses that included: Fracture of Superior Rim of Left Pubis Subsequent Encounter for Fracture with Routine Healing, History of Falling, Shortness of Breath, Malignant Neoplasm of Bronchus or Lung. Review of the MDS assessment for Resident #153 dated 06/28/24 revealed in Section C a BIMS score of 13, indicating a cognitive response. Review of the Physician's orders for Resident #153 revealed an order dated 06/24/24 for Change Oxygen Tubing & Bubblers every day shift, every Wednesday, and as needed Review of the Physician's orders for Resident #153 revealed an order dated 06/24/24 for Clean Oxygen Concentrator Air Filter every day shift, every Wednesday, and as needed Review of the Physician's orders for Resident #153 revealed an order dated 06/22/24 with a focus on Albuterol Sulfate Inhalation Nebulization Solution 1.25 MG/3ML (Albuterol Sulfate) 1 unit inhale orally via nebulizer every 6 hours for Wheezing/SOB. Review of the TAR for Resident #153 from 07/01/24 to 07/07/24 revealed no documentation of nebulizer tubing change. Review of the Progress notes for Resident #153 from 07/01/24 to 07/07/24 revealed no documentation of nebulizer tubing being changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Care Plan for Resident #153 dated 06/25/24 with a focus on the resident has oxygen therapy r/t lung cancer. The goal was for the resident to have no s/sx of poor oxygen absorption through the review date. The interventions included: Encourage or assist with ambulation as indicated. For residents who should be ambulatory, provide extension tubing or portable oxygen apparatus. Give medications as ordered by physician. Monitor/document side effects and effectiveness. Monitor for s/sx of respiratory distress and report to MD PRN: Respirations, Pulse oximetry, Increased heart rate (Tachycardia), Restlessness, Diaphoresis, Headaches, Lethargy, Confusion, Atelectasis, Hemoptysis, Cough, Pleuritic pain, Accessory muscle usage, Skin color. On 07/08/24 at 10:30 AM, an observation was made of Resident #153 sitting in a wheelchair in her room, nebulizer on bed side table and the date on tubing was 06/26/24. On 07/08/24 at 2:25 PM, a second observation was made of Resident #153's nebulizer tubing on the bedside table with tubing dated 06/26/24. On 07/09/24 at 10:00 AM, an observation was made of Resident #153's nebulizer tubing on the bedside table with tubing dated 07/08/24. During an interview conducted on 07/08/24 at 10:33 AM with Resident #153 who was asked about the nebulizer machine on her bedside table, she said she gets breathing treatments every so often. During an interview conducted on 07/09/24 at 2:40 PM with the Director of Nursing (DON) who was asked how often nebulizer tubing is changed, she stated it is changed weekly. When asked where staff documents the nebulizer tubing change, she said it is typically documented on the TAR. When asked when the last time the nebulizer tubing was changed for Resident #45 and Resident #153, she acknowledged there was no order and no documentation of the nebulizer tubing being changed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40153 Based on observations, interviews and record review, the facility's staff failed to practice hand hygiene during 5 of 5 dining observations. The findings included: A review of the facility's policy titled, Hands Hygiene, revised on 1/2024, revealed the following: all associates associated with the handling of food shall wash their hands. Hands are washed with soap and water at the following times: before handling food, clean utensils/dishes/equipment, and any other activities that may contaminate the hands. A review of the Appendix PP (Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22), under S483.60(i) Food safety requirements showed the following: Employees should never use bare hand contact with any foods, ready to eat or otherwise. Since the skin carries microorganisms, it is critical that staff involved in food preparation, distribution, and serving consistently utilize good hygienic practices and techniques. Staff should have access to proper hand washing facilities with available soap (regular or anti-microbial), hot water, disposable towels, and/or heat/air drying methods. In an observation conducted on 07/08/24 at 12:06 PM in the main dining room, Staff D, Dietary Assistant, was observed serving residents their juices and ice water cups without practicing hand hygiene first. Staff D was also observed holding the juice and ice cups by the rim with her fingernails touching the top of the cups. In an observation conducted on 07/08/24 at 12:11 PM, Staff C, Dietary Assistant, served food in the main dining room. Staff C was observed serving soup in a cup to Resident #16 without washing his hands before. He was also observed holding the rim of the soup cup before placing it in front of Resident #16 with his bare hand touching the top of the soup cup. In an observation conducted on 07/08/24 at 12:21 PM, Staff E, a Certified Nursing Assistant (CNA), was observed setting up the lunch tray in Resident #254's room without practicing hand washing or hand sanitizing before. She set up the tray for Resident #254, left the room without practicing hand hygiene, and continued to serve lunch trays to other residents. In an observation conducted on 07/09/24 at 12:10 PM in the main dining room, Staff B, the Dietary Manager was observed touching the kitchen doors as she was walking from the central kitchen towards the dining room. She was observed holding a cup of vegetable soup by the rim with her bare hands. Staff B proceeded to give the vegetable soup to Resident #38. In this observation, Staff B did not practice hand hygiene before serving the soup to Resident #38. In another observation conducted on 07/09/24 at 12:30 PM, Staff B was observed coming out from the central kitchen carrying a tray, holding it with her bare hands from the bottom. She proceeded to set up the lunch meal for Resident #260 and then walked away. In this observation, Staff B did not clean her hands before serving the lunch meal to Resident #260. