

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Menorah House		STREET ADDRESS, CITY, STATE, ZIP CODE 9945 Central Park Blvd N Boca Raton, FL 33428	

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** 36734</p> <p>Based on record review and interview, the facility failed to monitor and record a resident's pain level as ordered and failed to document administration of pain medication for 1 of 3 sampled residents (Resident #1).</p> <p>The findings included:</p> <p>Record review revealed Resident #1 was admitted to the facility from 11/12/24-12/6/24. A comprehensive assessment dated [DATE] documented the resident had pain and was care planned for pain with appropriate interventions in place.</p> <p>Review of Resident #1's physician orders revealed an order dated 11/12/24 to monitor and document the resident's pain level every shift. A review of the resident's Medication Administration Record (MAR) revealed the resident was monitored every shift for pain, but a pain level was not documented.</p> <p>A review of the resident's Medication Monitoring/Control Record revealed documentation of Tramadol (pain medication) removed for the resident on 11/20/24 at 2:30 AM, 11:20 AM, and 7:30 PM; 11/21/24 at 5:00 AM and 4:00 PM; and 11/22/24 at 7:00 PM.</p> <p>Further record review revealed the resident's MAR did not indicate the resident received the medications on those dates and times.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/19/24 at 3:00 PM and the findings were confirmed.</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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