STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40153 Based on observations, interviews and record review, the facility failed to ensure call lights were within reach of the residents for 2 of 32 sampled residents, Resident #8 and Resident #71. The findings included: Review of the facility's policy, titled, Call Light, answering, dated November 2017, revealed, in part, the following: When the resident is in bed or confined to a chair, be sure the call light is within easy reach of the resident. Answer the call light as soon as possible. 1. Record review revealed Resident #8 was admitted on [DATE] with diagnoses that included dizziness and heart disease. The significant change Minimum Data Set (MDS) assessment dated [DATE] showed Resident #8 had a Brief Interview of Mental Status score (BIMS) of 15, indicating cognition is intact. In an interview conducted on 03/09/25 at 11:32 AM with Resident #8, she reported falling about a month ago and hurting both her knees. She was sent to the hospital for an X-ray with no further damage, but her left leg remains painful. In this interview, the call light was observed out of reach and behind Resident #8's bed. When asked by this surveyor if the call light was reachable, Resident #8 attempted but was unable to reach call light. Record review revealed a care plan, updated on 02/06/25, after Resident #8 had a fall. In this care plan, one of the updated interventions was to have the call light within the resident's reach and reinforce need to call for assistance. 2. Record review revealed Resident #71 was admitted on [DATE] with diagnoses that included repeated falls and dementia. The quarterly MDS assessment dated [DATE] showed a BIMS score of 01 indicating severe cognitive impairment. In an observation conducted on 03/09/25 at 11:48 AM, Resident # 71 was noted in bed with the call light out of reach. When asked by this surveyor if she can reach this call light, she stated I know it is there, but I can't reach it. In another observation conducted on 03/10/25 at 3:05 PM, Resident #71 was noted in her bed with the call light observed behind her bed on the floor. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview conducted on 03/11/25 at 3:50 PM, Staff B, Certified Nursing Assistant, stated Resident #8 was at risk for falls. According to Staff B, she needs to ensure the bed is in a low position and the call light is within reach of the resident. Staff B stated if the call light is used, she needs to try and answer it as soon as possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370 Based on observations, interviews and record reviews, the facility failed to update the Advanced Directives status for 1 of 1 sampled resident, Resident #25. The findings included: Review of facility's policy titled, Advanced Directives dated 11/2017, revealed, in part, the following: the center will notify the attending physician of Advanced Directives so that appropriate orders can be documented in the resident's medical records and plan of care. Record review revealed Resident #25 was admitted to the facility on [DATE] with diagnoses that included Multiple Sclerosis, Major Depressive Disorder, Type 2 Diabetes Mellitus, and Sacroiliitis. Review of quarterly Minimum Data Set (MDS) assessment for Resident #25, dated 01/06/25, documented in Section C, a Brief Interview of Mental Status (BIMS) score of 13 indicating cognition is intact. Section N revealed Resident #25 receives hypnotics, antidepressants and anticonvulsants. Record review of a document submitted by the Director of Nursing (DON) on 03/10/25 at 3:06 PM, revealed a Do not Resuscitate Order dated 08/04/22, signed by both the Physician and Resident #25. This document revealed a check on Do Not Attempt Resuscitation (DNR) box on section A. An additional review of the document revealed a check on Section B box indicating Comfort measures only. Review of the physician orders did not include any Advanced Directives order for Resident #25. Further review of Residenrt#25's Electronic Health Record's (EHR's) profile in Point Click Care (PCC is Nursing Home's Electronic Health Record), did not include any information regarding Resident #25's code status. An additional review of the care plan written by Staff T, Social Worker (SW), on 04/16/24, revealed the following: Resident desires that the Advanced Directives be honored; Honor the current Advanced Directives; and Review Advanced Directives on an annual basis with patient and family. It did not indicate the specific code status Resident #25 has chosen. Record review of the Situation, Background, Assessment, Recommendation (SBAR) notes dated 06/14/24, 11/25/24, and 12/10/24, written by Staff R, Registered Nurse (RN) revealed Resident #25's Advanced Directives was Full Code. An additional review of the progress notes written by Staff T, dated 01/10/25, revealed Resident #25's code status is Do Not Resuscitate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Staff R, RN, on 03/11/25 at 10:15 AM, who has worked in the facility for almost 2 years, and who when asked about the process of obtaining a resident's Advanced Directives, stated the following, When a resident is admitted and there is a Do Not Resuscitate (DNR) order, the DNR form is checked to verify the presence of 2 signatures, one from the resident's physician, and another one from either the resident (if alert, and with good cognition), or resident's family member (if resident is cognitively impaired). If I do not see the resident's DNR status, I would go to the SW and verify the resident's DNR status, then I would upload it onto PCC. When asked if the facility needs an Advanced Directives order from the Physician, Staff R responded, Staff do not need an order if there is a yellow-colored document with a heading State of Florida, DNR form in the resident's paper chart. She added that Staff would write the resident's code status in PCC, under the resident's profile. When asked if she would document in resident's PCC progress notes a Full Code status for a resident with a DNR status, she responded I would not document that. In an interview with Staff U, SW on 03/11/25 at 10:26 AM, who when asked about the process for an Advanced Directives, DNR, and Full Code, stated, The Advanced Directives for residents are done as soon as possible. If a resident comes on Monday, it would be initiated in the care plan immediately together with an official State of Florida yellow document that would be printed and would be included in both the resident 's paper chart and EHR. A physician's order for Advanced Directives would also be in the EHR in less than a week's time. When asked how the facility staff would know the resident's Advanced Directives status, Staff U responded, It would be found on PCC under the resident's profile. It would also be found on the resident's paper chart. Staff U stated that staff would initiate a care plan for DNR. She added, The Social Services Department keeps the record book for all residents' Advanced Directives status. If there is an update for one resident's code status, staff would write it into the resident's progress notes. When asked who is responsible for putting the order for the resident's Advanced Directives, she responded, Staff nurses are the ones who put the order. Social Services staff do not put the order. In an interview with Staff P, Licensed Practical Nurse (LPN), on 03/11/25 at 10:48 AM, who when asked how staff would know if a resident had Advanced Directives and the type of Advanced Directives, stated, The EHR system would inform the Staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36057 Based on observations, interviews, record review and the review of the facility policy, the facility failed to report a resident's unwitnessed fall with an injury of unknown source for 1 of 3 sampled resident reviewed for falls, Resident #2. The findings included: Review of the facility's policy provided by the Director of Nursing titled Prevention of Resident Abuse, Neglect, Mistreatment or Misappropriation of Property, dated October 2019, documented, in part, under Reporting / Documentation Requirements, the following: .ensure that all alleged violations .including injuries of unknown source .are reported to the administrator of the center and to other officials (including to the State Survey agency and adult protective services where state law provides for jurisdiction in long-term care Centers) .in accordance with State law through established procedures . Review of Resident #2's clinical record documented an admission on 02/06/25 with no readmissions. The resident's diagnoses included Personal History of (Healed) Traumatic Fracture, Pain in Right Arm, Weakness and Other Abnormalities of Gait and Mobility, Cognitive Communication Deficit, Repeated Falls, Parkinson's Disease and Essential Tremor. Review of Resident #2's Minimum Data Set (MDS) 5-days admission assessment dated [DATE] documented a Brief Interview of the Mental Status score of 12 indicating moderate cognitive impairment. The assessment documented under Functional Abilities and Goals that the resident needed substantial to maximal assistance from the staff to complete most activities of daily living and was dependent on staff to take shower and lower body dressing. The assessment documented that the resident had a fall history on admission and had taken hypnotic and antidepressants 7 days prior to the assessment. Review of Resident #2's care plan titled Fall (resident name) is at risk for falls due to decreased mobility and strength, initiated on 02/06/2025, documented: 02/14/2025 - unwitnessed fall. Created on 02/17/2025 revision on 02/18/25, documented interventions that read Bed in low position initiated on 02/06/2025 - created on 02/17/2025 .Educate resident the need to call for assistance with call light use initiated on 02/14/2025 created on 02/17/2025 . Review of the floor nurse notes dated 02/14/25 timed 8:22 AM documented Resident was observed laying on her right side with her right arm tucked underneath, both legs had large lacerations present, also noted was a large laceration to the left side of her forehead. Resident was unable to verbalize cause of fall. First Aid was provided to resident, by writer and nurse (name). Emergency personnel arrived at 7:13am, resident was transferred by [ambulance name] from the floor to her wheelchair and from her wheelchair to their stretcher and taken to [an acute care hospital name] for further evaluation. All appropriate personnel notified of incident. Next of Kin (name), notified and message left with purpose of call and callback number to facility for further information. