

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Worth Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 12th Avenue South Lake Worth, FL 33460	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893</b></p> <p>Based on observations, interviews and record reviews, the facility failed to provide an environment free of pests in 4 of 15 rooms on the 2 South Unit (room [ROOM NUMBER], #241, #250 and #251).</p> <p>The findings included:</p> <p>Review of the second floor Maintenance Report Logbook, located at the nurse's station, revealed the following:</p> <ul style="list-style-type: none"> <li>- Concern regarding roaches in room [ROOM NUMBER]-A on 06/12/24, documented as 'fixed' on the same day.</li> <li>- Infestation of roaches in room [ROOM NUMBER] and 241 on 07/28/24 reported by staff.</li> </ul> <p>During a room-by-room tour on 08/12/24 at 10:05 AM, the following observations were made:</p> <p>In room [ROOM NUMBER], 2 (two) live juvenile roaches and multiple dead roaches were observed behind the [NAME]. There was also one dead juvenile roach observed on the resident's bed, while the resident was sleeping.</p> <p>In room [ROOM NUMBER], 2 (two) live and mature roaches were observed on the wall and floor behind vacant bed-A.</p> <p>In room [ROOM NUMBER], 2 (two) live juvenile roaches were observed on the floor in the shared bathroom, live and dead roaches in all stages of life were observed behind a nightstand to the left of the air conditioning unit, and dead roaches were observed by the window bed.</p> <p>In room [ROOM NUMBER], numerous live mature and juvenile roaches were observed behind a closet to the left of the air conditioning unit. Two (2) dead roaches were observed on the floor by the window bed.</p> <p>During a room-by-room tour, on 08/12/24 at 10:43 AM, accompanied by the Maintenance Supervisor and the Director of Nursing (DON), the concerns regarding pests were acknowledged and observed by both the Maintenance Supervisor and the DON.</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:  105659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Lake Worth Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 12th Avenue South Lake Worth, FL 33460	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/12/24 at 11:20 AM, the Administrator and the Social Services Manager were made aware of the concerns.</p> <p>During an interview, on 08/12/24 at 11:23 AM, with Staff B, when asked of the presence of roaches, Staff B stated, most of the time it is in the hallway, they have been treating the rooms.</p> <p>During an interview, on 08/12/24 at 11:59 AM, with Staff D, when asked of the presence of pests and roaches, Staff D replied, I have not seen them, but families have reported to me. I haven't heard any since maybe about a month ago.</p> <p>During a review of pest control invoices, dated from 05/09/24 to 08/06/24, it was noted that all the invoices documented no pest activity on the following dates: 05/09/24, 06/12/24, 07/10/24, 07/24/24 and 08/06/24.</p> <p>During an interview, on 08/12/24 at 12:28 PM, with the Pest Control Technician who treats the facility, when asked regarding the presence of pests and roaches, the Pest Control Technician replied, I have seen roach droppings, but they were dry. I have seen signs, but no live activity. The Pest Control Technician acknowledged that he was aware of the current infestation identified by the Surveyor and stated, I requested for them to empty out the resident's nightstands and move the residents so that I can do some extra treatments. The plan will be twice a week.</p>		