

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOYNTON BEACH REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9600 LAWRENCE RD BOYNTON BEACH, FL 33436</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Licensure complaint survey, #2025003181, was conducted on . . . at Boynton Beach Rehabilitation Center. The facility had no State deficiencies at the time of the survey.</p>	N 000		
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AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105837</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOYNTON BEACH REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9600 LAWRENCE RD</b> <b>BOYNTON BEACH, FL 33436</b>	
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>An unannounced Complaint survey, #2025003181, was conducted on _____ at Boynton Beach Rehabilitation Center. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and .</p> <p>§483.80(a) prevention and control program. The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable or before they can spread to other</p>	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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 880	<p>Continued From page 1</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable or should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of ;</p> <p>( )When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the ; and</p> <p>(vi)The hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to implement Enhanced Barrier Precautions (EBP) for a resident with</p>	F 880	<p>1.Resident's #1 orders for EBP (Enhanced Barrier Precautions) were immediately ordered and implemented.</p>		

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F 880	<p>Continued From page 2</p> <p>active and a ( ) line, for 1 of 6 sampled residents on EBP (Resident #3); and facility failed to implement control practices for a resident with a , for 1 of 3 sampled residents (Resident #1.)</p> <p>The findings included:</p> <p>1) Review of the policy titled "Enhanced Barrier Precautions Chapter: Prevention and Control" revised documented "Enhanced Barrier Precautions are indicated ... 2. , and/or medical devices even if the resident is not known to be or colonized with a Multi-Drug-Resistant Organism (MDRO). devices: Central lines including tubes..."</p> <p>Review of the record revealed Resident #3 was admitted to the facility A ( ) evaluation conducted on documented the Resident had a score of 13, on a 0 to 15 scale, indicating the resident was</p> <p>Review of the care plan dated documented "Resident #3 is at risk for to skin integrity related to ( ). ( ). admitted with R great / ." Interventions included "Enhanced Barrier Precautions."</p> <p>Review of the current orders revealed Resident #3 had a line and active . Further review revealed the Resident's were</p>	F 880	<p>On supplies and signage were placed on door, and the bin for gowns was placed in the resident's room. Resident's #3 bag was immediately changed on</p> <p>2. On an audit was conducted by IPCO, of all residents with and to ensure they had orders for EBP (Enhanced Barrier Precautions). No others were identified. On an audit of all residents with was conducted by IPCO to ensure that no other residents with were on the floor. No others were identified. On the IPCO, ADON and nurse received one on one re-education by RCD regarding EBP for residents with and as outlined by the CDC. By nursing staff will be re-educated by DON/ADON/Designee on EBP for residents requiring it as outlined by the CDC.</p> <p>3. Random audits to be conducted by DON or Designee 4 X a week for 4 weeks, then 2 times a week for 4 weeks, then weekly for 4 weeks, to ensure residents with and have orders for EBP (Enhanced Barrier Precautions) as outlined by the CDC. Random audits to be conducted by DON or Designee 4 X a week for 4 weeks, then 2 times a week for 4 weeks, then weekly</p>	

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F 880	<p>Continued From page 3</p> <p>located on the right great and right heel. Resident #3 had active orders for treatments and was currently receiving . No active EBP orders were revealed upon record review.</p> <p>During an observation conducted on at 9:59 AM the Care Nurse was seen inside Resident #3's room. No EBP sign or Personal Protective Equipment (PPE) was observed at the Resident's doorway. At 10:13 AM another attempt was made to observe the Resident, the Care Nurse was still in the room with Resident #3.</p> <p>During an observation and interview conducted on at 11:50AM, no EBP sign or PPE was observed upon entrance or inside the Resident #3's room. When asked if staff wear a gown when they provide direct care she stated, "No, I don't think they wear gowns." Resident #3 stated she had a line and two and she was currently being treated with .</p> <p>During an interview on at 12:29 PM, when asked what Residents should be placed on EBP, the Preventionist stated "Residents with open , foleys, lines ( ) such as and line." When asked why Resident #3 was not on EBP , the Preventionist stated the resident should be on EBP due to the and line. She confirmed that it had been her error and thought there was an order.</p> <p>During an interview on at 1:16 PM, when asked if she was providing care to Resident #3 earlier while in the room, the Care nurse replied "No I was just talking to her, she</p>	F 880	<p>for 4 weeks to ensure that residents with an , that their bag is not touching the floor.</p> <p>4. The QA &amp; A/QAPI committee will review the results of the audits in the monthly QA &amp; A Meeting for 3 months and as deemed necessary and make recommendations based on outcomes. QA &amp; A/QAPI Committee will determine the need for further auditing beyond 3 months.</p>	

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F 880	<p>Continued From page 4</p> <p>feels comfortable with me." When asked if she knew why the Resident was not on EBP, the Care Nurse stated she didn't know why and thought she was on it.</p> <p>During an interview on _____ at 1:31 PM the Assistant Director of Nursing (ADON) was made aware of _____ control concerns regarding Resident #3, and the ADON acknowledged with the findings.</p> <p>2) Review of the Centers for _____ Control and Prevention article titled "Summary of Recommendations" published _____ documented, "... III. Proper Techniques for _____ Maintenance ... III.B.2. Do not rest bag on the floor."</p> <p>Review of the record revealed Resident #1 was last admitted to the facility _____. Review of the current Minimum Data Set (MDS) assessment dated _____ documented Resident #1 had a _____ ( _____ ) score of 11, on a 0 to 15 scale, indicating the resident had moderate _____.</p> <p>Review of the active orders revealed Resident #1 currently had a _____ (a _____) inserted directly into the _____ through a small _____ in the lower abdomen, rather than through the _____.)</p> <p>Review of the " _____ PCR Panel" revealed that Resident #1 had a positive _____ result reported on _____ to his _____ site with suggested treatments. Further review of his record revealed he was treated for this with _____.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>During an observation on _____ at 9:30 AM, Resident #1's _____, drainage bag was seen resting on the floor. Photographic evidence obtained.</p> <p>During a follow-up observation on _____ at 12:09 PM, Resident #1's representative was at the bedside feeding the resident. When asked how care was, the representative stated that Resident #1 has had a lot of _____ tract issues lately. When the _____ drainage bag was observed again, it was still resting on the floor.</p> <p>During an interview on _____ at 12:29 PM, when asked, "Upon conducting an initial observation and assessment on a resident who has a _____, what do you not want to see?" The _____ preventionist replied "I don't want to see a _____ bag on the floor or a _____ above the _____ because that can lead to _____, those two things are very important." When the _____ preventionist was shown a picture of Resident #1's _____ bag resting on the floor, she stated she would have to check the policy to see if that was acceptable as it was in a dignity bag. No policy was provided to the surveyor justifying the _____ preventionist's comment.</p> <p>During an interview on _____ at 1:31 PM with the ADON, when made aware of the concerns regarding Resident #1's _____, the ADON stated it was hard to keep it off the ground due to the bed being in the lowest position. The ADON was made aware two other _____ bags were also observed with the bed in the lowest position and they were not observed resting on the ground. The ADON agreed how it was still an</p>	F 880			

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F 880	Continued From page 6 control concern due to the recent to the same site.	F 880			