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the floor nurse note dated 02/14/25, timed 3:25 PM, documented, Resident returned back from hospital via transportation company assisted by two people, resident AAX03 (alert, oriented person, place and time) and able to make needs known, resident has noted laceration to right forehead .Nursing will continue to monitor. The nurse note lacked written documentation related to the resident status of the forehead laceration or care to be administered. Review of the Wound Care Nurse (WCN) note dated 02/17/25 documented, 2nd Skin Assessment: Patient received lying in bed. Patient is AAOx1. Patient is violent, hitting and screaming .Patient has 14 stitches to right forehead and skin tears to bilateral knees. Wound care orders placed and wound care completed. Patient tolerated treatment well. Patient educated on plan of care, does not verbalize understanding at this time .Plan of care ongoing. Review of Resident #2's Medical Practitioner Note (Physician/NP) note dated 02/21/25 documented, . Today patient is seen and examined OOB (out of bed) in wheelchair. She is alert and confused. Patient had a fall with head injury. She was sent to hospital and returned to facility .SKIN: laceration to forehead, wounds to bilateral knees . On 03/09/25 at 12:36 PM, an interview was conducted with Resident #2 who stated she had a fall last night (03/08/25) and could not move her arms and leg and that she was hurting. Further observation revealed the resident had stitches to her forehead, and stated she fell before. During the interview, Resident #2 asked to be taken to the bathroom. She was asked to press her calling device and replied, they don't answer it. On 03/11/25 at 9:44 AM, attempted to interview Resident #2 who asked the surveyor to take her downtown, to the city. The resident was confused. On 03/11/25 at 9:59 AM, an interview was conducted with the facility's dedicated Wound Care Nurse (WCN) who confirmed that Resident #2 had bilateral leg skin tears. The WCN stated she did not know if the skin tears were as a result of a fall. The WCN was asked regarding the resident's mental status and replied the resident was oriented to self, but not to time or place, most of the time. On 03/11/25 at 10:26 AM, an interview was conducted with Staff S, Certified Nursing Assistant (CNA) who stated, Resident #2 was confused calling her mother, sister and refused care at times, added the resident gets up by herself when she was not supposed to. On 03/11/25 at 10:41 AM, observation revealed the WCN in Resident #2's room and attempting to change the skin dressings. Further observation revealed an approximate four (4) inches bruise above Resident #2's left knee. On 03/12/25 at 11:58 AM, an interview and a side-by-side review of Resident #2' clinical record was conducted with the Director of Nursing / Risk Manager (DON/RM). The DON/RM stated there was no report that the resident fell over the weekend and stated the last fall reported on file was dated 02/14/25. The DON was asked for the resident's fall with injury investigation since the resident had stiches to her forehead. On 03/12/25 at 12:37 PM, an interview was conducted with Staff R, Unit Manager, who stated she was not informed that Resident #2 had a fall on 03/08/25 and that she did open an exception report by mistake. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/12/25 at 12:49 PM, an interview was conducted with the DON who stated she was looking for a Fall Huddle Investigation report for Resident #2's fall on 02/14/25 and could not find it. The DON stated during a meeting they discussed Resident #2 had behaviors, as the resident was trying to ambulate without assistance and added the resident was confused at the time of the fall and her fall care plan was updated. The DON submitted Resident #2's fall exception report dated 02/14/25 that documented resident was observed laying on her right side with her right arm tucked underneath, both legs had large lacerations present, also noted was a large laceration to the left side of her forehead. Resident was unable to verbalize cause of fall .taken to [name of acute care hospital] for further evaluation . not oriented to person, place, time or situation, confusion .verbalize pain .injury laceration, skin tear .unable to measure wounds .bleeding amount-large .injury to head, head laceration with large amount of bleeding . The exception report did not document the resident's last dose of anxiolytic (Valium), antidepressant (Duloxetine) and hypnotic (Ambien) medications that were ordered. The report did not document any witness(s) to the fall. The report documented that it was reviewed by the DON/RM and the Administrator on 02/17/25. During the interview, the DON was asked if Resident #2's fall with an injury was a reportable fall and the DON did not answer. The DON was asked if she was aware of what needs to be reported to the State and did not answer. On 03/12/25 at 2:30 PM during an interview, the DON/RM stated she did not do a Federal report for Resident #2' fall with injury and added that the Administrator was doing the residents reportable. The DON/RM was apprised that an unwitnessed fall with an injury on a resident who was unable to verbalize how the fall happened, was a reportable incident. The DON/RM was asked to submit her full investigation for Resident #2's fall with injury (02/14/25) and provided a document titled Fall Huddle Investigation Worksheet. The form was not signed or dated and corrective actions were not listed on the form. The DON stated that she does not get to sign her investigations, was asked for corrective actions because none was listed on her Fall Huddle Investigation Worksheet and stated she does not get to do her manual investigation paperwork right away. The DON stated, The corrective action were in the care plan and read the care plan's updated intervention as, educated resident need to call for assistance with call light use. The DON was asked for the residents' fall log and stated she did not have a fall log, was not able to inform of the resident's fall in a particular month. The DON/RM submitted two Certified Assistant's and one nurse incident statement. Consequently, a side-by-side review of the facility's Falls policy was conducted with the DON/RM. The DON/RM was asked what UDA stands for and replied it was an evaluation that stays in the resident's electronic system and anyone can use it. The DON/RM was asked for Resident #2's Fall Risk Screen-UDA as per the facility's policy and stated it was not done. The DON was asked for the Follow-up for 72 hours as per the facility's policy and did not submit any written evidence of follow-up. The resident's clinical record lacked written evidence of neurologic checks conducted after Resident #2 sustained an unwitnessed fall with head injury, and from the hospital returned to the facility on the same day. The DON/RM was asked to submit the resident's emergency room visit report for 02/14/25. Review of Resident #2's emergency room record dated 02/14/25 documented chief complaint: fall with a forehead lac and bilateral hand and knee skin tears .wound care was provided at the bedside and plastics was consulted for repair of the forehead laceration due to skin loss and inability to fully close the laceration after multiple attempts .neuro: alert and oriented x 1 .skin: complex right forehead laceration measuring 7 x 6 cm (centimeters) with exposure of right orbicularis oculi muscle and pericranium .area of partial thickness skin tear 1 x 1 cm .Assessment/Plan: Fall, Blunt head Trauma, Forehead laceration- debridement and repair under local anesthesia at bedside, Multiple skin tears . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/12/25 at 3:35 PM, two surveyors conducted a joint interview with the Administrator who was apprised that Resident #2's sustained an unwitnessed fall with injuries on 02/14/25 and it was not reported to the state agency (AHCA) in accordance with State law. The Administrator stated she understood she only had to do Federal reporting when the facility did not do what they were supposed to do or did what they were not supposed to do like Abuse or Neglect. The Administrator stated the resident was found on the floor and it was assumed that she fell because she had behaviors of getting up without requesting assistance. The Administrator stated the Director of Nursing conducted an investigation and the incident was not reported because it did not meet the definition of abuse or neglect. The Administrator stated she never reported any types of falls, witnessed or unwitnessed and did not think that this needed to be reported and added she only reports abuse, neglect or exploitations and has done so in the past. The administrator was asked if the incident with Resident #2 could have been an injury with an unknown source, she said No and added they assumed she fell since she was found on the floor, but no one witness that she actually fell .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
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** 36057 Based on observations, record review and interviews, the facility failed to ensure that residents receive treatment and care in accordance with the physician orders for 1 of 1 sampled resident reviewed for skin conditions, Resident #2. The findings included: Review of the facility's policy provided by the Director of Nursing titled Skin Tears, Care of, dated 04/2019, documented, .treat per center protocol or MD order .perform wound care per Center protocol. Complete an exception report UDA . Review of the facility's policy provided by the Director of Nursing titled, Dressings, Non-Sterile, dated 04/20219, documented, .the following information may be documented in the resident's electronic medical record: .if the resident refused the treatment and why. Review of Resident #2's clinical record documented an admission on 02/06/25 with no readmissions. The resident's diagnoses included Personal History of (Healed) Traumatic Fracture, Pain in Right Arm, Weakness and Other Abnormalities of Gait and Mobility, Cognitive Communication Deficit, Repeated Falls, Parkinson's Disease and Essential Tremor. Review of Resident #2's Minimum Data Set (MDS) 5-days admission assessment dated [DATE] documented a Brief Interview of the Mental Status score of 12 indicating the resident had moderate cognitive impairment. The assessment documented under Functional Abilities and Goals that the resident needed substantial to maximal assistance from the staff to complete most activities of daily living and was dependent on staff to take shower and lower body dressing. The assessment coded that the resident did not have skin problems at the time of the assessment. Review of Resident #2's care plan, titled, Skin tear to Left knee, initiated on 02/17/25 with revision on 02/26/25, documented an intervention that read Administer treatment per physician orders, initiated on 02/17/25. Review of Resident #2's care plan, titled, Skin tear to Right knee, initiated on 02/17/25 with a revision on 02/26/25, documented an intervention that read Administer treatment per physician orders, initiated on 02/17/25. Review of the physician orders documented the following active orders: *Date: 03/03/25- Wound Care: Cleanse right knee with NS, pat dry, skin prep to periwound, apply steri-strips and cover with a border dressing 2 x a week / PRN every day shift every Tue, Fri for skin tear. *Date: 02/27/25 - Wound Care: Cleanse left knee with NS (normal saline), pat dry, skin prep to periwound, apply steri-strips and cover with a border dressing 2 x a week / PRN (two times a week / as needed) every day shift every Tue [Tuesday], Fri [Friday], Sun [Sunday] for skin tear. