

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOCA CIRCLE REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7225 BOCA DEL MAR DRIVE BOCA RATON, FL 33433</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Relicensure survey was conducted on _____ at Boca Circle Rehabilitation Center. The facility had deficiencies at the time of the survey.</p>	N 000		
N 201 SS=G	<p>400.022(1)(I), FS Right to Adequate and Appropriate Health Care</p> <p>(I) 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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to identify a severe _____ loss in a timely manner and provided adequate nutritional supplements to prevent further severe _____ loss for 2 of 6 residents reviewed for nutrition (Resident #52 and Resident #56); and the facility failed to ensure the resident's competency when performing _____ care for 1 of 2 residents sampled for _____ care (Resident #58).</p> <p>The findings included:</p> <p>1. A review of the facility's policy titled, "Nursing- _____" revised on _____, showed that _____ monitoring schedules should be developed upon admission for all residents; _____ should be recorded timely. For Newly admitted residents' _____ should be obtained and measured on admission and weekly for 4</p>	N 201	<p>Actions Taken:</p> <p>1) Resident #52 was evaluated by the Registered Dietitian on _____ and additional nutritional interventions were implemented. A comprehensive nutritional assessment was completed for Resident #52 on _____ and the resident now attends the dining room for his meals for oversite and assistance as needed. On _____ resident #52 was placed on an appetite stimulant. Resident #52 was placed on weekly _____ and is currently receiving Occupational and Speech therapies. The Resident's _____ responsible party has been updated.</p> <p>Resident #56 was evaluated by the Registered Dietitian on _____ and additional nutritional interventions were implemented. A comprehensive nutritional</p>	

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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N 201	<p>Continued From page 1</p> <p>weeks. If no concerns are noted, should be measured monthly thereafter or per Registered Dietician and or physician recommendations. Residents with loss should monitor their weekly or per physician's order until it is stable, then monthly. A significant change in is defined as a 5% change in in a month (30 days), a 7.5% change in in 3 months (90 days), and a 10% change in in 6 months (180 days).</p> <p>A review of the facility's policy titled "Medical Nutrition -Assessment and Care Planning," revised on , showed that the Registered Dietitian will be responsible for ensuring follow-up and appropriate documentation of recommended changes in the plan of care.</p> <p>1. Resident #52 was admitted to the facility on with diagnoses of , and Communication , and Anoxic Damage. The Admission Minimum Data Set (MDS) dated showed that Resident #52 had a Brief Interview of Mental Status score ( ) of 03, which is severely . Section GG of this MDS showed that Resident #52 needs partial to for eating. A review of the Physicians' orders revealed an order for Regular, Consistent with thin liquids dated and a Sugar snack at bedtime for support dated . No orders were noted for nutritional supplements.</p> <p>In an observation conducted on at 1:31 PM, Resident #52 was eating his lunch tray in his room. Resident #52 was in the room with no staff present and was observed attempting to eat his lunch meal but was not able to bring his left</p>	N 201	<p>assessment was completed for Resident #56 on , on the resident was seen by the Speech Pathologist and her diet was downgraded to , Puree and on the resident was placed on an appetite stimulant. Resident #56 is currently receiving Occupational and Speech therapies. The Resident's responsible party has been updated.</p> <p>Others Identified:</p> <p>2) Full house audit completed between by the Registered Dietician/Designee to identify residents that may have been affected due to delayed loss intervention or missing a nutritional intervention in the electronic medical record or ticket system recommended by the Registered Dietician. Additional documentation recommended from the full house audit was completed by facility Registered Dietician by Regional Dietician completed a full house audit between to ensure residents have been per protocol and monitored appropriately to identify severe loss. Any concerns identified were immediately addressed.</p> <p>Measures Taken:</p> <p>3) Regional Dietician in-serviced the Registered Dietician on regarding timely nutrition interventions with a focus on residents with loss as well as ensuring nutritional interventions are placed in electronic medical record and ticket system timely as applicable.</p> <p>Nursing staff were re-educated to refer to resident Kardex in reference to amount of assistance required with meals initiated on</p>	