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview conducted on 07/10/24 at 4:27 PM with the Infection Preventionist, she stated she educated the kitchen staff in May 2024 regarding hand washing while serving and handling food. According to the Infection Preventionist, Staff B does in-services with the dietary staff regarding hand washing and handling foods. In an interview conducted on 07/10/24 at 5:12 PM with Staff N, Certified Nursing Assistant, she stated that before taking the meal trays into the resident's rooms she will sanitize her hands. After placing the tray on the side table and setting up the food for the residents she will clean her hands as well.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on observations, interviews and record review, the facility failed to ensure accuracy of medical records related to documentation of Midline dressing change for 1 of 4 sampled residents with a midline/central line (Resident #45). The findings included: Review of the facility's policy titled, Charting and Documentation with a revised date of July 2017 included in part the following: Policy Interpretation and Implementation 2. The following information is to be documented in the resident medical record: c. Treatment or services performed. 3. Documentation in the medical record will be objective (not opinionated or speculative), and accurate. 7. Documentation of procedures and treatments will include care-specific details, including: a. The date and time the procedure/treatment was provided b. The name and title of the individual(s) who provided the care e. Whether the resident refused the procedure/treatment g. The signature and title of the individual documenting Review of the facility's policy titled, Peripheral and Midline IV (Intravenous) Dressing Changes with a revised date of March 2022 included in part the following: General Guidelines 4. Change the dressing if it becomes damp, loosened or visibly soiled and: a. at least every 7 days for TSM (transparent semi-permeable membrane) dressing 6. Assess the peripheral/midline access device at least every 4 hours (every 1-2 hours for residents with cognitive impairment. a. Visually inspect the entire infusion system (solution, administration set and dressing) b. Check expiration dates of the infusion, dressing and administration set (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Documentation 1.The following should be documented in the resident's medical record a.Date, time, type of dressing, and reason for dressing change. Record review for Resident #45 revealed the resident was originally admitted to the facility on [DATE] with a most recent readmission on 05/29/24 with diagnoses that included: Encounter for Surgical Aftercare Following Surgery on the Digestive System and Methicillin Resistant Staphylococcus Aureus Infection as the Cause of Diseases Classified Elsewhere. Review of the Minimum Data Set assessment for Resident #45 dated 06/04/24 documented in Section C a Brief Interview of Mental Status score of 14, indicating a cognitive response. Review of the Physician's Orders for Resident #45 revealed an order dated 06/25/24 for change midline dressing every night shift every Tuesday. Review of the Treatment Administration Record (TAR) for Resident #45 for the month of July 2024 revealed the only documented change of midline dressing was on 07/02/24. Review of the progress noted for Resident #45 for the month of July 2024 revealed no documentation of a Midline dressing change. On 07/08/24 at 10:40 AM, an observation was made of Resident #45 lying in bed with eyes closed and private paid aide at bedside, aide said this is her first time with this person, the resident's left arm was lying on top of the covers, and he was wearing short sleeves, with observation of a mid line in his left upper arm with a date of 07/01/24. On 07/08/24 at 2:30 PM, a second observation was made of Resident #45 in the therapy room wearing short sleeves, mid line dressing dated 07/01/24 in upper left arm. On 07/09/24 at 10:10 AM, an observation was made of Resident #45's midline dressing to the left upper arm dated 07/08/24. During an interview conducted on 07/09/24 at 10:12 AM with Resident #45, who was asked about his midline dressing, he said they changed it last night. An interview conducted on 07/09/24 at 1:44 PM with Staff S, Registered Nurse (RN), who stated she has worked at the facility for 9 years. When asked how often a Midline dressing is changed, the RN stated it is changed once a week and PRN (as needed). When asked where the dressing change would be documented, the RN stated it will be documented on the TAR and may also be in the progress notes. An interview conducted on 07/09/24 at 2:00 PM with Staff U, Registered Nurse (RN) who stated she has worked at the facility almost 5 years. When