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Date: 02/14/25 - COMPLETE ASSESSMENT: Licensed Nurse Weekly Skin Observation (Weekly Skin Checks) every evening shift every Fri. Review of Resident #2's March 2025 Treatment Administration Record (TAR) lacked written documentation of the Licensed Nurses Weekly Skin Observation (Weekly Skin Checks) every evening shift every Friday, as being provided or administered on (Friday) 03/07/25. Review of Resident #2's March 2025 TAR documented the floor nurse changed the left knee dressing on 03/04/25 (Tuesday) and on 03/09/25 (Sunday). Observation from 03/09/25, 03/10/25 and 03/11/25 revealed Resident # 2 left knee dressing was dated 03/02/25 and the dressing below the left knee was not dated. The record lacked written evidence that documented Resident #2 refused to do the skin tears dressing changes on 03/09/25, 03/10/25 and 03/11/25. Review of Resident #2's March 2025 TAR lacked written evidence of Resident #2's right knee dressing changed on 03/07/25 as per physician order. Observation from 03/09/25, 03/10/25 and 03/11/25 revealed Resident #2's right knee dressings were dated 03/06/25. On 03/09/25 at 12:36 PM, an interview was conducted with Resident #2 who stated she had a fall last night (03/08/25) and could not move her arms and leg and that she was hurting. Further observation revealed the resident had stitches to her forehead, and she stated she had fallen before. During the interview, Resident #2 asked to be taken to the bathroom, she was asked to press her calling device and replied, they don't answer it. On 03/09/25 at 12:47 PM, observation revealed the Director of Rehabilitation (DOR) entered Resident #2's room and assisted the resident to the wheelchair and into the bathroom. The surveyor overheard the DOR say, your dressing is dated 03/02. Further observation revealed the resident had a foam dressing on her left knee dated 03/02 (Sunday); an undated foam dressing below the left knee, and one dressing to her right knee and another one to her right lateral knee, and both dressing were dated 03/06 (Thursday). On 03/10/25 at 2:00 PM, an observation revealed Resident #2 sitting in a chair in her room. The resident showed the surveyor her legs with the dressings. There were two dressings on her left knee area, one dated 03/02 and the one below the left knee was not dated. Resident #2's right leg had two (2) dressings, on the knee area and both were dated 03/06/25. On 03/11/25 at 9:44 AM, an interview was conducted with Resident #2 who was asked about her leg/knee dressings changes, who stated it was changed yesterday. Observation revealed Resident #2's left knee dressing continued to be dated 03/02 and the dressing below the knee did not have a date, both right knee dressings continued to be dated 03/06/25. On 03/11/25 at 9:59 AM, an interview was conducted with the facility's dedicated Wound Care Nurse (WCN) who stated the floor nurse were supposed to do Resident #2's dressing changes to the bilateral leg skin tears. The WCN stated she worked on Sunday 03/09/25 and did not remember if she was asked by the floor nurse to help with dressing changes for Resident #2. The WCN was asked regarding the resident's mental status and replied the resident was oriented to self, but not to time or place, most of the time. Subsequently, a side-by-side review of Resident #2's wound care orders was conducted with the WCN who stated the resident's left knee dressings were to be changed on Tuesday, Friday and Sunday and the right knew dressings were to be changed on Tuesday and Friday. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/11/25 at 10:01 AM, a side-by-side observation of Resident #2's skin tears dressing was conducted with the WCN. The WCN confirmed the resident's skin tears dressings to her left and right knees were not changed as per physician orders, and one dressing was not dated and it was supposed to be dated. The WCN removed the undated dressing and revealed no open skin. The WCN stated she did a prn (as needed) dressing changed on 03/06/25 to the resident's right leg and the floor nurse should have changed the dressing on 03/07/25 as per written physician order regardless of a prn dressing done. On 03/11/25 at 10:26 AM, an interview was conducted with Staff S, Certified Nursing Assistant (CNA), who stated Resident #2 was confused calling her mother, sister and refused care at times. Staff S added the resident gets up by herself when she was not supposed to. On 03/11/25 at 10:41 AM, observation revealed the WCN in the resident's room attempting to change the skin dressings. Observation revealed the WCN cleaned the resident's left knee skin tear. Further observation revealed an approximate four (4) inches bruise above Resident #2's left knee. On 03/11/25 at 11:16 AM, during an interview and a side-by-side record review of Resident #2, Staff R, Unit Manager, was apprised that Resident #2's skin tears dressings not been done as ordered. Staff R stated it is supposed to be done as ordered. Staff R was apprised that Resident #2's March 2025 TAR of wound care to her left and right knee were initialed as completed on 03/04/25 and 03/09/25, and the dressings were dated 03/02/25 and 03/06/25 respectively. Staff R was also apprised that the resident did not received wound care on 03/07/25 as scheduled and that there was no nursing progress notes regarding the resident refusal of the dressing changes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36057 Based on observations, record review and interviews, the facility failed to ensure that residents receive adequate supervision and assistance to prevent accidents for 1 of 3 sampled resident reviewed for falls, Resident #2. The findings included: Review of the facility's policy provided by the Director of Nursing titled Falls dated October 2019 documented .it is the policy of this center to determine fall risk, provide interventions to prevent / reduce falls, and update interventions as needed to prevent and/or reduce falls and injury .Procedure: 1-Fall Risk Screen UDA within 24 hours of admission, quarterly and PRN (as needed).2- Care plan in place for fall reduction. 3-Update the plan of care. 4- Follow up for 72 hours. Review of Resident #2's clinical record documented an admission on 02/06/25 with no readmissions. The resident's diagnoses included Personal History of (Healed) Traumatic Fracture, Pain in Right Arm, Weakness and Other Abnormalities of Gait and Mobility, Cognitive Communication Deficit, Repeated Falls, Parkinson's Disease and Essential Tremor. Review of Resident #2's Minimum Data Set (MDS) 5-days admission assessment dated [DATE] documented a Brief Interview of the Mental Status score of 12 indicating the resident had moderate cognition impairment. The assessment documented under Functional Abilities and Goals that the resident needed substantial to maximal assistance from the staff to complete most activities of daily living and was dependent on staff to take shower and lower body dressing. The assessment documented that the resident had a fall history on admission and had taken hypnotic and antidepressants 7 days prior to the assessment. Review of the resident's history of clinical assessments did not include a 'Fall Risk Assessment on admission. Review of Resident #2's care plan titled Fall (resident name) is at risk for falls due to decreased mobility and strength initiated on 02/06/2025; 02/14/2025-unwitnessed fall. Created on 02/17/2025 revision on 02/18/25, documented interventions that read .Bed in low position initiated on 02/06/2025 - created on 02/17/2025 . Educate resident the need to call for assistance with call light use initiated on 02/14/2025 created on 02/17/2025 . Review of the floor nurse's note dated 02/14/25 and timed 8:22 AM documented, Resident was observed laying on her right side with her right arm tucked underneath, both legs had large lacerations present, also noted was a large laceration to the left side of her forehead. Resident was unable to verbalize cause of fall. First Aid was provided to resident, by writer and nurse (name). Emergency personnel arrived at 7:13am, resident was transferred by [ambulance company name] from the floor to her wheelchair and from her wheelchair to their stretcher and taken to [an acute care hospital name] for further evaluation. All appropriate personnel notified of incident. Next of Kin (name), notified and message left with purpose of call and callback number to facility for further information. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the floor nurse's note dated 02/14/25, timed 3:25 PM, documented, Resident returned back from hospital via transportation company assisted by two people, resident AAX03 (alert, oriented person, place and time) and able to make needs known, resident has noted laceration to right forehead .Nursing will continue to monitor. Review of the nurses' progress notes from 02/06/25 to 02/13/25 did not address the bed being in a low position. Review of the Wound Care Nurse (WCN) note dated 02/17/25, documented, 2nd Skin Assessment: Patient received lying in bed. Patient is AAOx1. Patient is violent, hitting and screaming . Writer was able to calm patient down with the help of the aide. Patient has 14 stitches to right forehead and skin tears to bilateral knees. Wound care orders placed and wound care completed. Patient tolerated treatment well. Patient educated on plan of care, does not verbalize understanding at this time. Family and MD notified by floor nurse. Plan of care ongoing. Review of Resident #2's Medical Practitioner Note (Physician/NP) note, dated 02/21/25, documented, .Today patient is seen and examined OOB [out of bed] in wheelchair. She is alert and confused. Patient had a fall with head injury. She was sent to hospital and returned to facility .SKIN: laceration to forehead, wounds to bilateral knees . On 03/09/25 at 12:36 PM, an interview was conducted with Resident #2 who stated she had a fall last night (03/08/25) and could not move her arms and leg and that she was hurting. Further observation revealed the resident had stitches to her forehead, and stated she fell before. During the interview, Resident #2 asked to be taken to the bathroom, she was asked to press her calling device and replied, they don't answer it. On 03/09/25 at 12:47 PM, observation revealed the Director of Rehabilitation (DOR) entered Resident #2 and assisted the resident to the wheelchair and into the bathroom. The surveyor overheard the DOR say, your dressing is dated 03/02. Further observation revealed the resident had a foam dressing on her left knee dated 03/02 (Sunday); and an undated foam dressing below the left knee, one dressing to her right knee and another one to her right lateral knee. Both dressings were dated 03/06 (Thursday). On 03/11/25 at 9:44 AM, an interview was conducted with Resident #2 who was asked about her leg/knee dressings changes and stated it was changed yesterday. The resident asked the surveyor to take her downtown, to the city. The resident was confused. On 03/11/25 at 9:59 AM, an interview was conducted with the facility's dedicated Wound Care Nurse (WCN) who confirmed that Resident #2 had bilateral leg skin tears. The WCN stated she did not know if the skin tears were as a result of a fall. The WCN was asked regarding the resident's mental status and replied the resident was oriented to self, but not to time or place, most of the time. On 03/11/25 at 10:26 AM, an interview was conducted with Staff S, Certified Nursing Assistant (CNA) who stated Resident #2 was confused calling her mother, sister and refused care at times, and added the resident gets up by herself when she is not supposed to. