

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/09/2025
NAME OF PROVIDER OR SUPPLIER  Luxe at Wellington Rehabilitation Center The		STREET ADDRESS, CITY, STATE, ZIP CODE  10330 Nuvista Avenue Wellington, FL 33414	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interviews, the facility failed to ensure standards of practice for administration of medication for 1 of 3 sampled residents, as evidenced by failure to ensure Resident #4 received medication as prescribed and ensure medications are refilled in a timely manner. The findings included: Record review revealed Resident #4 was admitted to the facility on [DATE]. Review of medical diagnosis documented a history of cerebral infarction with hemiparesis (stroke with paralysis on one side). During an observation of medication administration on 12/08/25 at 9:56 AM Staff A, Licensed Practical Nurse prepared Eldertonic (appetite supplement) 15milliliters (ml), Levetiracetam (seizure) 500mg (1 tablet) Pantopazole (acid reflux) 40 mg (1 tablet), and Lactulose (increase ammonia level) 15grams/15ml (30ml). After pouring 30 milliliters of Lactulose in a medicine cup, Staff A handed the surveyor the medicine bottle and stated He is out of this medication. It had to be reordered. Observation revealed the medicine bottle had a prescription label on it with a different resident's name. After preparing the medication Staff A went into the resident's room and administered the 2 pills which had been crushed in apple sauce, 15ml Eldertonic and 30ml of Lactulose. (photographic evidence obtained). During an interview on 12/08/25 at 10:18 AM, when she was asked when the Lactulose for Resident #4 was reordered, Staff A stated Today. (as she looked in the computer) When asked when the medication was reordered prior to today, she stated, On 10/22/25. She was asked how much Lactulose she administered to the resident and she said 30ml. Staff A was asked by the surveyor to look in the computer to verify the order and after doing so, she stated It says 15ml. Well, it was 30ml they must have changed the order. Review of a physician orders for Resident #4, dated 04/07/25 instructed staff to administer Lactulose Encephalopathy Oral Solution 10 GM/15ML (Lactulose (Encephalopathy) Give 15 ml by mouth two times a day for Constipation.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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