STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105506	A. BUILDING _____ B. WING _____	C 04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT BOCA RATON REHABILITATION AND NURSING CE	7300 DEL PRADO CIRCLE SOUTH BOCA RATON, FL 33433

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced complaint survey, complaint # 2025003188 was conducted on at The Encore at Boca Raton Rehabilitation and Nursing Center. The facility had deficiencies at the time of the survey.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide , monitoring to meet the needs of a resident, and failed to assess the accuracy of medication administration, for 1 of 3 sampled residents (Resident #1). The Findings included: A review of the facility's policy on Medication Administration, dated , revealed medications are administered in accordance with the prescribers orders, and number 11 revealed vital signs are checked and verified for each resident prior to administering medications. 1) Resident #1 was admitted on and	F 684	How the corrective action will be accomplished for any resident affected by deficient practice: Resident #1 has been discharged from the facility. LPN D and LPN B and licensed nursing staff involved with Resident #1 care were educated regarding Medication Administration, following medication administration parameters, identifying any change in residents vital signs from baseline and , it in timely manner, and identifying change conditions and notifying physicians with residents change of conditions.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		/2025

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.

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F 684	Continued From page 1 was discharged on . A review of diagnoses included , with , , , , and . A review of the Minimum Data Set (MDS) dated under Section C for Brief Interview of Mental Staus ( ) revealed a score of 15 indicating good mental cognition. A review of orders dated 11/6/24 at 4:47 PM revealed , oral tablet 25 MG, give 0.5 tablet by one time a day for , hold if , , ( ) is less than 120. A review of orders dated 11/5/24 at 1:00 PM revealed to obtain and document vital signs every shift for 72 hours, then re-assess for continued monitoring. A review of the Medication Adiministration Record (MAR) dated at 9:00 AM revealed , was given by Staff D, Licensed Practical Nurse (LPN), when she took and recorded Resident #1's , reading of on at 8:55 AM . A review of Resident #1's docuemnted pressire ( ) measurement revealed the following : on at 8:55 AM, it was , on at 10:44 PM, it was , and on at 6:54 AM, it was . A further review of documented revealed there was no recorded between 8:55 AM and 10:44 PM on , revealing no reassessment for continuing monitoring was done per doctor's order.	F 684	How we identified other residents/areas that could potentially be affected and what corrective action will be taken: All residents on , , medications have potential to be , by this practice. An audit of all current residents with , , medications with parameters including was completed to ensure medications are administered in accordance with the prescribers orders and parameters are followed through as per MD order. Any findings were addressed accordingly. Measures put in place or systemic changes made to ensure that the deficient practice will not recur The facility's Medication Administration policy was reviewed by DON and no revision was required. Licensed Nursing staff were educated regarding Medication Administration, following medication administration parameters, identifying any change in residents vital signs from baseline and , it in timely manner, and identifying change conditions and notifying physicians with residents change of conditions to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	

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F 684	Continued From page 2 There was no documentation on 11/7/24 between 10:44 PM and at 6:54 AM revealing no re-assessment for continuing monitoring was done per doctor's order. In an interview with Staff B, LPN, on at 10:35 AM, when asked how she would manage a resident with a , of , she responded, "I would know by looking at the resident. The resident would have pale , or darker blue , , and the skin feels ". She added that she would check the vital signs. She would also assess the resident's breathing, skin, movement, and if she thinks something is wrong and the resident does not look ok, she will inform the doctor of resident's low . In an interview with Staff D, LPN, on at 11:32 AM, when asked how she would care for a resident if there was a change in condition, she responded, "I would check the resident's vital signs and , ". When asked what would she do if the previous was and now is 90 /60, she responded, "I will call the doctor, and I will check the medications". She would make sure the resident is talking, is safe and responsive to questions in bed, then she will go to the nurses station to call the resident's family and call the doctor.	F 684	Medication administration competency on following , parameters will be conducted with the license nurses. Unit Managers/Supervisors will monitor clinical alerts including vital signs during the morning meeting and the end of each shift and any abnormality will be reported to MD for immediate interventions. How the corrective actions will be monitored and what quality assurance will be put in place title of person responsible for monitoring. The DON / Designee will audit randomly 10 residents on , , medications with parameters including weekly x4 then monthly x 3 to ensure that the , parameters as ordered is being followed and MD notify as indicated. The results of all audits will be reported to QAPI committee for review and feedback on a monthly basis for the duration of audit until compliance achieved. Responsible party: DON	
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration.	F 692		