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/11/25 at 10:41 AM, observation revealed the WCN in Resident #2's room and attempting to change the skin dressings. Observation revealed the WCN cleaned the resident's left's knee skin tear. Further observation revealed an approximate four (4) inches bruise above Resident #2's left knee. On 03/12/25 at 11:58 AM, an interview and a side-by-side review of Resident #2' clinical record was conducted with the Director of Nursing/ Risk Manager (DON/RM). The DON/RM was asked for the resident's fall investigation for 03/08/25 and stated there was an exception report dated 03/09/25 but that it was not completed, and nothing documented. The DON/RM stated there was no report that the resident fell on over the weekend and stated the last fall reported on file was dated 02/14/25. The DON was asked for the resident's fall with injury investigation since the resident had stiches to her forehead. On 03/12/25 at 12:37 PM, an interview was conducted with Staff R, Unit Manager, who stated she was not informed that Resident #2 had a fall on 03/08/25 and that she did open an exception report by mistake. On 03/12/25 at 12:49 PM, an interview was conducted with the DON who stated she was looking for a Fall Huddle Investigation report for Resident #2's fall on 02/14/25 and could not find it. The DON stated during a meeting they discussed Resident #2 had behaviors, as trying to ambulate without assistance and added the resident was confused at the time of the fall and her fall care plan was updated. The DON submitted Resident #2's fall exception report dated 02/14/25 that documented resident was observed laying on her right side with her right arm tucked underneath, both legs had large lacerations present, also noted was a large laceration to the left side of her forehead. Resident was unable to verbalize cause of fall .taken to [an acute care hospital - Name provided] for further evaluation . not oriented to person, place, time or situation, confusion .verbalize pain .injury laceration, skin tear .unable to measure wounds .bleeding amount-large . injury to head, head laceration with large amount of bleeding . The exception report did not document the resident last dose of anxiolytic (Valium), antidepressant (Duloxetine) and hypnotic (Ambien) medications ordered. The report did not document any witness(s) to the fall. The report documented that it was reviewed by the DON/RM and the Administrator on 02/17/25. During the interview, the DON was asked if Resident #2's fall with injuries was a reportable fall and the DON did not answer. The DON was asked if she was aware of what needed to be reported to the State and did not answer. On 03/12/25 at 2:30 PM, during an interview, the DON/RM stated she did not do a Federal report for Resident #2's fall with injury and added that the Administrator was doing the residents' reportable. The DON/RM was apprised that an unwitnessed fall with an injury on a resident that was unable to verbalize how the fall happened was a reportable incident. The DON/RM was asked to submit her full investigation for Resident #2's fall with injury on 02/14/25 and provided a document titled, Fall Huddle Investigation Worksheet. The form was not signed or dated and corrective actions were not listed on the form. The DON stated that she did not get to sign her investigations, was asked for corrective actions because none was listed on her Fall Huddle Investigation Worksheet and stated she does not get to do her manual investigation paperwork right of way. The DON stated the corrective action were in the care plan and read the updated care plan intervention, as, educated resident need to call for assistance with call light use. The DON was asked for the residents fall log and stated she did not have a fall log, was not able to inform of the resident's fall in a particular month. The DON/RM submitted two Certified Assistant's and one nurse incident statement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Consequently, a side-by-side review of the facility's Falls policy was conducted with the DON/RM. The DON/RM ws asked what UDA stands for and replied it was an evaluation that stays in the resident's electronic system and anyone can use it. The DON/RM was asked for Resident #2's Fall Risk Screen-UDA as per the facility's policy and stated it was not done. The DON was asked for Follow up for 72 hours as per the facility's policy and did not submit any written evidence of follow up. The resident's clinical record lacked written evidence of neurologic checks conducted after Resident #2 who sustained an unwitnessed fall with head injury, returned to the facility on the same day. The DON/RM was asked to submit the resident's emergency room visit report for 02/14/25. Review of Resident #2's emergency room record dated 02/14/25 documented chief complaint: fall with a forehead laceration and bilateral hand and knee skin tears .wound care was provided at the bedside and plastics was consulted for repair of the forehead laceration due to skin loss and inability to fully close the laceration after multiple attempts .neuro: alert and oriented x 1 .skin: complex right forehead laceration measuring 7 x 6 cm (centimeters) with exposure of right orbicularis oculi muscle and pericranium .area of partial thickness skin tear 1 x 1 cm .Assessment/Plan: Fall, Blunt head Trauma, Forehead laceration-debridement and repair under local anesthesia at bedside, Multiple skin tears .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on observations, interviews and record review, the facility failed to maintain and provide catheter care in a manner to prevent infection for 1 of 1 sampled resident reviewed for urinary catheter, Resident #96. The findings included: Review of the facility's policy titled, Catheter Care, Urinary, dated July 2015, included in part the following: Protective Barriers that May Be Needed: Gown (as indicated). Report unsecured catheters to the staff/Charge Nurse. Pull the cubical curtain around the bed for privacy. Clean from least contaminated to most contaminated area. Review of the facility's policy titled, Hand Hygiene, dated 05/12/21, included in part the following: Associates must perform appropriate handwashing procedures under the following conditions: after removing gloves. Review of the facility's policy titled, Dignity, dated December 2017, included in part the following: Treat each resident with respect and dignity with regards to the following: Personal care and During treatment opportunities. Review of the facility's policy titled, Isolation Precautions, Categories of, dated November 2019, included in part the following: Enhanced Barrier Precautions: Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during Hi-contact resident care activities that provide opportunities for transfer of Multi-resistant Organisms (MDRO) to staff hands and clothing. During high-contact resident care activities: bathing/showering, providing hygiene, changing briefs or assisting with toileting, and device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. Record review for Resident #96 revealed the resident was originally admitted to the facility on [DATE] with most recent readmission on 10/30/24 with diagnoses that included in part the following: Parkinsonism, Neurocognitive Disorder with Lewy Bodies, Dysphagia Oropharyngeal Phase, and Neuromuscular Dysfunction of Bladder. The Minimum Data Set assessment, dated 02/05/25, documented in Section C a Brief Interview of Mental Status score of 9 indicating a moderate cognitive impairment. Review of the Physician's Orders for Resident #96 revealed an order dated 10/30/24 for Foley catheter care every shift / prn [as needed], place foley bag below the level of the bladder. Change catheter prn for infection, obstruction, leakage or when the closed system is compromised every shift. Review of the Physician's Orders for Resident #96 revealed an order dated 10/30/24 to change securement site for catheter weekly and prn every shift. Review of the Physician's Orders for Resident #96 revealed an order dated 10/30/24 to maintain foley catheter with 16Fr/30CC Diagnosis: Neurogenic Bladder every shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Orders for Resident #96 revealed an order dated 01/05/25 for Enhanced Barrier precautions: Foley catheter. Review of the care plan for Resident #96 dated 06/05/24 with a focus on use of indwelling urinary catheter needed due to Neurogenic bladder 11/18/2024: catheter changed at urologist office. The goal was for the resident to have no acute complications of urinary catheter use. The interventions included in part the following: Secure catheter with securement device, change securement site as ordered. Report any changes in amount and color, or odor of urine. Review of the care plan for Resident #96 dated 06/05/24 with a focus on at risk for Infection of COVID 19 virus, Influenza virus, TB and use of indwelling urinary catheter. The goal was to minimize risks of infection. The interventions included in part the following: Enhanced barrier precaution related to IFC (Indwelling Foley Catheter). On 03/09/25 at 11:45 AM, an observation was made of Resident #96 lying in bed and the urinary drainage bag hanging on side of the bed with a privacy cover. The resident had pulled back the covers and was wearing shorts and there was no anchoring device observed to secure the indwelling catheter. Enhanced Barrier Precaution sign was located on the foot of the bed. On 03/11/25 at 11:23 AM, an observation of catheter care provided by Staff K, Certified Nursing Assistant (CNA), for Resident # 96, was conducted. The CNA put on 2 pairs of gloves, raised the bed, removed the gloves without performing hand hygiene, put on a pair of gloves, gathered the urinal and proceeded to empty the Foley catheter drainage bag. The CNA then wiped the opening of the drainage bag with an alcohol prep pad and replaced the spout of the drainage bag back in its place. The CNA announced she emptied 400 ccs of urine. She removed her gloves and washed her hands and stated she was finished. When asked if this is all she does for catheter care, she said she did it, she emptied the bag and wiped it with alcohol. When asked about cleaning the catheter and peri area, the CNA said oh you want me to do that too? The CNA gathered supplies that included 1 reusable wash cloth. The CNA did not pull the privacy curtain between Resident #96 and his roommate and did not close the window blinds for the window next to the roommate. The CNA put on a pair of gloves but no gown. She wiped around the penis in a circular motion moving away from the tip of the penis, then used the same washcloth to wipe the catheter tubing moving from drainage bag toward the penis several times. She then dried the resident with a bath towel and placed the catheter tubing under the resident's leg with no anchor and replaced the brief. The CNA then removed her gloves and washed her hands. An interview was conducted on 03/09/25 at 11:45 AM with Resident #96 who was asked about his urinary catheter, and said he has had it for a long time and has had an infection in the past. An interview was conducted on 03/11/25 at 11:45 AM with Staff K, CNA, who stated she has worked at the facility since December 2024. When asked about not wearing a gown, she said she forgot. When asked about not performing hand hygiene between gloves being changed, she said she was nervous. When asked about not providing privacy for the resident, she stated the door was closed. When asked about the technique of wiping the tubing from the drainage bag toward the resident's penis, she said she thought she did it the other way, maybe she was nervous. When asked about wiping the catheter spout with an alcohol prep she said that is how she was taught. When asked about placing the catheter tubing under the leg, she said the catheter is okay. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a side-by-side observation conducted on 03/11/25 at 11:55 AM with the Director of Nursing, she acknowledged the Foley catheter was not anchored and placed incorrectly under the resident's leg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52179 Based on observations, interviews and record review the facility failed to indemnify a weight loss in a timely manner and provided supplements of 2 of 5 sampled residents for nutrition. (Resident #14 and #69). The findings included: Review of the facility policy titled, Weighting and Weight at-risk protocol, dated March 2020, revealed in part the following: Notify dietician of newly identified significant weight loss and dietary department to notify nursing staff of significant and at risk residents during morning meetings. A chart review revealed that Resident #14 was admitted on [DATE] with a diagnosis of Cognitive Communication Deficit, Unspecific Dementia, and Anxiety. A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #14 had a Brief Interview of Mental Status (BIMS) score of 06 which is severely cognitive impaired. Review of physician's orders on 2/13/25 showed an order for Ensure one time a day for po support or house supplement. 