

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105851	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF BOCA RATON			STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR , BOCA RATON, Florida, 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
F0000	INITIAL COMMENTS An unannounced Recertification survey was conducted on _____ through _____ at Stratford Court of Boca Raton. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		
F0612 SS = E	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and interviews, it was determined the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This was observed during 3 of 3 visits conducted in the Main and Satellite Kitchens.</p>	F0612	<p>Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>F0612</p> <p>1. All identified sanitation issues were corrected on _____</p> <p>Hot water valve was fixed immediately by maintenance team</p> <p>Steam table pan wet nesting was corrected</p> <p>The 5 plate domes that were dirty were taken to the dishwasher to be washed</p> <p>Stained ice buckets were replaced with new ones</p> <p>Dishwashing machine not reaching temperature for _____</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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0812 SS = E	<p>Continued from page 1 The findings included:</p> <p>1. Tour of the Main Kitchen was conducted on at 9:30 AM with the Dietary Manager (), Staff A (Cook), and the Executive Director (E).</p> <p>The following items were observed:</p> <p>Staff A was wearing a beard cover which did not cover his upper , hair. The surveyor explained to him that all hair on his had to be covered.</p> <p>The handwashing sink water temperature was . The ED had to turn the valve under the sink for the water to become warm.</p> <p>In the pot washing area on the drying racks, full sized steam table pans were piled on top of each other with wet nesting.</p> <p>More than 5 plate domes were observed with food particles stuck on them thus not properly washed. These were piled in the tray line area, ready for use.</p> <p>Two large ice buckets were found to be stained with a black and grey mold-like color and white discolorations from being worn down.</p> <p>The dishwashing machine was a high temperature model. During the observation, it was run 3 times, but it did not meet the required temperatures. The rinse cycle reached a maximum of 172 degrees Fahrenheit (F), not the required temperature of 180F degrees. Without reaching the proper temperatures, the dishes were not properly sanitized.</p> <p>2. The satellite Pantry Kitchen, located on the second floor, was toured on at 10:19 AM with the and Staff A.</p> <p>The following items were observed:</p> <p>The dishwashing machine was a high temperature model. During the observation, it was run 3 times, but it did not meet the required temperatures. The wash cycle reached a maximum of 139 degrees Fahrenheit which was below the requirement of 150-165 degrees F. Without reaching the proper temperatures, the dishes were not properly cleaned</p>	F0812	<p>Continued from page 1 rinse cycle was fixed by Eco lab the same day</p> <p>Team member was provided education and in-service on proper use of beard guard. Corrected on</p> <p>2. Identified issues from satellite Kitchen were corrected on</p> <p>Dishwashing machine not reaching temperature for rinse cycle was fixed by Eco lab the same day</p> <p>The vent located above the serving dishes was cleaned by maintenance team</p> <p>The cabinets were cleaned immediately</p> <p>The floors of the pantry area were observed with broken, cracked, missing tiles, with buildup residue and debris. Maintenance director made aware in the process of getting replaced.</p> <p>The locking mechanism of the dishwasher chemical cabinet was rust laden. Laden removed and in the process of being replaced.</p> <p>The AC filter was cleaned by maintenance team</p> <p>Th juice dispenser was cleaned by dietary aide</p> <p>The large delivery trays with residue and food debris were discarded</p> <p>3. Issues identified during Tray line observation were corrected:</p> <p>The chopped tomatoes and sliced avocados were discarded</p> <p>Pureed vegetable was added to the line.</p>	