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N 201	<p>Continued From page 2</p> <p>to his . His left was shaking uncontrollably as he tried grabbing his food with his bare .</p> <p>In an observation conducted on at 8:36 AM, Resident #52 was in his room eating his breakfast tray. No staff was noted in the room to help Resident #52 with his breakfast meal. Continued observation at 8:48 AM showed Resident #52 attempting to eat on his own with the utensil but was not able to pick up the food as his was shaking uncontrollably. He started using his to scoop the eggs on the plate. A large portion of the eggs were noted all over his bedding and clothes.</p> <p>A review of Resident #52's history revealed the following: Admission on A on A on A on This showed a 6.7% loss in about 6 weeks.</p> <p>The Initial Nutrition Evaluation dated showed the following: Resident #52 eats independently, with set-up eating recorded. Meal intake is between 51% and 100% of his meals. Goals are in place to monitor and encourage meal intake.</p> <p>The next nutrition follow-up note dated showed the following: Monitoring recently obtained for loss vs discrepancy. Resident #52's mom indicated that he had a poor appetite in the hospital and believed he lost . Resident #52 is consuming between 51% to 100% of his meals since admission and to continue monitoring. No other interventions were</p>	N 201	<p>by Ellie Schutt, LNHA/Designee.</p> <p>Ongoing Monitoring: 4) The Registered Dietitian/Designee will conduct an audit of 10 residents on each unit weekly to ensure the residents with loss have timely documentation with nutritional interventions and verify that the nutritional interventions are placed in the EMR and the ticketed system timely weekly x 4 weeks, and then every 2 weeks x 2 months.</p> <p>Findings of the audits will be reviewed in the QAPI Meetings to ensure substantial compliance. The QAPI committee is responsible for the ongoing compliance.</p>	
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N 201	<p>Continued From page 3</p> <p>put in place.</p> <p>No follow-up nutritional note was completed after _____ the _____ % from _____ to _____.</p> <p>The care plan initiated on _____ showed the following: Resident #52 has nutritional problems and is at risk for _____. He will maintain adequate nutritional status, as evidenced by maintaining _____ within 5% of his Current Body _____. Interventions included to monitor significant _____ in one week, 5% in one month, 7.5% in 3 months or over 10% in 6 months. Registered Dietitian will evaluate and make diet change recommendations. It further showed that Resident #52 has a self-care and that he requires partial to _____ of one person with feeding.</p> <p>In an interview conducted on _____ at 1:30 PM with Resident #52's mother, she said that she lives out of state and that she comes to visit her son every few months. He had a _____ that damaged his right _____, and he normally uses his left _____, which is his good _____. She arrived this morning after not seeing him for some time and noticed that his left _____ was shaking uncontrolled and that he was not able to eat on his own. He was not able to hold his drink, and she had to cut up the food into pieces to make it easier for him to eat. She then said, "I watched him struggling, and it broke my _____." Resident #52's mom stated she could tell that her son lost a lot of _____ and said, "I am mostly upset about the _____ loss." Resident #52's mom said that she would speak to the Unit Manager regarding his _____ loss.</p> <p>In an interview conducted on _____ at 1:50 PM</p>	N 201		