1. An observation on 03/11/24 from 8:11AM to approximately 9:19 AM, Resident #14 ate 95 percent (%) of his breakfast meal and drank all his Ensure (nutritional supplement). A review of the weight log showed the following: 03/03/25 - 159.2 pounds. 02/24/25 - 159.4 pounds. 02/19/25 - 159.0 pounds. 02/12/25 - 156.8 pounds. 02/05/25 - 157.2 pounds. 01/07/25 - 169.6 pounds. This showed a 7.10% significant weight loss was noted from 01/07/25 to 02/05/25. Review of the progress nutritional note dated 02/13/25 revealed Resident #14 had a significant weight loss of 7.4% in one month. It was recommended to add one Ensure once per day and enhanced foods. This note was written eight days after Resident #14's significant weight loss was identified (02/05/25). Review of the care plan for Resident #14 dated 11/20/24 identified the following interventions: Review weights and notify physician and responsible party of significant weight change. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide supplements as ordered. Review of the electronic documentation system for Certified Nursing Assistants (CNAs) under the task tab revealed from 02/13/2025 to 03/08/2025 only 10 days were documented that the Ensure supplement was given and accepted by Resident #14. Further review did not show the percentage intake documented for the Ensure supplement. In an interview with Staff A, Registered Dietitian, on 03/11/25 at 10:30 AM, when asked who enters the monthly weight into the electronic medical record, Staff A reported, dietitian enters monthly weight. When asked what is considered a significant weight loss, Staff A said 5% in 30 days and 10% in 180 days and as a dietitian we also do 7.5% at 90 days. When asked by the surveyor as to what is the time frame for addressing a significant weight loss for Resident #14 acceptable, Staff A stated, I would like to see it sooner. Staff A acknowledged supplement documentation is done by the Certified Nursing Assistant (CNA) as yes or no and does not reflect a percentage for consumption. When asked by the surveyor how they know how much of the supplement was consumed, Staff A stated, we ask the residents if they are drinking it, and the CNAs discuss at their morning meetings. In an interview with Staff L, CNA, conducted on 03/12/25 at 10:57 AM, when asked how to document how much of the supplement was taken by the resident, Staff L stated, we document daily and put a check mark when taken; there is no option to write in a percentage. When asked by the surveyor what happens when the resident refuses the supplement, Staff L said, I notify the nurse and document NO in the electronic record. In an interview conducted on 03/12/25 at 3:00 PM with the Administrator, she was made aware of the findings. 40153 Record review revealed Resident #69 was admitted on [DATE] with diagnoses of Type 2 Diabetes, Anemia and Dementia. The Minimum Data Set assessment, dated 10/17/24, revealed a Brief Interview of Mental Status score (BIMS) score of 09 indicating moderate cognitive impairment. Review of the physician's orders, dated 01/14/25, revealed an order for Ensure, two times a day for po [oral] intake support or Boost Substitute. In an observation conducted on 03/11/25 at 8:52 AM, Resident #69 was eating his breakfast tray independently. The breakfast tray was noted with the following: Mechanical soft, regular diet with cold cereal, French toast, orange juice, milk, sausage, and one carton of Ensure (nutritional supplement). The meal ticket was noted with cold cereal, eggs, Ensure supplement, 4 ounces of orange juice, and one fresh banana. Staff R, Unit Manager, said Resident #69 was missing his eggs on the breakfast tray and that she was going to the main kitchen to bring his eggs. Continued observation at 9:10 AM revealed Resident #69 drank all of the Ensure supplement and the eggs that were brought from the kitchen by Staff R. A review of the weight log showed the following: 03/05/25 - 117.4 pounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	02/03/25 - 110.2 pounds. 01/22/25 - 110.6 pounds. 01/13/25 - 112.8 pounds. 01/01/25 - 113.2 pounds. 12/11/24 - 109.2 pounds. 12/05/24 - 109.8 pounds. 11/06/24 - 132.7 pounds. 10/03/24 - 133.8 pounds. The above showed a significant weight loss of 18% from 10/05/24 to 12/05/24. Review of a follow-up nutrition note dated 12/09/24 revealed the following: Resident #69 had a significant weight loss trend of 17.2% in one with recent addition of Ensure twice a day for PO [oral] support and varied intake of meals. Review of a follow-up nutritional progress note dated 02/05/25 showed Resident #69 has been monitored closely with interventions adjusted as needed. His weekly weights demonstrated a stable range of 109 pounds to 113 pounds. Review of the electronic documentation system for Certified Nursing Assistants (CNAs) under the task tab revealed from 02/13/25 to 03/08/25, only 23 days were documented out of 30 days that the Ensure supplement was given and accepted by Resident #69. Further review did not show the percentage intake documented for the Ensure supplement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on interview and record review, the facility failed to ensure the attending physician visits were performed in a timely manner for 1 of 1 sampled resident reviewed for physician visits, Resident #97. The findings included: Review of the facility's policy titled, Physician's Visits, dated November 2017, included in part the following: The resident should be seen by his/her physician, at least monthly for the first ninety (90) days following the resident's admission, and at least once every sixty (60) days thereafter. Once the resident's attending physician determines that a resident need not be seen by him/her monthly, an alternate schedule of visits may be established, but at least every 60 days. Record review for Resident #97 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Traumatic Subdural Hemorrhage with Loss of Consciousness Status Unknown Subsequent Encounter. The Minimum Data Set, dated dated dated [DATE] documented in Section C, a Brief Interview of Mental Status score of 4 indicating severe cognitive impairment. Review of the Medical Practitioner Note (Physician/NP) for Resident #97 from 12/06/24 to 03/09/25 did not have any documentation from Staff H, the Attending Physician, indicating he had performed a visit of the resident. During an interview conducted on 03/12/25 at 9:50 AM with Staff H, who was asked about frequency of visits, stated he sees the resident initially every 30 days for the first 90 days then he alternates with the Nurse Practitioner (NP) every 60 days. The NP will author all notes, and she documents that they collaborate the plan of care. When asked if he authors any notes he said no. An interview was conducted on 03/12/25 at 10:30 AM with the Director of Nursing (DON) who acknowledged there was no documentation for Resident #97 than indicated the resident had been seen by Staff H, the Attending Physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 41837 Based on interviews and record review, the facility failed to provide the minimum nursing staff daily for 3 of 28 days reviewed. The findings included: Review of the facility's policy, titled, Staffing Guidelines dated October 2019, included in part the following: It is the policy of the center to abide by the Federal and State staffing guidelines. Review of the facility's Nurse Staffing Calculations from 02/09/25 to 03/08/25 documented on 02/15/25 that the Certified Nursing Assistant (CNA) daily average was 1.99, on 03/01/25 the CNA daily average was 1.97. On 03/01/25, the Nursing daily average was 0.98 hours and on 03/08/25 the Nursing daily average hours was 0.93. In summary, the Nursing hours were below the minimum 1.0 on 2 of 14 days and the CNA hours were below the minimum 2.0 for 2 of 14 days. An interview was conducted on 03/12/25 09:23 AM with Staff G, Staffing Coordinator, who stated she has been working for the facility for almost 1 year. When asked about the staffing calculations, she stated the minimum daily average hours for nursing should be 1.0 or greater and the CNAs should be 2.0 or greater. When asked about the past 4 weeks, she acknowledged they are sometimes low on the weekends. An interview was conducted on 03/12/25 at 9:30 AM with the Director of Nursing, who acknowledged the minimum staffing hours for CNAs and Nursing were below the minimum hours required during the 02/09/25 to 03/08/25 period.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 41837 Based on observations, interviews and record review, the facility failed to post complete staffing information in a timely manner on a daily basis for 4 of 4 days. The findings included: Review of the facility's policy titled, Staffing Guidelines, dated October 2019, included in part, the following: It is the policy of the center to abide by the Federal and State staffing guidelines. On 03/09/25 at 8:44 AM, an observation was made of the CMS (Center for Medicare & Medicaid) Staff Posting dated 02/28/25 located at the nursing station on Unit 1. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/09/25 at 8:55 AM, an observation was made of the CMS Staff Posting dated 02/28/25 located at the nursing station on Unit 2. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/10/25 at 9:30 AM, an observation was made of the CMS Staff Posting dated 03/09/25 located at the nursing station on Unit 1. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/10/25 at 9:35 AM, an observation was made of the CMS Staff Posting dated 03/09/25 located at the nursing station on Unit 2. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/11/25 at 12:00 PM, an observation of CMS Staff Posting dated 03/11/25 located at the nursing station on Unit 1. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/11/25 at 12:10 PM, an observation of CMS Staff Posting dated 03/11/25 located ant nursing station on Unit 2. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/12/25 at 8:25 AM, an observation of CMS Staff Posting dated 03/12/25 located at the nursing station on Unit 1. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. On 03/12/25 at 8:25 AM, an observation of CMS Staff Posting dated 03/12/25 located ant nursing station on Unit 2. The posting only listed hours, not the number of nursing staff. There was no name of the facility listed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 03/10/25 at 12:00 PM with the Human Resources Director who stated she had posted the CMS Staff Posting today and yesterday but she is not the normal person to do this. She stated it is usually done by the staffing scheduler, but she has been out for a couple of days due to an injury. When asked if the postings needed to be posted by a certain time, she said she does not really know. An interview was conducted on 03/12/25 at 9:23 AM with Staff G, Staffing Coordinator, who stated she has been working for the facility for almost 1 year. She stated she does the posting daily Monday to Friday then the supervisor is responsible to post them on Saturdays and Sundays as she fills it out ahead of time and if anything changes the supervisor will adjust the posting. She said she usually posts the daily staffing when she comes in around 9:00 AM and that is one of the first things she does. She does not put the number of staff members on the staff posting because they put the number of nursing staff on the assignment board located at each nursing station.