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F0812 SS = E	<p>Continued from page 2 and sanitized.</p> <p>b. A vent located above the serving dishes was noted with an accumulation of a moldlike substance.</p> <p>c. Cabinets located above the serving dishes were broken, splashed with a liquid or food debris, and the handles had a residue build up.</p> <p>d. The floors of the pantry area were observed with cracked, broken, and missing tiles, with a buildup of an unidentifiable debris or residue.</p> <p>e. The locking mechanism of the dishwasher chemical cabinet was rust laden.</p> <p>f. The AC filter in the pantry was observed with a visible dark, grey, soot and an accumulation of dust covering the white paper pleats.</p> <p>g. The juice dispenser in the dining room area which had clean cups next to it was noted with debris on top of it.</p> <p>h. The Tray Delivery Carts located in the dining room were observed with large sheet trays inside which had residue and stuck on food debris.</p> <p>Photographic Evidence Obtained for both tours.</p> <p>3. On _____ at 11:57 AM, a tray line observation was performed.</p> <p>The following was noted:</p> <p>The temperature of Chopped Tomatoes for salad was 44 degrees Fahrenheit which was above the required temperature of 41degrees or less.</p> <p>The temperature of Sliced Avocados for salad was 45 degrees Fahrenheit which was above the required temperature of 41 degrees or less.</p> <p>c. The Menu Extension included Pureed Peas as the vegetable for the Pureed Diet. There was no pureed vegetable on the line.</p>	F0812	<p>Continued from page 2</p> <p>Inservice on serving all food groups, starches, protein and vegetables to residents on texture modified diet order. Inservice provided to all dietary aides</p> <p>Inservice on maintaining and holding temperatures for ready to eat foods. Inservice provided to all cooks and dietary aides</p> <p>Daily sanitation rounds will be conducted by the Certified Dietary manager /designee for one week. Weekly for 2 months.</p> <p>4. The Certified Dietary Manager/Executive Chef/designee will report the findings of the above observations and audits to the monthly QAPI Committee. The Administrator is responsible for confirming implementation and compliance of this POC and _____ and resolving any variances that may occur.</p>	

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F0550 SS = D	<p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights.</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to offer residents the correct menu choices based on their physician ordered diets for 2 of 2 sampled residents, Resident #54 and Resident #56, with the potential to affect 9 residents.</p>	F0550	<p>Resident Rights/Exercise of Rights</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required</p> <p>F0550</p> <p>1. Resident #54 and Resident #56 were immediately assessed by the Registered Dietitian (RD) & CDM (Certified Dietary Manager) for food preferences on Residents #54 and # 56 were offered meal choices consistent with the prescribed diet. No adverse outcomes were identified.</p> <p>2. 100% audit of all residents with therapeutic diets was completed on by CDM to ensure menus and meal selections consistent with physician-ordered diets.</p> <p>On , CDM provided in-service provided to dietary aides, certified nursing assistants, nurses, managers on new selective menu processes.</p> <p>3. The facility implemented a diet-specific menu system and pre-meal diet verification process by reviewing the diet in tray ticket program IMPAC and PCC. Copies of the menus to be provided as part of the audits.</p> <p>Diet Menu was revised to include a mechanically altered diet to be consistent with physician orders. Therapeutic diets menus are available and offered to each resident according to physician orders.</p> <p>The Dietary Manager or designee will conduct weekly audits of 4 residents on therapeutic diets x 4 weeks then monthly x 2months, to verify the correct menu is offered and served.</p> <p>4. The Dietary Manager or designee will report findings at the monthly QAPI meeting. The Administrator is responsible for confirming implementation and compliance with this PCC and resolving any variances that</p>	

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F0550 SS = D	<p>Continued from page 4</p> <p>The findings included:</p> <p>1. Record review revealed Resident #54 was admitted to the facility on , with diagnoses that included Social or Emotional Following 's , and .</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment for Resident #54 dated revealed the resident had a () score of 02, indicating the resident had severe .</p> <p>Review of the physician's orders for Resident #54 revealed an order dated for a "Controlled diet, Pureed Texture, Honey Consistency".</p> <p>On in the dining room at 12:43 PM, Resident #54's meal ticket was observed stapled to the Regular Menu which included a Lettuce and Tomato Salad, Stir Fried Vegetables, and a Grilled Cheese Sandwich, none of which was available to the resident on her current diet order.</p> <p>On at 03:34 PM, an interview was conducted with the Registered Dietitian (RD) who had been employed by the facility for 7 months and the Registered Dietetic Technician / Dietary Manager (DTR/CDM) who had been employed by the facility for 3 years and 9 months. The stated the Daily Menu printouts were provided to all residents and those who wished to choose their meal preferences could mark them off. The RD and agreed the Regular Menu was provided to all the residents thus a resident on a Mechanically Altered Diet would be offered items such as Fresh Fruit but then would not be provided their choice since it was not allowed according to the diet consistency ordered. The stated this is what she had always done with the menus.</p> <p>Photographic Evidence Obtained.</p> <p>2. Record review revealed Resident #56 was admitted to the facility on , with diagnoses that included, . Failure,</p>	F0550	Continued from page 4 occur.	

