

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105755	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Heartland Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Old Boynton Road Boynton Beach, FL 33436	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to monitor, implement and obtain treatment services from the physician in a timely manner for an identified trauma wound for 1 of 3 sampled residents (Resident #1). The findings included:Record review revealed Resident #1 was admitted to the facility on [DATE] with a readmission from 04/09/25 -1/30/26. A comprehensive assessment dated [DATE] documented the resident had severe cognitive impairment and required substantial/maximum assist with activities of living. Record review revealed Resident #1 was care planned on 05/23/25 for potential for impairment to skin integrity related to episodes of incontinence, cognitive impairment. Interventions included to monitor/document location, size and treatment of skin injury, report abnormalities, failure to heal, signs/symptoms of infection, maceration etc. to MD (Medical Doctor). The record documented Resident #1 was care planned on 01/03/26 for an alteration in musculoskeletal status related to fracture of the right inner malleolus (ankle). Interventions included to use supportive devices cast to right leg as recommended and monitor circulation, motor and sensation. The record documented Resident #1 was care planned on 01/29/26 for a wound to the right thigh and have increased risk for infection, further breakdown. Interventions included Inform/instruct staff of causative factors and measures to prevent further breakdown, and monitor/document location, size and treatment of wound. Record review revealed a progress note dated 01/20/26 at approximately 3:30 PM that documented: Resident observed pulling the ace wrapped from his right lower leg to his upper leg towards his knees and pulling really hard attempting to pull it off, that caused a wide discoloration to his upper knees. Resident is taking Plavix (blood thinner), he is high risk for discoloration. Ace wrap is replaced to by Kerlex (soft gauze wrap). A review of Resident #1's progress notes revealed a progress note dated 01/26/26 that documented: Today the nurse revealed a traumatic ulcer in a thin circular pattern which had occurred when the resident tightened gauze which was supporting the soft cast on his right leg. There was no drainage observed with Mupirocin (antibiotic ointment) ointment applied to area. Right leg traumatic ulcer- monitor dressing, wound care evaluate and treat. Review of the record lacked evidence that the resident's cast, ace wrap or Kerlex wrap was being monitored. A review of Resident #1's orders revealed an order dated 01/28/26 to discontinue previous treatment to right thigh wound (no order found). Start cleansing with normal saline, pat dry, apply xeroform to base and cover with dry protective dressing 3 times a week. Further review of Resident #1's orders did not reveal an order for Mupirocin ointment. A review of Resident #1's Medication Administration Record (MAR) revealed Resident #1 had a dressing change to his right thigh wound one time on 01/29/26. Further record review did not reveal where the wound was monitored, that there was a documented size and location of the wound or that there was treatment of the wound. An interview was conducted with the Director of Nursing (DON) on 02/11/26 at 3:30 PM. The DON acknowledged the above.		

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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