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41837 Based on interviews and record review, the facility failed to ensure residents receiving PRN (as needed) psychotropic medication are limited to 14 days or if extended beyond the 14 days, have documentation of the rationale and indicate the duration for the PRN order for 3 of 96 residents receiving psychotropic medications, Residents #11, #35, #15. The findings included: Review of the facility's policy titled, Psychopharmacologic Drugs, dated October 2019, included in part the following: PRN (as needed) orders for psychotropic drugs are limited to 14 days. Excluding Antipsychotic medications, if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. 1. Record review revealed Resident #11 was admitted to the facility on [DATE] with diagnoses that included in part the following: Anxiety Disorder Unspecified and Depression Unspecified. Review of the Quarterly Minimum Data Set (MDS) assessment for Resident #11 dated 02/06/25 documented in Section C, a Brief Interview of Mental Status score of 9 indicating moderate cognitive impairment. Review of the Physician's Orders for Resident #11 revealed an order dated 02/20/25 for Alprazolam Tablet 0. 25 MG, Give 1 tablet by mouth every 4 hours as needed for Anxiety for 30 Days. Review of the Encounter Progress Note for Resident #11 dated 02/27/25 documented in part the following: visit type as Psychiatric follow up. Alprazolam Tablet 0.25 MG Give 1 tablet by mouth every 4 hours as needed for Anxiety for 30 Days. Reason for Referral/Chief complaint: Anxiety. History Of Present Illness: He is a long-term care resident of this facility currently admitted under hospice services and being treated for depression and anxiety with Lexapro, mirtazapine, and as needed Xanax. Alprazolam as needed was recently started by medical. Treatment plan: Continue alprazolam at 0.25 mg every 4 hours as needed for breakthrough anxiety. In summary, the medication Alprazolam ordered every 4 hours as needed was ordered for 30 days with no documentation of rationale of the 'as needed' order to be extended beyond 14 days. An interview was conducted on 03/11/24 at 11:00 AM with the Consultant Pharmacist who was asked about as needed (PRN) psychotropic medications ordered for longer than 14 days. She stated unless the physician comes in to reevaluate and document a rationale for extending the PRN order past 14 days, they would not be in compliance. An interview was conducted on 03/12/25 at 9:50 AM with Staff H, Attending Physician, who was asked about the PRN psychotropic medications being ordered for longer than 14 days. He stated psych would follow up on those medication orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 03/12/25 at 10:20 AM with the Director of Nursing (DON) who acknowledged the PRN psychotropic medications for Resident #11 were for longer than 14 days with no rationale in place to justify the medication being extended beyond 14 days. 2. Record review for Resident #35 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Generalized Anxiety Disorder. The MDS assessment dated [DATE] documented in Section C, a Brief Interview of Mental Status score of 14 indicating an intact cognitive response. Review of the Physician's Orders for Resident #35 revealed an order dated 02/07/25 for Lorazepam Concentrate 2 MG/ML, Give 0.5 ml by mouth every 6 hours as needed for Restlessness or anxiety. Review of the Care Plan for Resident #35 dated 01/31/25 with a focus on the resident is at risk for changes in mood related to history of restlessness/ anxiety, depression, hallucinations, insomnia. The goals was for resident to accept care and medication as prescribed. The interventions included in part the following: Assess for physical/environmental changes that may precipitate change in mood. Review of Resident #35's record did not reveal any documentation of a rationale for Lorazepam as needed extended beyond 14 days. An interview was conducted on 03/12/25 at 10:20 AM with the Director of Nursing (DON) who acknowledged the PRN psychotropic medications for Resident #35 were for longer than 14 days with no rationale in place to justify the medication being extended beyond 14 days. 36057 3. Review of Resident #15's clinical record documented an admission on 02/14/24 and a readmission on 01/13/25. The resident diagnoses included Generalized Anxiety Disorder and Major Depressive Disorder. Review of Resident #15's MDS significant change assessment dated [DATE] documented a BIMS score of 14 indicating the resident had no cognition impairment. Review of Resident #15's care plan titled, At risk for adverse effects related to: use of antianxiety/anxiolytic medication and antidepressant medication initiated on 02/15/2024 with a revision on 01/31/2025. The care plan included interventions as .Administer medication as ordered . Review of Resident #15's clinical record documented a physician order dated 03/04/25 for Alprazolam Tablet 0.5 MG, Give 1 tablet by mouth every 8 hours as needed for Anxiety for 30 Days. Review of Resident #15's January 2025 Medication Administration Record (MAR) documented Xanax Oral Tablet 0.5 MG (Alprazolam) give 1 tablet by mouth every 8 hours as needed for anxiety for 30 Days. The record did not note when the medication started or an end date. The MAR documented the resident received Alprazolam on 01/30/25 and 01/31/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident # 15's February 2025 Medication Administration Record (MAR) documented Xanax Oral Tablet 0.5 MG (Alprazolam), give 1 tablet by mouth every 8 hours as needed for anxiety for 30 Days. The record did not note when the medication started or an end date. The MAR documented the resident received Alprazolam for anxiety 18 of the 28 days in the month of February 2025. Review of Resident #15's March 2025 MAR documented, Alprazolam Tablet 0.5 MG Give 1 tablet by mouth every 8 hours as needed for Anxiety for 30 Days. The record did not note when the medication started or an end date. The MAR documented Alprazolam administered on 03/06/25 and 03/09/25. Review of Resident #15's last psychotherapy visit note on file dated 12/09/24 did not address the rationale for Xanax (Alprazolam) as needed that was extended beyond 14 days. On 03/11/25 at 11:15 AM, an interview was conducted with the Consultant Pharmacist who stated unless the physician comes in to reevaluate and document a rationale for extending the Alprazolam as needed (PRN) order past 14 days, they would not be in compliance. On 03/12/25 at 3:25 PM, an interview was conducted with the DON who was asked to submit all of Resident #15's physician orders for Alprazolam for the month of January, February and March 2025. The DON submitted a written prescription dated 01/28/25 for Alprazolam 0.5 mg, give one tablet every 8 hours as needed for anxiety, disp (dispensed) 42 tablets. The prescription did not document a rationale for the as needed anxiolytic beyond 14 days. The DON was apprised Resident #15's Alprazolam prescription amount was beyond 14 days without a rationale for the use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370 Based on observations, interviews and record reviews, the facility failed to ensure that the medication error rate was not 5% or greater. The medication error rate was 13.33 %. Four (4) medication errors were identified while observing a total of 30 opportunities, affecting Residents #85 and Resident # 11. The findings included: Record review of facility's policy titled, Administration of Drugs, dated 10/2019, revealed in part, that drugs will be administered in a timely manner. Number 7 of the policy interpretation and implementation revealed drugs must be administered within one (1) hour before or after their prescribed time. Review of Medline Plus website revealed Carbidopa Levodopa must be swallowed whole, to not crush, divide, and chew. An additional review revealed Venlafaxine extended-release capsule must be opened and poured on a spoonful of applesauce, if resident is unable to swallow the capsule whole. 1. Record review revealed Resident #85 was admitted on [DATE] with diagnoses that included Parkinsons' Disease without Dyskinesia, Generalized Muscle Weakness, and Acute Neurologic Function. Review of Minimum Data Set (MDS) assessment for Resident #85, dated 02/12/25, documented in Section C for a Brief Interview of Mental Status (BIMS) score of 12 indicating moderate cognitive impairment. Review of the physician orders revealed no orders to crush medications. Review of March 2025 Medication Administration Record (MAR) for Resident #85 revealed the following: 9:00 AM - administered medications with check marks and Nurse's initials inlcuded: 1) Carbidopa-Levodopa oral tablet 25-100 MG, give 1 tablet by mouth three times a day for Parkinson's Disease; 2) Gabapentin oral capsule 300 MG, give 1 capsule by mouth three times a day for neuropathy; 3) Midodrine HCL oral tablet 5 MG, give 1 tablet by mouth three times a day for Hypotension, hold for systolic blood pressure greater than 140. A medication pass observation was conducted on 03/09/25 at 11:47 AM with Staff P, Licensed Practical Nurse (LPN), using the Unit 2's medication cart-2 for Resident #85. Staff P prepared the resident's scheduled 9:00 AM medications at this time that included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1) Gabapentin 300 MG (milligram), one capsule, 3 times a day, with an expiration date of 07/31/25; 2) Carbidopa Levodopa tablet 25-100 MG, one tablet, 3 times a day, with an expiration date of 01/03/26; 3) Midodrine 5 MG, 1 tablet, 3 times a day, with an expiration date of 02/13/26. Staff P did not verbalize resident's blood pressure during medication preparation. Staff P opened the capsules and placed the contents into a small medication cup. She put the remaining uncrushed tablets in a small plastic bag, crushed the medications using a medication crusher on top of medication cart-2 on 03/09/25 at 11:57 AM. She then mixed the crushed medications and contents from capsules with some orange juice in a small medication cup. Staff P entered Resident #85's room on 03/09/25 at 11:59 AM and handed the resident the medication cup. The resident took the medications utilizing a straw at 12:00 PM, followed with cranberry juice. The medications scheduled for 9:00 AM were administered at 12:00 PM. In an interview with Staff P on 03/09/25 at 11:40 AM, when asked if she had completed her morning medication administration, she stated not yet, but she will be ready to start in 10 minutes. In an interview with the facility's Pharmacy Consultant on 03/11/25 at12:54 PM, she stated the facility's standard for medication administration is one hour before and one hour after the scheduled time. In an interview with a Staff F, LPN on 03/11/25 at 3:09 PM, when asked what medications cannot be crushed, he responded, The extended-release capsule. In an interview with Staff P on 03/11/25 at 3:20 PM, when asked what medications cannot be crushed, she responded, Iron tablets. In an interview with Staff R, Registered Nurse (RN) on 03/11/25 at 3:20 PM, who when asked what medications are never crushed, responded. Extended-release tablets are never crushed. 41837 2. Record review revealed Resident #11 was admitted to the facility on [DATE] with diagnoses that included in part the following: Type 2 Diabetes Mellitus with Unspecified Complications. Review of the Quarterly MDS assessment for Resident #11 dated 02/06/25 documented in Section C a BIMS score of 9 indicating moderate cognitive impairment. Review of the physician's order for Resident #11 revealed an order dated 02/21/25 for Metformin HCl Tablet 500 MG give 1 tablet by mouth two times a day for Diabetes. On 03/11/25 at 11:50 AM, an observation of med pass was conducted with Staff F, LPN for Resident # 11 that included in part the following: Metformin 500mg orally scheduled to be administered at 9:00 AM but was 1 hour and 50 minutes late. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 03/11/25 at 2:45 PM with Staff F who was asked about medication administration, who he said we have an hour before and an hour after the medication administration time to give the medication or it is considered late.