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F0550 SS = D	<p>Continued from page 5 and Review of the 5 Day Medicare MDS assessment for Resident #56 dated revealed the resident had a () score of 12, indicating the resident had moderate</p> <p>Review of the physician orders revealed the diet order for Resident #56 was "Mechanical Soft, with Nectar Thick Liquids", ().</p> <p>On at 03:20 PM, Resident #56 was observed in her room with a lunch meal tray on her bedside table which she had finished. The resident's meal ticket was observed stapled to a Regular Menu which included Salad Greens which were not allowed on a Mechanically Soft Diet.</p> <p>On at 09:33 AM, Resident #56 was observed in her room consuming her breakfast. The meal ticket was noted stapled to a Regular Menu. The Regular Menu included Fresh Fruit as a meal choice. The resident had circled Fresh Fruit as her choice but instead had Canned Peach Halves on her tray. The resident stated she wanted her choice and not the Peach Halves. Other health concerns were discussed with the resident, but before this surveyor left the room, the resident reiterated her food preferences.</p> <p>Photographic Evidence Obtained.</p>	F0550		
F0803 SS = D	<p>Menus Meet Resident Nds/Prep in Adv/Followed</p> <p>CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy.</p> <p>Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of</p>	F0803	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Soley because it is required</p> <p>F0803</p> <p>1. Upon identification, resident #54 was given pureed vegetables. Residents #23, #39, and #54 were given Magic Cup supplements as ordered.</p> <p>On CDM re-educated team members on supplement delivery including proper documentation and confirming that pureed diet being served</p>	

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F0803 SS = D	<p>Continued from page 6 the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's diettitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to follow approved physician's orders for a Therapeutic Diet for 1 of 1 sampled resident, on a pureed diet, Resident #54; and failed to provide dietary supplements as ordered by the physician for 3 of 3 sampled residents, Resident #23, Resident #39, and Resident #54, with the potential to affect 11 residents.</p> <p>The findings included:</p> <p>1. Record review revealed Resident #54 the resident was admitted to the facility on _____, with diagnoses that included _____ Social or Emotional _____ Following _____'s _____, and _____ Review of the quarterly Minimum Data Set (MDS) assessment for Resident #54 dated _____ revealed the resident had a _____ (_____) score of 02, indicating severe _____</p> <p>Review of the physicians' orders for Resident #54 revealed an order dated _____ for a Controlled Diet, Pureed Texture, Honey Consistency.</p> <p>Review of the care plan for Resident #54 dated _____ with a focus on Nutrition, that stated the resident was at risk for compromised nutritional status related to a prescribed Mechanically Altered Diet. The approaches included provision of a Pureed diet with Honey Thick Liquids and monitoring of diet compliance.</p>	F0803	<p>Continued from page 6 matches what is listed on spread sheet. Dietary aides' morning and evening shifts are accountable for serving all food groups including vegetables when serving puree meals to residents.</p> <p>2. A 100% audit of all residents with therapeutic diets and/or supplements was completed on _____ by Certified Dietary Manager.</p> <p>3. A tray line checklist and diet/supplement reconciliation process between dietary and nursing were implemented by _____ RD oversight of menu compliance was initiated.</p> <p>The Certified Dietary Manager or designee will audit food tray weekly x 4 weeks then weekly x 2 months.</p> <p>4. The Certified Dietary Manager/Designee will report on the findings at the monthly QAPI meeting. The Administrator is responsible for confirming implementation and compliance with this POC and _____ and resolving any variances that may occur.</p>	

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F0803 SS = D	<p>Continued from page 7</p> <p>During a dining room observation conducted on _____ at 12:35 PM, Resident #54 was consuming her lunch. Upon observation, it was noted the resident was not served a vegetable. Her meal consisted of pureed chicken, a pureed starch, and possibly a pureed bread with a large amount of gravy poured over all of the meal. It was brought to the attention of the Dietary Manager () who acknowledged the absence of a vegetable. The menu spreadsheet listed broccoli as the vegetable for the pureed lunch.</p> <p>During a Tray Line observation on _____ at 11:57 AM, it was noted there was no pureed vegetables on the line. The pureed menu for lunch on that day indicated pureed peas was to be served as the vegetable.</p> <p>On _____ at 3:34 PM, an interview was conducted with the Registered Dietitian (RD) who had been employed by the facility for 7 months and the Registered Dietetic Technician / Dietary Manager (DTR/) who had been employed by the facility for 3 years and 9 months. They were notified of the absence of the pureed vegetable. The _____ was present when the tray line temperatures were taken.</p> <p>Photographic Evidence Obtained.</p> <p>2a. Record review revealed Resident #54 the resident was admitted to the facility on _____, with diagnoses that included _____ Social or Emotional _____ Following _____'s _____, and _____.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment for Resident #54 dated _____ revealed the resident had a _____ () score of 02, indicating severe _____.</p> <p>Review of Resident #54's physician orders revealed an order for a "4-ounce (oz) Magic Cup every day and evening shift by _____ with lunch and dinner", dated _____.</p> <p>Review of Resident #54 care plan initiated on _____, noted to focus on her risk for a compromised nutritional status due to her varying dietary intake. One of the approaches included nutritional supplements for _____ stability.</p> <p>On _____ during breakfast observation at 9:00</p>	F0803		