asked how often a Midline dressing is changed, the RN stated it is changed once weekly. When asked where the dressing change is documented, she said it is on the TAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 07/09/24 at 2:40 PM with the Director of Nursing (DON), who was asked how often a Midline dressing is changed, the DON stated it is changed weekly and as needed. When asked if it is on a specific day/time, she said it depends on when the resident. When asked about Resident #45 she said the order is for the Midline dressing to be changed on the night shift every Tuesday. When asked when the last 2 dressing changes were for Resident #45, she said it was done on 07/02/24 and is due to be changed today, 07/09/24. When the DON was informed this surveyor observed on 07/08/24 the Midline dressing for Resident #45 was dated 07/01/24, she stated it may have been changed on 07/01/24 and documented on 07/02/24 by the night shift nurse. When the DON was informed an observation was made today 07/09/24 of the Midline dressing for Resident #45 was dated 07/08/24 but there was no documentation of the dressing being performed, she acknowledged if the dressing was performed on 07/08/24 it should have been documented. During a telephone interview conducted on 07/09/24 at 3:25 PM with Staff V, LPN (Agency Nurse), who was asked about Resident #45 and the Midline dressing change she documented on 07/02/24, she said she did not remember because she works at the facility sporadically. When informed the documentation for the dressing change was dated 07/02/24 and on 07/08/24 the dressing was observed with a date of 07/01/24, she stated she may have done the dressing change on 07/01/24 and not documented until later in her shift around 1:00 or 2:00 AM on 07/02/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370 Based on observation, interview, and record review, the facility failed to implement, ensure, and sustain appropriate Personal Protective Equipment while providing care and sanitation for 3 of 3 sampled residents on Transmission Based-Precautions: Resident #26 on Contact Precautions, Resident #253 for Droplet Precautions, and Resident #261 for Enhanced Barrier Precautions. The findings included: According to the Centers for Disease Control and Prevention (CDC), the guidelines and recommendations for Contact Precautions under the section Transmission-Based Precautions are as follows: Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions involving contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding it before exiting the patient room is done to contain pathogens https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html. A review of the facility policy titled, Isolation-Initiating Transmission-Based Precautions, revised on 08/2019, showed the following: Determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions:1) The signage informs the Staff of the type of CDC precaution(s), instructions for use of PPE and instructions to see a nurse before entering the room. CDC Droplet Precaution signage revealed the following: Clean hands before leaving and entering the room; Make sure their eyes, nose, and mouth are fully covered before room entry. https://www.cdc.gov/infection-control/media/pdfs/droplet-precautions-sign-P.pdf CDC Contact Precaution signage revealed the following: Clean hands before entering and when leaving the room. Providers and Staff must also wear gloves before room entry. Discard gloves before room exit: Put on a gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment: https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf. CDC Enhanced Barrier Precautions revealed the following: Everyone must clean their hands including when both entering and leaving the room. Providers and Staff must also; wear gloves and a gown for the following: high-contact care resident care activities, dressing, bathing-showering; transferring; changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy; Wound Care with any skin opening requiring a dressing https://www.cdc.gov/long-term-care-facilities/media/pdfs/EBP-KeepResidentsSafe-Poster-508.pdf. 1. A chart review revealed Resident #26 was admitted on [DATE] with diagnoses of Urinary Tract Infection (UTI), Cerebro Vascular Accident (CVA), and Pneumonia. Review of Physician orders revealed an order dated 07/08/2024 for contact precautions every shift for ESBL (Extended Spectrum B-Lactamase). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation conducted on 07/08/24 at 10:10 AM, Staff F, a Private Aide, was observed sitting near Resident #26's bed with a facial mask under her chin. When she saw the Surveyor, she immediately placed the mask on the top of her nose. In an observation conducted on 07/08/24 at 12:30 PM, Resident #26 was observed in the main dining room. Staff F was noted in the dining room, mixing thick and easy instant packages into 8 ounces of diet Coke and 8 ounces of juice with her bare hands. She had not been observed practicing hand washing before. She placed the two cups of liquids on Resident #26's table and walked toward the clipboard on the side wall. Staff F touched the clipboard and returned to Resident #26's table without practicing hand hygiene. Staff F proceeded to touch the two cups of liquids and placed a straw inside the Diet Coke cup. Staff F lifted the Diet Coke cup with the straw toward Resident #26, assisting her with drinking. During this entire observation, Staff F