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36057 Based on observations, interviews, record review and review of the facility policy, the facility failed to ensure residents' medications were properly supervised and stored as evidenced by Over The Counter (OTC) medications left unattended on the resident's bedside table (Resident #16) and in the bed (Resident #307) as observed during multiple observations for 2 of 2 sampled residents; and failed to ensure that it secured the residents' medications in 1 of 4 Medication carts (Unit 1), 1 of 2 treatment cart (Unit 1), and 1 of 1 wound treatment cart. The findings included: Review of the facility's policy provided, titled, Self-Administration of Medication, dated October 2019, documented .a resident may not be permitted to administer or retain any medication in his/her room unless so ordered, in writing, by the attending physician and approved by the Interdisciplinary Care team . medications shall not be retained by the resident after the expiration date . Review of the facility's policy provided, titled, Storage of Medications, dated October 2019, documented Drugs and biologicals should be stored in a safe, secure and orderly manner .drugs are stored in an orderly manner in cabinets, drawers, or carts . 1. Review of Resident #16's clinical record documented an admission on 01/06/25 with no readmissions. The resident diagnoses included Chronic Systolic (Congestive) Heart Failure, Vascular Dementia with Agitation, Restlessness and Agitation, Major Depressive Disorder with Psychotic Features and Generalized Anxiety Disorder. Review of Resident #16's Minimum Data Set (MDS) admission assessment dated [DATE] documented a Brief Interview of the Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Review of Resident #16's care plan titled, Cognitive loss as evidenced by confusion related to Dementia, initiated on 01/08/25, documented an intervention that read Will be able to follow simple instructions and accept medications . Review of Resident #16's care plan titled, At risk for changes in mood r/t (related to) hx (history) of depression, anxiety diagnosis of hx of dementia with behaviors, initiated on 01/08/25, documented an intervention that read Administer medication per physician orders . Review of Resident #16's active care plan revealed the lack of a written care plan for Self-Administration of Medications. Review of Resident #16's active physician orders lacked a written order for Self-Administration of Voltaren gel, Saline nasal gel or Refresh Tear eye drops. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/09/25 at 12:26 PM, observation revealed Resident #16 sitting in a Geri chair next to her over-the-bed table. Further observation revealed a tube of Voltaren gel, a saline nasal gel and a bottle of Refresh Tear eye drops with an expiration dated on 07/24 on the resident's table. Subsequently, attempted to interview the resident, she was mumbling, and did not answer questions asked. On 03/10/25 at 11:27 AM, observation revealed Resident #16 sitting in Geri chair next to her bed. An interview was conducted with the resident who stated there was nothing to do and stated she may watch TV. Observation revealed the resident TV remote control behind her on top of her night stand. The night stand's first drawer was open and a green bottle was in the drawer. Consequently, at 11:29 AM, a side-by-side observation of Resident #16's night stand drawer items were reviewed with Staff R, Unit Manager. The review revealed Refresh Tears (green bottle) with an expiration date on 07/24, a tube of Voltaren gel with expiration date on 12/24 and a small tube of saline nasal gel. Staff R stated those items should not be in her room. During the observation, Resident #16 stated the Voltaren tube was hers and added can I have some?. Staff R was asked where she wanted it on and stated, No place. The Assistant Director of Nursing (ADON) entered the resident's room. Consequently, a joint interview was conducted with the ADON and Staff R who were apprised that those OTC items were noted on top of the resident's table on 03/09/25 during surveyor tour. Staff R stated Voltaren gel has to measure by grams before it is put on. During the interview, the resident's roommate's Private Duty Aide stated Resident #16 puts the Voltaren gel on her hands. Staff R stated there was no physician order for those OTC medications. 2. Review of Resident #307's clinical record documented an admission on 02/28/25 with no readmissions. The resident diagnoses included Fibromyalgia, Fall and Sarcopenia. Review of Resident #307's MDS admission assessment dated [DATE] documented a BIMS score of 15 indicating no cognitive impairment. The assessment documented the resident needed partial to substantial to maximal assistance from the staff to complete her activities of daily living (ADLs). Review of Resident #307's care plan titled, Pain: (resident name) is at risk for pain related to Diagnoses of . Knee pain, Fibromyalgia, initiated on 03/10/2025, documented an intervention that read Administer pain medication per physician orders . Review of Resident # 307 baseline care plan documented under Medications section No for Self-Administration of Medications. Review of Resident #307's physician orders lacked a written order for Voltaren gel for pain or an order for Self-Administration of Medications. Review of Resident #307's active care plan revealed the lack of a written care plan for Self-Administration of Medications. On 03/09/25 at 1:31 PM, observation revealed Resident#307 in her room in bed eating lunch. Further observation revealed a tube of Voltaren gel on top of the resident's bed next to her thigh. Consequently, an interview was conducted with the resident who stated she applies the Voltaren gel to her left knee before going to therapy and the nurse was aware of it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/10/25 at 11:32 AM, during an interview, Staff R, Unit Manager was apprised of Resident #307 Voltaren tube at the bedside. Consequently, Staff R went to the resident's room and found a Voltaren tube and one Salon Spas with Lidocaine patch at the bedside. Staff R removed the OTC medications from the room and stated the resident was not supposed to have those medications at her bedside. Staff R stated she will get a physician order for the OTC medications. 41837 3. On 03/09/25 at 8:40 AM, an observation was made of a treatment cart unlocked and unattended at the nursing station on Unit 1. An interview was conducted on 03/09/25 at 8:50 AM with Staff D, Licensed Practical Nurse (LPN), who was asked about the treatment cart being unlocked, she acknowledged the treatment cart was unlocked and stated she had not used the treatment cart yet today. 4. On 03/09/25 at 8:42 AM, an observation was made of an unlocked and unattended medication cart located next to nursing station on Unit 1. An interview conducted on 03/09/25 at 8:45 AM with Staff C, Registered Nurse (RN), who was asked if he had used the treatment cart on Unit 1 today. He stated, no he has not, he just got to the facility about 10 minutes ago. The nurse acknowledged he left his medication cart (Med cart #2) unlocked and unattended to answer the telephone at the nursing station. 5. On 03/11/25 at 9:50 AM, an observation was made of an unlocked and unattended wound cart located outside of room [ROOM NUMBER]. An interview was conducted on 03/09/25 at 9:55 AM with Staff E, RN/Wound Care Nurse, who stated she has worked at the facility for about 4 months. When asked about the unlocked and unattended wound treatment cart, she acknowledged she left the cart unlocked and unattended because she was in a hurry. She acknowledged the wound care cart contained prescription medication creams, ointments and solutions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40153 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 2 of 3 visits to the main kitchen. The findings included: 1. In the Initial tour to the main kitchen on 03/09/25 at 9:05 AM, the following issues were noted: a. A round garbage bin located in the food production area noted with food debris and no lid. b. The first red sanitation bucket was tested using a facility's sanitizing solution strips which showed blue indicating 0 concertation solution in the bucket. c. A second red sanitation bucket was tested using a facility's sanitizing solution strips which showed blue indicating 0 concertation solution in the bucket. d. The third sanitation bucket was tested using a facility's sanitizing solution strips which showed blue indicating 0 concertation solution in the bucket. e. A square container with unidentified food in the reach in Traulsen Refrigerator which was not dated or labeled. f. A jar of milk in the reach-in Refrigerator with an expiration date of 03/07/25. g. The reach-in Refrigerator had an internal temperature of 58 degrees Fahrenheit (F) and not the necessary 40 degrees F and below. h. The walk-in refrigerator had 5 containers of 4.3 pounds each of Salisbury Steak that were not dated. i. A peanut butter and jelly sandwich in the walk in Refrigerator with a used by date of 03/08/25. j. A tuna sandwich was in the walk in Refrigerator with a used by date of 03/07/25. k. The dishwasher machine had the Rinse cycle at 180 degrees F and the Wash cycle (minimum temperature of 160 degrees) at 140 degrees F. In this observation, the Food Service Manager stated that the dishwasher machine was just serviced on Friday because it had some issues. l. Two personal water bottles noted in the food production area. m. A round cooking pot noted with a dark sticky material coated around the bottom of the pot. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	n. Using a facility thermometer, a plate of egg salad was pulled out of the reach in refrigerator. It showed a temperature of 52.3 degrees F and not the necessary temperature of 40 degrees F and below. o. Using a facility thermometer, a plate of egg salad was pulled out of the reach in refrigerator. It showed a temperature of 54.3 degrees F and not the necessary temperature of 40 degrees F and below. In this observation, the Dietary Aide stated that she made the egg platers earlier today around 7:00 AM in the morning and placed them in the reach in Refrigerator. 2. A second visit to the main kitchen was conducted on 03/11/25 at 11:35 AM during tray line observations. A plastic bag of unidentified food item was noted in the walk-in freezer that was opened and not dated or labeled.