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F0803 SS = D	<p>Continued from page 8</p> <p>AM, Resident #54 was noted with Magic Cup on the meal ticket, but no Magic Cup was provided.</p> <p>b. Random observation during this breakfast observation on at 9:00 AM revealed Resident #9 was also ordered a Magic Cup and no Magic Cup was provided to the resident.</p> <p>c. Record review for Resident #23 revealed the resident was admitted to the facility on . The following diagnoses were included: , , and . Review of the quarterly MD assessment for Resident #23 dated revealed a score of 12, indicating the resident had moderate .</p> <p>Review of the physician orders for Resident #23 revealed an order dated for a 4 oz Magic Cup with lunch.</p> <p>On at 12:53 PM, Resident #23 was observed consuming her lunch in the dining room. Her ticket read Magic Cup. She was given a chocolate ice cream cup.</p> <p>On at 12:55 PM, Resident #23's lunch meal was observed. The resident ate coconut cream pie for dessert, not a Magic Cup. Review of the Medication Administration Record (MAR) documented for both the 16th and 17th that 100% consumption of a Magic Cup with Lunch was taken.</p> <p>On at 03:34 PM, an interview was conducted with the Registered Dietitian (RD) who had been employed by the facility for 7 months and the Registered Dietetic Technician / Dietary Manager (DTR/) who had been employed by the facility for 3 years and 9 months. The stated supplements such as Ensure Plus are provided by nursing staff, but the Magic Cups were provided by dietary staff. The cups were either placed on trays for residents who dined in their rooms or on the dessert/ice cream cart in the dining room for the residents who ate their meals in the dining room. They were unable to explain why the residents in the dining room did not receive the supplement.</p> <p>Photographic Evidence Obtained of the above.</p>	F0803		