did not practice hand hygiene in between. On 07/09/2024 at 12:18 PM, Resident #26 was noted in the room with the Contact Isolation signage outside the door. Staff H, a Certified Nursing Assistant (CNA), entered Resident #26's room, holding a lunch tray while wearing a facial mask. She went into the room with no gloves and gown and was not observed practicing hand hygiene before entering the room. She placed the tray on the dresser, picked up a paper menu on the side table, and left the room without practicing hand hygiene. In an interview conducted on 07/10/2024 at 2:10 PM with Staff F, Private Aide stated that she had been a Certified Nursing Assistant (CNA) for [AGE] years and had knowledge of Transmission-Based Precautions. She reported that for Contact Precautions, she only needs to put on a gown and gloves when she provides perineal care to Resident #253. Staff F further stated that Staff G, a Registered Nurse, told her she did not need to wear gloves unless she provided perineal care to Resident #253. 2. A chart review revealed Resident # 253 was admitted on [DATE] with a diagnosis of a Nondisplaced fracture of the base of the neck of the right femur. A review of physicians' orders dated 06/05/2024 showed an order for droplet precautions related to a positive test result for COVID-19. In an observation conducted on 07/09/2024 at 10:58 AM, Staff A, Supervisor Lifestyle, entered Resident #26's room, which has a Droplet Precaution signage outside the door. Staff A went inside the room without any gown or gloves and did not practice hand hygiene. She was observed touching the linens and surfaces inside Resident #253 room. When she did not find what she was looking for, she left the room. After exiting the room, she did not perform hand washing and went into another resident's room. 3. A chart review revealed Resident # 261 was admitted to the facility on [DATE] with diagnoses of Sepsis Unspecified Organism, Perforation (rupture) of Intestines, Obstructive and Reflux Uropathy (blockage in the urinary tract causing urine to go back to the kidneys), Acute Infections and Fungal (caused by fungus) Oral (mouth) or Perioral (around the mouth) Infection, Oral Candidiasis (an infection caused by Candida {yeast like parasitic fungus}) . Resident #261 has an indwelling urinary catheter attached to a urine bag and an ileostomy (a surgical opening performed to heal parts of the intestine), resulting with a visible, and secured plastic bag or pouch on the abdomen. Resident #261 has an abdominal wound vacuum to drain the extra fluid and tissue after surgery. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105598	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbours Edge	401 E Linton Blvd Delray Beach, FL 33483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further record review revealed the following orders dated 07/08/2024: Enhanced Barrier Precautions, Staff to wear Appropriate PPE when doing high contact activities every shift for Intravenous (IV) Antibiotic Therapy (ABT), Foley (Inventor's name of a urinary tubing) Catheter, Wound Vacuum (a plastic dressing attached to a pressure generating device typically applied after surgery for pus, and extra tissue fluids extraction and drainage to promote healing, and wound closure). In an observation conducted on 07/09/2024 at 10:47 AM, Staff O, a Housekeeping Personnel entered Resident #261's room without sanitizing her hands. An Enhanced Barrier Precaution signage was observed outside Resident #261's door. Staff O was wearing a facial mask when she started to put on the blue plastic gown as an additional Personal Protective Equipment (PPE). She then put on gloves on both hands and entered Resident #261' room. She was observed touching the bed linens, a pillow, soiled trash bag, and a top of a bed side dresser, when she stopped and proceeded to dig inside the left pocket of her personal clothing using the same gloves on both hands. Staff O then started to lift the blue gown up to her chest. When she did not find what she was looking for in her left pocket, she did the same digging on the right pocket of her personal clothing while lifting the blue gown up. In an interview conducted on 07/10/24 at 4:27 PM with the Infection Preventionist, she stated, any residents who are on Droplet Precautions, the Staff members are expected to practice hand hygiene, wear a gown, gloves and an N95 mask before entering the room. For residents who are on Contact Precautions, staff members are expected to wear a gown and gloves for any direct care. Staff are not expected to wear a gown and gloves if they are just passing medications. They are expected to wash their hands before and after medication administration. When asked about passing meal trays, the Infection Preventionist said that staff should be practicing hand hygiene before and after. She further said that she personally spoke to Staff F, Private Aide, and educated her on what is expected of her when providing care to Resident #253. Staff F was educated in the types of isolations and the signage on the door. The Infection Preventionist stated that Staff F was told to let them know if Resident #253 needed direct care and not to do it herself. In an interview conducted with the Director of Housekeeping on 07/11/2024 at 10:00 AM, he stated Staff O has been working in the facility for [AGE] years. He added that Housekeeping Personnel had undergone Enhanced Barrier Precautions training.