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36057 Based on observations, interviews and record review, the facility failed to maintain an accurately documented clinical record for 1 of 1 sampled resident reviewed for skin condition, Resident #2; and for 1 of 1 sampled resident reviewed for Choices, Resident #97. The findings included: Review of the facility's policy provided by the Director of Nursing titled, Skin Tears, Care of, dated 04/2019, documented, .treat per center protocol or MD order .perform wound care per Center protocol . Review of the facility's policy provided by the Director of Nursing titled Dressings, Non-Sterile dated 04/20219 documented .the following information may be documented in the resident's electronic medical record: .the date and initials of the person that performed the procedure .if the resident refused the treatment and why. 1. Review of Resident #2's clinical record documented an admission on 02/06/25 with no readmissions. The resident diagnoses included Personal History of (Healed) Traumatic Fracture, Pain in Right Arm, Cognitive Communication Deficit, Repeated Falls, Parkinson's Disease and Essential Tremor. Review of Resident #2's Minimum Data Set (MDS) 5-days admission assessment dated [DATE] documented the resident did not have skin problems at the time of the assessment. Review of Resident #2's care plan titled, Skin tear to Left knee, initiated on 02/17/25 with revision on 02/26/25, documented an intervention that read Administer treatment per physician orders initiated on 02/17/25. Review of the physician orders documented the following active orders: *Date: 02/27/25 - Wound Care: Cleanse left knee with NS (normal saline), pat dry, skin prep to periwound, apply steri-strips and cover with a border dressing 2 x a week / PRN (two times a week/as needed) every day shift every Tue (Tuesday), Fri (Friday), Sun (Sunday) for skin tear. On 03/09/25 at 12:36 PM, an interview was conducted with Resident #2 who stated she had a fall on last night (03/08/25) and requested to be taken to the bathroom. On 03/09/25 at 12:47 PM, observation revealed the Director of Rehabilitation (DOR) entered Resident #2'room and assisted the resident to the wheelchair and into the bathroom. The surveyor overheard the DOR voiced, your dressing is dated 03/02. Further observation revealed the resident had a foam dressing on her left knee dated 03/02 (Sunday); undated foam dressing below the left knee, one dressing to her right knee and another one to her right lateral knee, both dressing were dated 03/06 (Thursday). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #2's March 2025 Treatment Administration Record (TAR) documented that the floor nurse changed the left knee dressing on 03/04/25 (Tuesday) and on 03/09/25 (Sunday). The floor nurse was not available for an interview. Observations on 03/09/25, 03/10/25 and 03/11/25 revealed Resident #2's left knee dressing was still dated 03/02/25, not 03/09/25 as documented on the TAR. The review of Resident #2's clinical record revealed inaccuracy of care and services provided to the resident's skin tears. On 03/11/25 at 11:16 AM, during an interview and a side-by-side Resident #2's record review, Staff R, Unit Manager, was apprised of the resident's skin tears dressing change not been done as ordered. Staff R stated it is supposed to be done as ordered. Staff R was apprised that Resident #2's wound care to her left knee was initialed by the nurse as completed on the resident's Treatment Administration Record (TAR) on 03/04/25 and 03/09/25 and the observed dressing on the resident's left knee was dated 03/02/25. The record lacked written evidence that documented Resident #2 refused to have her skin tears dressing changes on 03/07/25, 03/08/25, 03/09/25, 03/10/25 and 03/11/25. 41837 2. Record review for Resident #97 revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part the following: Traumatic Subdural Hemorrhage with Loss of Consciousness Status Unknown Subsequent Encounter. The Minimum Data Set assessment dated [DATE] documented in Section C, a Brief Interview of Mental Status score of 4 indicating severe cognitive impairment. Review of the Medical Practitioner Note (Physician/NP) for Resident #97 from 12/06/24 to 03/09/25 lacked any documentation from Staff H, the Attending Physician, indicating he had performed a visit of the resident. Review of the Medical Practitioner Note (Physician/NP) for Resident #97 from 12/06/24 to 03/09/25 documented the following: On 12/31/24 authored by Staff I Nurse Practitioner listed position as Physician. On 01/03/25 authored by Staff I Nurse Practitioner listed position as Physician. On 01/07/25 authored by Staff I Nurse Practitioner listed position as Physician. On 01/10/25 authored by Staff I Nurse Practitioner listed position as Physician. On 02/11/25 authored by Staff I Nurse Practitioner listed position as Physician. An interview was conducted on 03/12/25 at 10:30 AM with the Director of Nursing (DON) who acknowledged the Medical Practitioner Note (Physician/NP) for Resident #97 on 12/31/24, 01/03/25, 01/07/25, 01/10/25 and 02/11/25 were authored by Staff I Nurse Practitioner but listed the position as Physician. 50370

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370 Based on observations, interviews and record reviews, the facility failed to follow the Center for Disease Control and Prevention (CDC) guidelines for Standard Precautions during resident personal care for 1 of 1 sampled resident, Resident #25, observed following care; and failed to disinfect essential vital signs equipment used for Resident #31 and #72. The findings included: Review of the Center for Disease Control and Prevention (CDC) guidelines for Standard Precautions Core Practices included: a) Hand Hygiene: involves washing hands with soap and water or using alcohol-based hand rub before and after patient contact, before and after gloving, and after touching contaminated surfaces; b) Personal Protective Equipment (PPE): Using appropriate PPE, such as gloves, gowns, masks, and eye protection, to protect healthcare workers from potential exposure to infectious materials; c) Safe Handling of Potentially Contaminated Equipment: Cleaning and disinfecting equipment and surfaces that may be contaminated with blood or body fluids; d) Environmental Cleaning: Regularly cleaning and disinfecting patient care areas and equipment. 1. Record review revealed Resident #25 was admitted to the facility on [DATE] with diagnoses that included Multiple Sclerosis, Benign Prostatic Hyperplasia with Lower Urinary Tract symptoms, Major Depressive Disorder, Type 2 Diabetes Mellitus with Diabetic Autonomic Polyneuropathy, Tinea Pedis and Sacroiliitis. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/26/25, under Section C revealed a Brief Interview of Mental Status (BIMS) score of 13 indicating intact cognitive function. During an observation on 03/10/25 at 9:30 AM, Staff Q, Certified Nursing Assistant (CNA), opened Resident #25's door with her gloved hands to let surveyor in, stating, I am done with resident's care. She was observed removing the plastic trash from a small plastic bin next to the bathroom and putting it inside a bigger plastic bag. With the same set of gloves, she moved Resident #25's meal table closer to the resident. She then rubbed Resident #25's hair and head using the same set of gloves. She stated she would help the resident in brushing his teeth. On 03/10/25 at 9:45, Staff Q was observed putting the resident's bed linen and pillows onto resident's bed, before wheeling Resident #25 into the bathroom using the same set of gloves. 2. Record review for Resident # 31 revealed the resident was admitted to the facility on [DATE] with diagnoses that included Acute Respiratory Failure with Hypoxia, Type 2 Diabetes Mellitus with Diabetic Neuropathy, and Congestive Heart Failure. The resident was readmitted on [DATE] after hospitalization due to Congestive Heart Failure exacerbation, Chronic Obstructive Pulmonary Disease exacerbation, Hypertension Emergency, Multi Drug Resistant Klebsiella Urinary Tract Infection, and positive Respiratory Syncytial Virus. Review of the quarterly MDS assessment, dated 03/04/25, under Section C revealed a Brief Interview of Mental Status (BIMS) score of 11 indicating moderate cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physician orders, dated 02/13/25, documented to change and date oxygen tubing weekly every night shift, every Sunday. Further review of the orders dated 01/25/25 documented to obtain temperature and oxygen saturation daily. Report fever and/or drop in oxygen readings to Medical Doctor (MD) and Director of Nursing (DON) immediately, every shift for daily screening. Review of progress notes dated 02/11/25 revealed Resident #31 received steroids, diuretics and IV (intervenous) antibiotics during hospitalization , related to pulmonary edema with bilateral infiltrates, edema and small bilateral effusions. During observation on 03/10/25 at 9:59 AM, Staff O, Registered Nurse (RN), rolled the Unit 2 vital signs machine towards Resident #31's door. She removed the blood pressure (BP) cuff previously used in Resident #72's arm without disinfection. She applied the 'not disinfected' BP cuff to Resident #31's right upper arm on 03/10/25 at 10:00 AM. Staff O clipped the oxygen saturation clip on Resident #31's left pointer finger on 03/10/25 at 10:00 AM. She was not observed to disinfect the clip before applying it to the Resident #31's finger. Staff O was observed to remove the BP cuff from right arm of the resident. She did not disinfect the brown BP cuff after usage and put it back inside the white basket of the Unit 2 vital signs rolling machine cart. She was not observed to disinfect the oxygen saturation clip applied on Resident #31's finger on 03/10/25 at 10:02 AM after usage. When asked the name of the rolling vital signs machine, Staff O responded, Unit 2 Dynamap machine. There was no disinfectant observed on the basket of the Unit 2 rolling Dynamap Machine on 03/10/25 at 10:00 AM. 3. Record review revealed Resident #72 was admitted to the facility on [DATE] with diagnoses that included Neuromuscular Dysfunction of the Bladder, Heart Failure, and Paroxysmal Atrial Fibrillation Review of Resident #72's MDS under Section C revealed a BIMS score of 13 indicating intact cognitive function. Review of the physician orders dated 12/18/24 revealed Nizoral external shampoo, apply to scalp topically every evening shift every Tue, Thu, Sat [Tesuday, Thursday, Saturaday] for Seborrheic Dermatitis for 3 months, was ordered. Another order dated 03/13/25 documented for a dermatology consultation for dandruff. An order dated 01/19/22 documented for Xarelto tablet 20 MG (milligram), give 1 tablet by mouth one time a day for Atrial Fibrillation. During observation on 03/10/25 at 09:39 AM, Resident #72 was sitting in wheelchair, and watching Staff. On 03/10/25 at 09:46 AM, resident stated, No Staff had taken my blood pressure yet. I have been waiting for my 6 medications. Staff are moving slowly today. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106005	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Delray Nursing & Rehab Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A continuing observation on 03/10/25 at 9:48 AM revealed Staff O took a BP cuff from the basket of a rolling vital signs machine and applied it to Resident #72's left arm. She was not observed to properly disinfect the BP cuff. Staff O did not perform hand hygiene before applying the BP cuff to resident's upper arm and she was not wearing gloves. After using the BP cuff, Staff O immediately put the BP cuff back inside the white basket of the vital signs rolling machine on 03/10/25 at 9:50AM. She did not disinfect the cord of the BP cuff, the BP cuff itself and the inside and outside of the white basket of the rolling vital signs machine. She did not perform hand hygiene. SHortly after this observation, Resident #72 was observed putting her left hand on top of the white basket of the Unit 2 rolling vital signs machine. An interview was conducted with Staff R, RN, on 03/12/25 at 10:40 AM, who when asked regarding hand hygiene, stated staff were trained to perform hand hygiene before and after resident's contact. When asked when staff don gloves and gowns, she responded, whenever staff are contacting resident's wounds, and urinary catheter, they must wear gown and gloves, but when doing personal resident's care, and the resident does not have sacral wounds, PEG (percutaneous endoscopically inserted gastrostomy) tube or urinary catheter, they must wear gloves. When asked regarding equipment cleaning, she stated the rolling vital signs machine on each unit has to always have a canister of disinfectant to be used by staff before and after each resident's usage. When asked if she observed staff disinfecting the vital signs equipment before and after resident's usage, she responded , Yes, all the time.