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N 201	<p>Continued From page 4</p> <p>with Staff K, Certified Nursing Assistant (CNA), she stated that Resident #52 can eat on his own, makes a little mess when eating, and sometimes messes up his clothes. According to Staff K, Resident #52 eats well with little help and reaches for his food on the plate with his bare hands. When asked if his left-hand shakes, she said no.</p> <p>In an interview conducted on _____ at 1:55 PM, with Staff L, Licensed Practical Nurse, stated that Resident #52 needs supervision when he eats because he tends to make a mess.</p> <p>In an interview conducted on _____ at 2:15 PM with Staff H, the MDS Coordinator stated that partial to _____ during eating means that Resident #52 always needs a staff member in the room while eating and that the staff would do less than 50% of the work. Staff needs to help Resident #52 with his drink, utensil, and encouragement.</p> <p>In an observation conducted on _____ at 3:50 PM, Staff J, CNA, was asked to take the _____ on Resident #52 by this Surveyor. She used a chair scale to take the _____ and calibrated the scale to 0 before placing Resident #52 on the scale. A new _____ showed that Resident #52 was at _____. This showed an additional _____ from _____ (_____ ) to _____ on _____. The overall _____ loss showed a severe _____ % in less than 2 months. In this observation, Staff J stated that the list of all weekly and monthly _____ is written on a piece of paper and given to the facility's Dietitian.</p> <p>A nutritional follow-up note dated _____, written at 2:49 PM, showed the following: the Registered Dietitian was made aware the Resident's mother</p>	N 201		
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N 201	<p>Continued From page 5</p> <p>had questions about status and requested large portions. statuses were reviewed, and the mother was explained that a natural calorie may occur on a standard facility diet, which is about 2000 calories a day, whereas at home the diet may be over 2000 calories a day. In this note, the Clinical Dietitian documented that Resident #52 was trending towards normal ( ), which was beneficial to support Resident #52 and current conditions. On this note, new recommendations were made to provide a large portion for the lunch meal and a large portion of vegetables for the dinner meal. No nutritional supplements were added, or weekly were ordered to monitor Resident #52's trending</p> <p>An interview conducted on at 4:35 PM with the facility's Registered Dietitian she stated the Certified Nursing Assistants take the of the residents they are assigned to. They write the on a piece of paper, and it is then given to her to place them in the electronic system. When she receives the , she can see the loss compared to previous or by looking at the residents themselves. For any loss, she will provide nutritional interventions on the same day or no later than 48 hours. When asked about Resident #52, she noticed the downward trend when she put the into the system. Since she was unsure that his was accurate on admission at , she was not overly concerned that the dropped to . When she noticed the additional drop in , she made a metal note to follow up on Resident #52 and visited the Resident but did not write a follow up note. According to the Registered Dietitian, Resident</p>	N 201		
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N	<p>Continued From page 6</p> <p>#52 was eating well and was eating all his meals, and monthly were going to be monitored and reviewed. During this entire interview, the Registered Dietitian was not aware of or told by Staff J that Resident #52's was taken earlier at 3:50 PM, which showed a severe %.</p> <p>In an interview conducted on at 5:10 PM with the Rehab Director, she stated that Resident #52 met his goal of eating with set up only on . He is still receiving ( ), but since eating was not one of his goals, he was not watched during mealtimes. If Resident #52 had tremors or decreased in strength, that would have noticed it. Looking at him today, she noticed he looked more tired than usual and noticed a decrease in overall strength. They have noted the spilling of food before, but not to the extent of what she was hearing today.</p> <p>In an observation conducted on at 9:00 AM, Staff K was in the room feeding Resident #52's breakfast meal. Resident #52 seemed very receptive to the help and did not object when Staff K was feeding him his breakfast meal.</p> <p>In an interview conducted on at 9:27 AM with the Registered Dietitian (RD), she stated that she observed Resident #52 eating in the past and did not remember seeing him shaking or spilling his food. The RD noted that the loss may be due to the caloric that could have contributed to gradual loss since the diet in the facility is around 2000 calories a day, and the diet provided at home could have been over 2000 calories a day. She told Resident #52's mother that next month, they will see what the is, and if it continues to decline, she will put Resident #52 on weekly and provide him with</p>	N 201		
