

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 02/09/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to collect a urine test to rule out a urinary tract infection (UTI) for 1 of 3 sampled residents (Resident #1). The findings included:Record review revealed Resident #1 was admitted to the facility on [DATE]. A comprehensive assessment dated [DATE] documented the resident had severe cognitive impairment, required substantial/maximum assist with activities of daily living and had been on antibiotics. A review of Resident #1's physician orders revealed an order dated 01/09/26 for urinalysis. Further review of the resident's records did not reveal the urinalysis was ever collected. Furthermore, there was no indication the physician was notified, nor a documented reason the urinalysis was not collected.An interview was conducted with Resident #1's power of attorney (POA) on 02/09/26 at 12:00 PM. The POA stated Resident #1 was prone to have UTIs. The POA further stated the resident started to exhibit familiar signs to her of developing a UTI, and she asked the facility to obtain a urinalysis. The POA stated she did not know if the urinalysis was ever obtained.An interview was conducted with Resident #1's physician on 02/09/26 at 3:00 PM. The physician stated he was aware that Resident #1 was susceptible to UTIs. The physician further stated he had ordered a urinalysis at the request of the resident's POA. The physician stated he was not aware the urinalysis was not obtained, and he should have been notified.Record review revealed Resident #1 was transferred to the hospital for altered mental status on 02/12/26. An interview was conducted with the Director of Nursing (DON) on 02/09/26 at 4:30 PM. The DON acknowledged the above.</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
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