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F 692	Continued From page 3 (Includes naso- and tubes, both , and endoscopic , , , and fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body or desirable body range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure adequate hydration and nutrition for 1 of 3 sampled residents (Resident #1) The findings included: During a record review of the Facility's policy, titled assessment and intervention , it was revealed under evaluation that the physician and the multidisciplinary team identify conditions or clinical situations and medications that may be causing , loss, or increasing the risk of loss based on the following examples, medication related adverse consequences, fluid and nutrient loss, and inadequate availability of food and fluids.	F 692	How the corrective action will be accomplished for any resident affected by deficient practice: Resident #1 no longer resides at the facility. The facility completed a review of the residents # 1 clinical record for any opportunity of improvement in facility clinical services. RD# 1 no longer works at the facility. Staff G, RD#2 was educated on the Facility's policy, titled Resident Hydration and Prevention of and to	

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F 692	Continued From page 4 Resident # 1 was admitted on and was discharged on . A review of diagnoses included , with A review of the Minimum Data Set (MDS) section C for Brief Interview of Mental Status ( ) revealed a score of 15 indicating good mental cognition. Section N revealed Resident # 1 was on and . A review of Dietary progress notes dated 11/7/24 at 2:37 PM revealed Staff G, Registered Dietitian, notified Medical Doctor (MD) that Resident #1 was noted with increased . Resident #1's daughter rrevealed resident is lactose intolerant. The MD was requested to change Ensure supplement to trial of Ensure Clear. An order by MD included: , increased to 2x/day; Recommend discontinuing Ensure plus and give Ensure clear daily. Continue to monitor per orem (oral intake and follow up as needed). A review of Nursing progress notes did not include Staff D, LPN monitored the fluid intake of resident on at 8:55 AM when the , ( ) of was documented. There was no recoded progress notes done by Staff D regarding monitoring of fluid intake when resident is on 2 , had a low . A review of progress notes from the facility's multidisciplinary team did not indicate any nutritional evaluation related to resident's medications such as medications and	F 692	monitor and assess residents with nutritional risk including risk for evaluation related to receiving medications such as , medications and . Facility has hired a second RD that was educated on the Facility's policy, titled Resident Hydration and Prevention of to ensure monitor and assess residents with nutritional risk including risk for evaluation related to receiving medications such as medications and . Staff A, LPN and Staff D, LPN were educated on monitoring residents' fluid intake as per MD order and documenting in medical order, medical records and monitoring CNA task were reviewed to ensure include fluid intake. Resident #1 physician is no longer employed at the facility. How we identified other residents/areas that could potentially be affected and what corrective action will be taken: All residents on medications have potential to be , by this practice. An audit of residents on medication was conducted to ensure their hydration status and electrolyte balance are monitored. All residents on were audited to ensure they have recent laboratory values	

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F 692	Continued From page 5 . An additional review of nursing care plan did not include a focus on fluid and nutrition maintenance and any interventions on how to maintain the resident's fluid and nutrition status. In an interview with Staff A, a Licensed Practical Nurse (LPN), when asked if she monitored resident # 1's fluid status, she responded, she does not remember. In an interview with Resident #1's physician ,on at 5:30 PM, when asked why he waited for the order of fluids until at 9: 00 AM, he responded, I saw the resident on and and she was ok.	F 692	that show a balance electrolyte panel. Care plans were updated accordingly, and interventions were implemented where necessary to ensure adequate hydration and nutrition. Any findings were addressed immediately No additional adverse outcomes were identified audit of all current. Measures put in place or systemic changes made to ensure that the deficient practice will not recur: The facility's policy, titled Resident Hydration and Prevention of , was reviewed by Director of Nursing and Registered Dietitian and no revision was required Facility Registered Dietitians, Licensed nursing staff, and IDT team were educated on the above policies and education include: - Fluid Intake monitoring protocols and reinforced among staff. - Recognition of nutritional/hydration risks, especially related to medications such as . Residents at risk of nutritional/hydration status will be evaluated on a routine basis during the facility risk weekly meeting. Unit Managers/Supervisors will monitor clinical alerts including poor intake during the morning meeting and the end of each shift and any abnormality will be reported	

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F 692	Continued From page 6	F 692	to MD and Registered Dietitian for immediate interventions. Registered Dietitian will evaluate residents with nutritional/hydration risks on a monthly basis and as needed as per clinical alerts to ensure their nutritional/hydration needs have been addressed. How the corrective actions will be monitored and what quality assurance will be put in place title of person responsible for monitoring. The Director of Nursing or designee will audit 10 residents with nutritional/hydrational risks weekly x 4 then monthly x3 to evaluate that they have an individualized plan of care in place as well as to ensure they maintain a proper hydration status and electrolyte balance. The results of all audits will be reported to QAPI committee for review and feedback on a monthly basis for the duration of audit until compliance achieved. Responsible party: DON	