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N 201	<p>Continued From page 7</p> <p>Health Shakes (nutritional supplements). According to the RD, Resident #52's mom did not tell her that Resident #52 was shaking uncontrollably and unable to eat independently. When asked by this Surveyor why she did not put Resident #52 on weekly _____, she stated that she would weigh him this month and see if there was a further decline in _____. The RD was still not aware of the new _____ which was taken yesterday by Staff J.</p> <p>In an interview conducted on _____, at 10:18 AM, with Staff N, the Registered Nurse stated that she noticed Resident #52's _____ shaking this past Monday and that she had not seen his shaking before. He usually eats by himself and does not need assistance with eating.</p> <p>In an interview conducted on _____ at 10:30 AM with Resident #52's Mother, she stated that she was told by a staff member yesterday that he spilled most of his breakfast meal and his coffee all over himself. She further said that she spoke to the Clinical Dietitian on the phone yesterday and told her she was worried about her son's _____. She told the Dietitian that her son's was shaking and that he had spilled half of his food on himself. The Clinical Dietitian told her that she would increase the amount of food and that she would follow up on his _____ at the end of the month. Resident #52's mother said to this Surveyor, "I was wondering if he lost _____ because half of his meals were on his _____".</p> <p>In an interview conducted on _____ at 11:13 AM with Staff O, Certified _____ Assistant, she stated that she has been working with Resident #52 since his admission on _____. He has always had some tremors on his left _____. She considered it part of his _____.</p>	N 201		
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N 201	<p>Continued From page 8</p> <p>condition but did not have anything interfering with his Activities of Daily Living (ADLs). She saw him yesterday and noticed his tremors, which had gotten worse. This was nothing like before, and these new symptoms impeded his eating abilities. She further stated that Resident #52 had a can of soda and was not able to bring the can of soda to his</p> <p>In an interview conducted on _____ at 3:25 PM with Staff J, she told Staff S, Registered Nurse, about the _____ but did not report the _____ to the Registered Dietitian. She did not see the RD, so she gave the _____ report to Staff S.</p> <p>In an interview conducted on _____ at 3:44 PM with Staff S, she stated that Staff J told her that she took the _____ on Resident #52 as per this Surveyor's request. Staff S said that she was told by Staff J that Resident #52 was _____ She further reported that she did not put any _____ in the electronic system and did not report the new _____ to the RD because it was late in the day when the _____ was taken. When asked if she told the RD about the _____ this morning, she said no.</p> <p>In an interview conducted on _____ at 4:00 PM with the facility's Administrator, she was informed of the findings.</p> <p>2. A record review showed that Resident #56 was admitted on _____ with diagnoses that included _____ and Rhabdomyolysis. The quarterly Minimum Data Set (MDS) assessment dated _____ revealed that the Brief Interview of</p>	N 201		
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N 201	<p>Continued From page 9</p> <p>Mental Status ( ) score is 2, which indicated severe</p> <p>Review of Resident #56's Care plan, dated , for nutritional problems related to medical diagnoses, therapeutic restricted and textured consistency diet, history of variable oral intake. The goal was the resident will maintain adequate nutrition/hydration status.</p> <p>Interventions included:</p> <ul style="list-style-type: none"> <li>-Administer medications as ordered.</li> <li>-Encourage and assist with setup/intake of meals as needed.</li> <li>-Monitor/document/report any signs of , , , , .</li> <li>-Monitor/record/report to doctor signs of : Significant loss: in 1 week, &gt;5% in 1 month, &gt;7.5% in 3 months, &gt;10% in 6 months.</li> <li>-RD to evaluate and make diet change recommendations PRN.</li> <li>- per facility policy.</li> </ul> <p>A review of the log for Resident #56 showed the following:</p> <p>16: _____</p> <p>07: _____</p> <p>13: _____</p> <p>12: _____</p> <p>10: _____</p> <p>09: _____</p> <p>15: _____</p> <p>12: _____</p> <p>10: _____</p> <p>This showed a , or a 9.8% severe loss in one month between and . Resident #56 had an overall trending % from to (past 6 months).</p>	N 201		