Florida Agency for Health Care Administration

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N0000	INITIAL COMMENTS An unannounced Relicensure survey was conducted on through at Stratford Court of Boca Raton. The facility had deficiencies at the time of the survey.	N0000		
N0181	Right to Civil, Religious Liberties & Choice CFR(s): 400.022(1)(a), FS (1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following: (a) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and record review, the facility failed to offer residents the correct menu choices based on their Physician Ordered Diet for 2 out of 2 residents with the potential to affect 9 residents (Residents #54 and #56). The findings included: 1. Record review revealed Resident #54 was admitted to the facility on , with diagnoses that included Social or Emotional Following 's , and . Review of the quarterly Minimum Data Set (MDS) assessment for Resident #54 dated revealed the resident had a () score of 02, indicating the resident had severe	N0181	Resident Rights/Exercise of Rights Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required N0181 1. Resident #54 and Resident #56 were immediately assessed by the Registered Dietitian (RD) & CDM (Certified Dietary Manager) for food preferences on . Residents #54 and #56 were offered meal choices consistent with the prescribed diet. No adverse outcomes were identified. 2. 100% audit of all residents with therapeutic diets was completed on by CDM to ensure menus and meal selections consistent with physician-ordered diets. On , CDM provided in-service provided to dietary aides, certified nursing assistants, nurses, managers on new selective menu processes. 3. The facility implemented a diet-specific menu system and pre-meal diet verification process by reviewing the diet in tray ticket program IMPAC and PCC. Copies of the menus to be provided as part of the audits. Diet Menu was revised to include a mechanically altered diet to be consistent with physician orders. Therapeutic diets menus are available and offered to each resident according to physician orders.	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16170961	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF BOCA RATON			STREET ADDRESS, CITY, STATE, ZIP CODE 6343 VIA DE SONRISA DEL SUR , BOCA RATON, Florida, 33433	
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N0181	<p>Continued from page 1</p> <p>Review of the physician's orders for Resident #54 revealed an order dated _____ for a "Controlled diet, Pureed Texture, Honey Consistency".</p> <p>On _____ in the dining room at 12:43 PM, Resident #54's meal ticket was observed stapled to the Regular Menu which included a Lettuce and Tomato Salad, Stir Fried Vegetables, and a Grilled Cheese Sandwich, none of which was available to the resident on her current diet order.</p> <p>On _____ at 03:34 PM, an interview was conducted with the Registered Dietitian (RD) who had been employed by the facility for 7 months and the Registered Dietetic Technician / Dietary Manager (DTR/CDM) who had been employed by the facility for 3 years and 9 months. The _____ stated the Daily Menu printouts were provided to all residents and those who wished to choose their meal preferences could mark them off. The RD and _____ agreed the Regular Menu was provided to all the residents thus a resident on a Mechanically Altered Diet would be offered items such as Fresh Fruit but then would not be provided their choice since it was not allowed according to the diet consistency ordered. The _____ stated this is what she had always done with the menus.</p> <p>Photographic Evidence Obtained.</p> <p>2. Record review revealed Resident #56 was admitted to the facility on _____, with diagnoses that included, _____, Failure, _____, and _____. Review of the 5 Day Medicare MDS assessment for Resident #56 dated _____ revealed the resident had a _____ (_____) score of 12, indicating the resident had moderate _____.</p> <p>Review of the physician orders revealed the diet order for Resident #56 was "Mechanical Soft, with Nectar Thick Liquids", (_____).</p> <p>On _____ at 03:20 PM, Resident #56 was observed in her room with a lunch meal tray on her bedside table which she had finished. The resident's meal ticket was observed stapled to a Regular Menu</p>	N0181	<p>Continued from page 1</p> <p>The Dietary Manager or designee will conduct weekly audits of 4 residents on therapeutic diets x 4 weeks then monthly x 2months, to verify the correct menu is offered and served.</p> <p>4. The Dietary Manager or designee will report findings at the monthly QAPI meeting. The Administrator is responsible for confirming implementation and compliance with this POC and resolving any variances that may occur.</p>	

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N0181	Continued from page 2 which included Salad Greens which were not allowed on a Mechanically Soft Diet. On at 09:33 AM, Resident #56 was observed in her room consuming her breakfast. The meal ticket was noted stapled to a Regular Menu. The Regular Menu included Fresh Fruit as a meal choice. The resident had circled Fresh Fruit as her choice but instead had Canned Peach Halves on her tray. The resident stated she wanted her choice and not the Peach Halves. Other health concerns were discussed with the resident, but before this surveyor left the room, the resident reiterated her food preferences. Photographic Evidence Obtained. Class III	N0181		
N0407	Dietary Services CFR(s): 400.141(1)(f), FS Every licensed facility shall comply with all applicable standards and rules of the agency and shall: (f) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this paragraph, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and record review, the facility failed to follow approved physician's orders for a Therapeutic Diet for 1 of 1 sampled resident, on a pureed diet, Resident #54; and failed to provide dietary supplements as ordered by the physician for 3 of 3 sampled residents, Resident #23, Resident #39, and Resident #54, with the potential to affect 11 residents. The findings included:	N0407	Dietary Services CFR(s): 400.141(1)(f), FS Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance and Solely because it is required N0407 1. Upon identification, resident #54 was given pureed vegetables. Residents #23, #39, and #54 were given Magic Cup supplements as ordered. On CDM re-educated team members on supplement delivery including proper documentation and confirming that pureed diet being served matches what is listed on spread sheet. Dietary aides' morning and evening shifts are accountable for serving all food groups including vegetables when serving puree meals to residents. 2. A 100% audit of all residents with therapeutic diets and/or supplements was completed on by	