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 000	INITIAL COMMENTS An unannounced licensure complaint survey, complaint # 2025003188 was conducted on at Encore at Boca Raton Rehabilitation and Nursing Center. The facility had deficiencies at the time of the survey.	N 000		
N 201 SS=D	400.022(1)(l), FS Right to Adequate and Appropriate Health Care (l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide , monitoring to meet the needs of a resident, and failed to assess the accuracy of medication administration, for 1 of 3 sampled residents (Resident #1). The Findings included: A review of the facility's policy on Medication Administration, dated , revealed medications are administered in accordance with the prescribers orders, and number 11 revealed vital signs are checked and verified for each resident prior to administering medications. 1) Resident #1 was admitted on and was discharged on . A review of	N 201	How the corrective action will be accomplished for any resident affected by deficient practice: Resident #1 has been discharged from the facility. LPN D and LPN B and licensed nursing staff involved with Resident #1 care were educated regarding Medication Administration, following medication administration parameters, identifying any change in residents vital signs from baseline and it in timely manner, and identifying change conditions and notifying physicians with residents change of conditions. How we identified other residents/areas	

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N 201	Continued From page 1 diagnoses included , with , , , , and . A review of theMinimum Data Set (MDS) dated under Section C for Brief Interview of Mental Staus ( ) revealed a score of 15 indicating good mental cognition. A review of orders dated 11/6/24 at 4:47 PM revealed , oral tablet 25 MG, give 0.5 tablet by one time a day for , hold if , , ( ) is less than 120. A review of orders dated 11/5/24 at 1:00 PM revealed to obtain and document vital signs every shift for 72 hours, every shift for 3 days, then re-assess for continued monitoring. A review of the Medication Administration Record (MAR) dated at 9:00 AM revealed , was given by Staff D, Licensed Practical Nurse (LPN), when she took and recorded Resident #1's , reading of on at 8:55 AM . A review of Resident #1's documemnted , ( ) measurement revealed the following : on at 8:55 AM, it was , on at 10:44 PM, it was , and on at 6:54 AM, it was . A further review of documented revealed there was no recorded between 8:55 AM and 10:44 PM on , revealing no reassessment for continuing monitoring was done per doctor's order. There was no documentation on 11/7/24	N 201	that could potentially be affected and what corrective action will be taken: All residents on ,, medications have potential to be , by this practice. An audit of all current residents with ,, medications with parameters including was completed to ensure medications are administered in accordance with the prescribers orders and parameters are followed through as per MD order. Any findings were addressed accordingly. Measures put in place or systemic changes made to ensure that the deficient practice will not recur The facility's Medication Administration policy was reviewed by DON and no revision was required. Licensed Nursing staff were educated regarding Medication Administration, following medication administration parameters, identifying any change in residents vital signs from baseline and it in timely manner, and identifying change conditions and notifying physicians with residents change of conditions to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Medication administration competency on following , parameters will	

Agency for Health Care Administration

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N 201	Continued From page 2 between 10:44 PM and at 6:54 AM revealing no re-assessment for continuing monitoring was done per doctor's order. In an interview with Staff B, LPN, on at 10:35 AM, when asked how she would manage a resident with a , of , she responded, "I would know by looking at the resident. The resident would have pale , or darker blue , and the skin feels ". She added that she would check the vital signs. She would also assess the resident's breathing, skin, movement, and if she thinks something is wrong and the resident does not look ok, she will inform the doctor of resident's low . In an interview with Staff D, LPN, on at 11:32 AM, when asked how she would care for a resident if there was a change in condition, she responded, "I would check the resident's vital signs and , ". When asked what would she do if the previous was and now is 90 /60, she responded, "I will call the doctor, and I will check the medications". She would make sure the resident is talking, is safe and responsive to questions in bed, then she will go to the nurses station to call the resident's family and call the doctor. Class III	N 201	be conducted with the license nurses. Unit Managers/Supervisors will monitor clinical alerts including vital signs during the morning meeting and the end of each shift and any abnormality will be reported to MD for immediate interventions. How the corrective actions will be monitored and what quality assurance will be put in place title of person responsible for monitoring. The DON / Designee will audit randomly 10 residents on , , medications with parameters including weekly x4 then monthly x 3 to ensure that the , parameters as ordered is being followed and MD notify as indicated. The results of all audits will be reported to QAPI committee for review and feedback on a monthly basis for the duration of audit until compliance achieved. Responsible party: DON	