

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER West Delray Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16200 S Jog Road Delray Beach, FL 33446	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to appropriately respond to and resolve grievances for 1 of 3 sampled residents, Resident #1.</p> <p>The findings included:</p> <p>Review of the policy titled, Social Services-Grievance Process, with an effective date of 04/01/24, revealed the following: Grievances may be voiced through verbal complaint to a staff member (p.1); the facility shall implement a process whereby when there is grievance, it should be documented on the facility grievance report (p.2).</p> <p>Record review revealed Resident #1 was admitted to the facility on [DATE] and had a resident-initiated discharge on [DATE]. Resident #1's diagnoses included Pulmonary Hypertension, Muscle Wasting and Atrophy, Type 2 Diabetes Mellitus with Peripheral Angiopathy without Gangrene, Atrial Fibrillation, Hypothyroidism, and Chronic Kidney Disease.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], under Section C for the Brief Interview of Mental Status (BIMS) revealed a score of 14, indicating Resident #1 had intact mental cognition.</p> <p>Review of the facility's grievance record for 05/2025 did not include any complaint or concern from Resident #1's son.</p> <p>An interview was conducted with Resident #1's son on 06/18/25 at 12:00 PM who stated he reported complaints to the former and the new Administrators regarding the care of his mother which included medications, falls, non-functioning bed and TV, and resident's rights. The former and the new Administrators did not indicate any updates or progress regarding his complaints. He was very much concerned about Resident #1's medications which were not given until the night before a resident- initiated discharge from the facility.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Staff A, Social Services, on 06/16/25 at 1:51 PM, who stated she has been working in the facility for 16 years. When asked how she informs residents of the grievance process, responded, A staff would take a grievance, then a management meeting would follow, and a grievance would be assigned to the appropriate person. When asked the usual response time for most grievances, she responded, Two days, if it is a small matter, but for a room change, it might take longer than the usual time. When asked regarding the malfunctioning bed and television (TV), she responded, The Maintenance Director is very responsive. It is very unusual that the TV is not working because the facility buys new TVs to replace the ones that are not working. When asked how she would know the grievance was resolved, responded, Whoever is interested would know the grievance is resolved. When asked why Resident #1's name was not included in the May 2025 grievance report list, she responded, There were no reported grievances from Resident #1.</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to ensure a newly admitted resident received physician ordered medication for immediate care 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 on [DATE] and had resident-initiated discharged on 05/28/25. Resident #1's diagnoses included Pulmonary Hypertension, Muscle Wasting and Atrophy, Type 2 Diabetes Mellitus with Peripheral Angiopathy without Gangrene, Atrial Fibrillation, Chronic Kidney Disease, Age Related Osteoporosis, without current Pathological Fracture and Hypothyroidism.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], under Section C for the Brief Interview of Mental Status (BIMS) revealed a score of 14, indicating Resident #1 had intact mental cognition.</p> <p>Review of the nursing progress notes dated 05/16/25 revealed the admitting diagnoses included weakness and status post fall.</p> <p>Review of the Advanced Registered Nurse Practitioner (ARNP) admission notes dated 05/17/25 revealed the following recommendations: continue current medications and follow fall risk precautions.</p> <p>Review of the Pharmacist progress notes dated 05/19/25 revealed the medication regimen was reviewed, and recommendations were made.</p> <p>Review of the summary of facility's physician orders revealed medications were ordered by telephone on 05/16/25. Further review of physician orders revealed there were no orders for the recommended medications that included Gabapentin, Carvedilol, Calcitriol, Allopurinol, and Sodium Bicarbonate.</p> <p>Review of the nursing progress notes dated 05/20/25, by a Registered Nurse (RN) Unit Manager, revealed a new order that documented medication not available, but did not indicate which medications were not available or what the new order was.</p> <p>Review of May 2025 Medication Administration Record (MAR) revealed Resident #1 received the recommended medications on 05/27/25 (10th day after admission), during the night before a resident-initiated discharge.</p> <p>In an interview with the Assistant Director of Nursing (ADON) on 06/16/25 at 3:42 PM, when she was asked about the process of providing the recommended medications for a newly admitted resident, responded, We follow the recommendations. When asked why the recommended medications were not documented in the physician orders and into Resident #1's MAR until the 10th day of Resident #1's stay in the facility, she stated she would investigate. Until the end of the survey, she did not provide the reason why.</p> <p>(continued on next page)</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a later interview with the ADON on 06/16/25 at 5:00 PM, she stated the medications were active for Resident #1 since 05/27/25 (the 10th day). When she was asked how soon medications would start after a resident's admission to the facility, she responded, As soon as possible or probably the next day. When asked why Resident #1 who was admitted on [DATE] did not get the recommended medications until 05/27/25, she did not respond.</p>		