

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105852	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Boca Circle Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7225 Boca Del Mar Drive Boca Raton, FL 33433	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51137</p> <p>Based on observation, interview, and record review the facility failed to provide nail care to 3 of 4 sampled Residents, Resident #2, #3 and #4.</p> <p>The findings included:</p> <p>Review of their policy titled Nursing-Activities of Daily Living (ADLS) effective 04/01/22 documented Procedure: 1. The facility shall ensure a resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out activities of daily living 2. The facility shall provide care and services for the following activities of daily living as needed based on the individual care plan of each resident: . a. Hygiene-bathing, dressing, grooming, and oral care . 3. A resident who is unable to carry out activities of daily living shall receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1. Review of the record revealed Resident #2 was admitted to the facility 04/01/25. Review of the current Minimum Data Set (MDS) assessment dated [DATE] documented Resident #2 had a Brief Interview for Mental Status (BIMS) score of 14, on a 0 to 15 scale, indicating the resident was cognitively intact.</p> <p>Review of the care plan dated 04/15/25 documented Resident #2 has an ADL self-care performance deficit r/t Impaired balance, Limited Mobility . Interventions/Tasks . Personal Hygiene/Oral Hygiene: The resident requires (supervision/limited assistance) by (1) staff with personal hygiene and oral care.</p> <p>During an observation and interview on 05/13/25 at 9:09 AM, Resident #2 was seen to have long nails. When asked if the resident received nail care by staff, Resident #2 stated they only cleaned her nails. When asked if she would also like her nails to get cut, she stated Yes, sometimes I want them cut.</p> <p>During an interview on 05/13/25 at 12:20 PM, when asked who is responsible for providing nail care, Staff C, Certified Nursing Assistant (CNA) stated that the CNAs were responsible. When asked how often nail care was provided, Staff C stated, As needed and explained there was no time frame for it. Resident #2 concerns were reported and Staff C agreed; she stated she would provide her with nail care.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the record revealed Resident #3 was admitted to the facility 02/11/25. Review of the current Minimum Data Set (MDS) assessment dated [DATE] documented Resident #3 had a Brief Interview for Mental Status (BIMS) score of 10, on a 0 to 15 scale, indicating the resident was moderately cognitively impaired.</p> <p>Review of his care plan dated 03/04/25 documented, Resident #3 has an ADL self-care performance deficit r/t: weakness, impaired mobility . Interventions/Tasks .Personal Hygiene: The resident requires set up assistance by 1 staff with personal hygiene and oral care.</p> <p>During an observation on 05/13/25 at 9:14 AM, Resident #3 was observed with dirt-encrusted and unkempt nails.</p> <p>During an interview on 05/13/25 at 12:09 PM, when asked who is responsible for providing nail care to the residents, Staff A stated everyone was responsible including CNAs, Nurses and CNAs in activities. When asked how often she provided nail care, Staff A stated anytime they need it; daily if needed. Staff A was brought into Resident #3's room to observe his nails. Staff B, Certified Nursing Assistant (CNA assigned to Resident #3 care for the day) was seen walking into the Resident's room as well.</p> <p>During an interview on 05/13/25 at 12:15PM, when asked who is responsible for providing nail care and how often, Staff B stated the CNAs were responsible and they provided it when needed and approximately every 3 days. Staff A walked out of Resident #3's room during the observation and stated she had to attend to another Resident. Staff B observed Resident #3's nails and agreed they were dirty and needed to be cleaned.</p> <p>3. Review of the record revealed Resident #4 was admitted to the facility 12/18/24. Review of the current Minimum Data Set (MDS) assessment dated [DATE] documented Resident #4 had a Brief Interview for Mental Status (BIMS) score of 07, on a 0 to 15 scale, indicating the resident was severely cognitively impaired.</p> <p>Review of the care plan dated 04/10/25 documented, Resident#4 ADL self-care performance deficit r/t pulmonary fibrosis, dementia, impaired balance, impaired mobility function . Interventions/Tasks: The resident requires dependent assistance by 1 staff with personal hygiene and oral care.</p> <p>During an observation on 05/13/25 at 9:24AM, Resident #4 was observed to have heavy dirt encrusted nails.</p> <p>During an interview on 05/13/25 at 12:20 PM, when asked who is responsible for providing nail care, Staff C, Certified Nursing Assistant (CNA) stated that the CNAs were responsible. When asked how often nail care was provided, Staff C stated, As needed and explained there was no time frame for it. Resident #4's nails were observed alongside with Staff C, she agreed that Resident #4's nails were dirty and needed to be cleaned.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51137</p> <p>Based on observation, interview, and record review the facility failed to implement and have Enhanced Barrier Precaution (EBP) orders for Residents with active wounds for 3 of 4 sampled residents, Residents #2, #3, and #4.</p> <p>The findings included:</p> <p>Review of the policy titled Policy, Procedures, and Information Enhanced Barrier Precautions revised on 04/03/24 documented, Definitions: Enhanced Barrier Precautions refers to the use of gown and gloves for certain residents during specific high-contact resident care activities that have been found to increase risk for transmission of multidrug-resistant organisms (MDROs.) . 1. Prompt recognition of need: . B. Clear signage will be posted in the room indicating the type of precaution, requiring personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves. Selected image/identifier (image of orange) placed above the bed .2. Initiation of Enhanced Barrier Precautions- . b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc) regardless of MDRO colonization status .3. Implementation of Enhanced Barrier Precautions- a. Make gowns and gloves available inside the resident's room . e. The Infection Preventionist will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education.</p> <p>1. Review of the record revealed Resident #2 was admitted to the facility 04/01/25. Review of the current Minimum Data Set (MDS) assessment dated [DATE] documented Resident #2 had a Brief Interview for Mental Status (BIMS) score of 14, on a 0 to 15 scale, indicating the resident was cognitively intact. This same MDS also documented the Resident had an unhealed stage 2 pressure ulcer and was receiving dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly.)</p> <p>Review of Resident #2's active orders documented as followed: Wound Consult for Open Area to Buttocks; Cleanse Sacral Pressure Ulcer (Stage 2) . Dressing Change Daily and PRN (as needed); Hemodialysis- Assess site (right chest) for bruising / bleeding / symptoms of infection. There were no EBP orders reviewed.</p> <p>Review of the care plan dated 04/15/25 documented Resident #2 has pressure injury to sacral area . Intervention/Tasks: . Follow facility policies/protocols for the prevention/treatment of skin breakdown.</p> <p>During an observation and interview on 05/13/25 at 9:09 AM, there were no EBP signs or PPE observed outside or inside Resident #2's room. When asked if staff wear a gown when provided direct care, the Resident stated No, I don't think so.</p> <p>(continued on next page)</p>		

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