

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>105622                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                         | (X3) DATE SURVEY<br>COMPLETED<br><br>11/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Deerfield Beach Health and Rehabilitation Center                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>401 East Sample Road<br>Pompano Beach, FL 33064 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to provide comfortable water temperatures for bathing and showering, for the total of 88 residents, residing on the C and D Wing of the facility. The findings included: On 11/18/25 at 9:00 AM a tour of the facility was conducted, accompanied by the Maintenance Assistant. The water temperature was taken with the facility's thermometer that was calibrated by the Maintenance Assistant, as follows: C Wing-room [ROOM NUMBER]-#48. The average water temperature was from 73 degrees Fahrenheit to 76.4 degrees Fahrenheit. D Wing-room [ROOM NUMBER]-#24. The average water temperature was from 75 degrees Fahrenheit to 78 degrees Fahrenheit. The water temperatures were obtained after running for approximately 5 to 7 minutes in the residents' sinks. The recorded temperatures indicated that Wings C and D were not a comfortable temperature for bathing. 1) Record review revealed that Resident #1, who resides on the C wing, was admitted to the facility on [DATE] with diagnoses of Osteomyelitis and Type 2 Diabetes Mellitus. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident's Brief Interview of Mental Status (BIMS) score was 15, which indicates no cognitive impairment. Further record review revealed Resident #1 is bedbound. In an interview conducted on 11/18/2025 at 12:10 PM, Resident #1 stated that she is overwhelmed and believes that it's unacceptable that they must bathe her with cold water. She further explained that she no longer complains about the hot water because the answer is always that they are working on fixing it. When asked how long it has been without hot water, Resident #1 answered that it's been over a month now. 2) Record review revealed that Resident #3, who resides on the C wing, was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction and Dysphagia. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident's Brief Interview of Mental Status (BIMS) score is 15, which indicates no cognitive impairment. In an interview conducted on 11/18/2025 at 12:30 PM, Resident #3 stated that he has been a resident in this facility for 3 years. Resident #3 further explained that they haven't had hot water for a couple of weeks now. And he is very aggravated because taking showers in cold water is very uncomfortable and unpleasant. The resident further explained that he continues showering in his bathroom with the cold water, because he doesn't want to walk all the way to the other wings that have hot water (Wing A and B). 3) Record review revealed that Resident #4, who resides on the D wing, was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus and Bipolar Disorder. The Annual Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident's Brief Interview of Mental Status (BIMS) score is 15, which indicates no cognitive impairment. In an interview conducted on 11/18/2025 at 3:25 PM, Resident #4 stated that she is tired of not getting warm water for over a month now. And, that it's very difficult for her to shower when the water is cold. An interview conducted on 11/18/25 at 12:25 PM with Staff A, Certified Nurse Assistant (CNA), who stated that she has been working at the facility for 7 years and she is the one caring for Resident #1. She further explained that the wing D stopped having hot water since the last Friday of September. Staff A mentioned that last week (11/10/25-11/14/25), they had hot water on the Wing C and D for 4 to 5 days only. An interview conducted on 11/18/25 at 1:00 PM (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Deerfield Beach Health and Rehabilitation Center                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>401 East Sample Road<br>Pompano Beach, FL 33064 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                 |
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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | with the Administrator who stated that the issues with the hot water heater started the first week of October 2025 on the A wing and was repaired on October 10th and 11th. A few days later, the water heater from the D Wing stopped functioning and the parts were ordered but have not yet arrived. The Administrator further explained that the residents from the D wing were told that they could use the shower on the other wings where the water heater is properly functioning. As for the bed bound residents residing on the C and D wing, they use cold water to bathe them. In an interview conducted on 11/18/25 at 3:30 PM, the Maintenance Assistant stated that during the first week of October 2025, the water heater from the C Wing stopped functioning and was fixed a few days later. A couple days after this incident, the water heater from the D Wing stopped functioning and ever since they have been waiting for the ordered parts to arrive. And in the meantime, he was told that residents from the C and D Wing had the option to use the showers from A and B Wings. After touring the facility with the Maintenance Assistant, the Administrator and the Maintenance Assistant acknowledged that the water heaters of Wing C and D were not functioning. |                                                                                              |                                                 |