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N0407	<p>Continued from page 3</p> <p>1. Record review revealed Resident #54 the resident was admitted to the facility on _____, with diagnoses that included _____ Social or Emotional _____ Following _____'s _____, and _____ Review of the quarterly Minimum Data Set (MDS) assessment for Resident #54 dated _____ revealed the resident had a _____ () score of 02, indicating severe _____</p> <p>Review of the physicians' orders for Resident #54 revealed an order dated _____ for a Controlled Diet, Pureed Texture, Honey Consistency.</p> <p>Review of the care plan for Resident #54 dated _____ with a focus on Nutrition, that stated the resident was at risk for compromised nutritional status related to a prescribed Mechanically Altered Diet. The approaches included provision of a Pureed diet with Honey Thick Liquids and monitoring of diet compliance.</p> <p>During a dining room observation conducted on _____ at 12:35 PM, Resident #54 was consuming her lunch. Upon observation, it was noted the resident was not served a vegetable. Her meal consisted of pureed chicken, a pureed starch, and possibly a pureed bread with a large amount of gravy poured over all of the meal. It was brought to the attention of the Dietary Manager () who acknowledged the absence of a vegetable. The menu spreadsheet listed broccoli as the vegetable for the pureed lunch.</p> <p>During a Tray Line observation on _____ at 11:57 AM, it was noted there was no pureed vegetables on the line. The pureed menu for lunch on that day indicated pureed peas was to be served as the vegetable.</p> <p>On _____ at 3:34 PM, an interview was conducted with the Registered Dietitian (RD) who had been employed by the facility for 7 months and the Registered Dietetic Technician / Dietary Manager (DTR/) who had been employed by the facility for 3 years and 9 months. They were notified of the absence of the pureed vegetable. The _____ was present when the tray line temperatures were taken.</p>	N0407	<p>Continued from page 3</p> <p>Certified Dietary Manager.</p> <p>3. A tray line checklist and diet/supplement reconciliation process between dietary and nursing were implemented by _____ RD oversight of menu compliance was initiated.</p> <p>The Certified Dietary Manager or designee will audit food tray weekly x 4 weeks then weekly x 2 months.</p> <p>4. The Certified Dietary Manager/Designee will report on the findings at the monthly QAPI meeting. The Administrator is responsible for confirming implementation and compliance with this POC and resolving any variances that may occur.</p>	

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N0407	<p>Continued from page 4</p> <p>Photographic Evidence Obtained.</p> <p>2a. Record review revealed Resident #54 the resident was admitted to the facility on , with diagnoses that included Social or Emotional Following 's , and . Review of the quarterly Minimum Data Set (MDS) assessment for Resident #54 dated revealed the resident had a () score of 02, indicating severe .</p> <p>Review of Resident #54's physician orders revealed an order for a "4-ounce (oz) Magic Cup every day and evening shift by with lunch and dinner", dated .</p> <p>Review of Resident #54 care plan initiated on , noted to focus on her risk for a compromised nutritional status due to her varying dietary intake. One of the approaches included nutritional supplements for stability.</p> <p>On during breakfast observation at 9:00 AM, Resident #54 was noted with Magic Cup on the meal ticket, but no Magic Cup was provided.</p> <p>b. Random observation during this breakfast observation on at 9:00 AM revealed Resident #9 was also ordered a Magic Cup and no Magic Cup was provided to the resident.</p> <p>c. Record review for Resident #23 revealed the resident was admitted to the facility on . The following diagnoses were included: , and . Review of the quarterly MD assessment for Resident #23 dated revealed a score of 12, indicating the resident had moderate .</p> <p>Review of the physician orders for Resident #23 revealed an order dated for a 4 oz Magic Cup with lunch.</p> <p>On at 12:53 PM, Resident #23 was observed consuming her lunch in the dining room. Her ticket read Magic Cup. She was given a chocolate ice cream cup.</p>	N0407		

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N0407	<p>Continued from page 5</p> <p>On at 12:55 PM, Resident #23's lunch meal was observed. The resident ate coconut cream pie for dessert, not a Magic Cup. Review of the Medication Administration Record (MAR) documented for both the 16th and 17th that 100% consumption of a Magic Cup with Lunch was taken.</p> <p>On at 03:34 PM, an interview was conducted with the Registered Dietitian (RD) who had been employed by the facility for 7 months and the Registered Dietetic Technician / Dietary Manager (DTR/) who had been employed by the facility for 3 years and 9 months. The stated supplements such as Ensure Plus are provided by nursing staff, but the Magic Cups were provided by dietary staff. The cups were either placed on trays for residents who dined in their rooms or on the dessert/ice cream cart in the dining room for the residents who ate their meals in the dining room. They were unable to explain why the residents in the dining room did not receive the supplement.</p> <p>Photographic Evidence Obtained of the above.</p> <p>Class III</p>	N0407		