

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Edward J Healey Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5101 West Blue Heron Blvd Riviera Beach, FL 33418	

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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837</b></p> <p>Based on observations, interviews and record review, the facility failed to provide adaptive equipment for a resident when consuming liquids for 1 out of 2 sampled residents reviewed for adaptive equipment, affecting Resident #6.</p> <p>The findings included:</p> <p>Review of the facility's policy titled, Adaptive Feeding Equipment Policy and Procedure, with an effective date of 09/25/24, included in part, the following: To provide adaptive equipment to obtain and/or maintain a resident highest practicable level. Residents requiring assistance in feeding are potential candidates for a restorative dining program or adaptive utensil use, as determined by the occupational therapist. The dietary department should be notified of residents needing adaptive feeding equipment; the equipment is stored and maintained in the dietary department. Appropriate utensils should be placed on the resident's food tray, at each meal, and returned to the dietary department, on the food tray, for sanitization.</p> <p>Record review for Resident #6 revealed the resident was originally admitted to the facility on [DATE], with readmission on 03/19/21, with diagnoses that included, in part, the following: Anoxic Brain Damage, Dysphagia, Other Speech Disturbances, and Electrocutation.</p> <p>Review of the Minimum Data Set assessment for Resident #6 dated 11/07/24 documented in Section C that a Brief Interview of Mental Status was not completed, due to the resident is rarely/never understood.</p> <p>Review of the Physician's Orders for Resident #6 revealed an order dated 05/31/17 for NAS (No Added Salt), Pureed, and No straw.</p> <p>Review of the Physician's Orders for Resident #6 revealed an order dated 03/11/22 for aspiration precautions: 90 degrees all meals, no straws, and small bites/sips.</p> <p>Review of the Physician's Orders for Resident #6 revealed an order dated 07/17/23 for adaptive equipment - nose cup with liquids, to enhance feeding.</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
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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Care Plan for Resident #6 dated 11/19/24 with a problem of resident is at risk for alteration in nutrition/hydration and weight fluctuations related to impaired cognition secondary to anoxic brain damage, other abnormal involuntary movements, and vary PO (oral) intake. He is at increased risk for aspiration related to diagnosis of dysphagia and needed mechanically altered diet. The goal was for the resident to maintain weight within the healthy BMI (Body Mass Index) range (18.5-24.9) via monitor of weight report. He will continue to consume &gt;50% of meal provided and nutritional supplement acceptance via daily PO intake observation. No noted s/s (signs/symptoms) of aspiration via daily observation. The approaches included, in part, the following: Adaptive equipment: Nosey cup with liquids to enhance feeding. And NAS/Puree texture/thin liquids diet, no straw. He is fed by staff.</p> <p>On 12/09/24 at 10:15 AM, observations revealed Resident #6 in his room, sitting up in a chair with a rolled washcloth in each hand wearing hand splints. Further observations revealed a Styrofoam cup containing water, sitting on the nightstand. There was no nosey cup at the bedside.</p> <p>On 12/09/24 at 12:10 PM, a second observation was made of Resident #6 in his room, with a Styrofoam cup containing water, at bedside. No nosey cup was observed.</p> <p>On 12/09/24 at 12:30 PM, observation was made of Resident #6 with a lunch tray brought into his room, containing apple juice and one nosey cup. Staff A, Certified Nursing Assistant (CNA) was assisting Resident #6 with eating. An interview was conducted on 12/09/24 at 12:32 PM with Staff A, who stated she has worked at the facility for [AGE] years. When asked about the nosey cup on the Resident #6's lunch tray, she said the resident needs the nosey cup to drink all liquids.</p> <p>On 12/12/24 at 9:56 AM, a side-by-side observation was made with Staff B, Nursing Manager, in the room of Resident #6, who acknowledged the resident had a Styrofoam cup with a straw, full of water at the bedside. There was no nosey cup observed.</p> <p>An interview was conducted on 12/10/24 at 9:50 AM with Staff C, Registered Nurse (RN), who stated she has worked at the facility since 2017. She was asked if a resident has adaptive equipment for a special cup, would the resident need the special cup for water at the bedside. She stated, when the resident has an order for adaptive equipment, it comes with the meals from the kitchen. When asked would the resident need the adaptive equipment for any liquids at the bedside, she said it would have to come from the kitchen.</p>		