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N 201	<p>Continued From page 10</p> <p>A review of the Dietary progress note dated (the day the 9.8% loss was identified) revealed the Registered Dietitian stated that Resident #56 meal intake was less than 50% per review over the past 30 days. Resident #56 received Eldertonic QD to (once a day to three times a day) for appetite support, fortified food QD (once a day) for nutrition support, encouraged extra oral hydration and continue to monitor protocol prn (as needed).</p> <p>A review of the Dietary progress note dated (23 days after the 9.8% loss was identified) revealed the Registered Dietitian (RD) stated that Resident #56 continues with trigger for which representant a 14% of loss in 3 months. The progress note further revealed that weekly monitoring was difficult for staff members due to behaviors and the meal intake was recorded as more than 50% but less than 75-100% for three meals daily. Resident #56 received house shake (twice a day) for nutrition.</p> <p>A review of Resident #56's Physician's orders showed the following: House Supplement Shake once a day started on and was increased to twice a day on . No orders were noted from to</p> <p>In an observation conducted on at 1:30 PM Resident #56 tray's consisted of chicken pot pie with 1 biscuit, ½ cup of green peas, ½ cup of deluxe fruit salad, 6oz of tea and 4oz of apple juice but no ½ cup of fortified mashed potatoes as indicated on the meal ticket.</p> <p>In an interview conducted on at 4:05</p>	N 201		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BOCA CIRCLE REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7225 BOCA DEL MAR DRIVE BOCA RATON, FL. 33433</b>
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N 201	<p>Continued From page 11</p> <p>PM, the Registered Dietitian (RD) stated sometimes there is discrepancy between care plans and orders because Point Click Care (PCC) doesn't communicate the order of the shakes with the system. RD further stated, after reviewing the interventions put in place on , that she forgot to put in the order for the House Shake once a day. It must have slipped her mind to put in the order after the note. The resident started getting House Supplement Shakes on .</p> <p>3. Resident #58 was admitted to the facility on with diagnoses that included Failure, Type 2 , and Status. Her ( ) was 15 on the quarterly Minimum Data Set (MDS) assessment dated . This indicated the resident was .</p> <p>On . . . . at 9:32 AM, ( , ) care was observed with Staff P, , mask, and Staff P wore a gown, , mask, and gloves and cleaned around the area of the and applied a new gauze , . The surveyor asked Staff P why did she not change the inner and she replied that the resident changes her own inner . Asked if the resident had a competency for this and she replied that she did the competency over a year ago.</p> <p>Observation of the bedside table of Resident #58 revealed a box of disposable inner and a box of gloves.</p> <p>Interview with the resident was conducted on . . . . at 2:35 PM. She stated she changes her inner sometimes 3 times a day. She has</p>	N 201		
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N 201	<p>Continued From page 12</p> <p>disposable inner in her room with gloves. She has had the for over a year and prefers to do this on her own. She had a box of gloves and a box of disposable inner at the bedside and she stated she puts on her gloves and pulls out the inner and puts a new one in and hears it snap. She calls the nurse when she changes the but at night she sometimes changes it when the nurse is not there.</p> <p>On at 2:50 PM the surveyor interviewed Staff C, Unit Manager, as to where the competency checklist would be. She called Staff P on the phone and Staff P stated to her that the competencies would have been on paper and she gave the papers to the former Director of Nursing (DON).</p> <p>On at 9:00 AM the surveyor spoke with the Regional Nurse Consultant. She stated that they could not find any competency because it was probably on paper with the other company. She agreed that there should be a competency in her Electronic Health record (EHR).</p> <p>Review of the EHR revealed a progress note dated " (Resident) inner is supposed to be changed twice a day. She is supposed to go through 14 inner in a week. Per (family) 14 is too little and should be changed more. (Resident) is running out of inner due to frequent changes. (Resident) will change out her own inner despite being told her inner should only be changed twice a day. gives (resident) two boxes at a time to prevent from running out. Per the Administrator it is ok to double her inner order."</p>	N 201		
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N 201	Continued From page 13  Further review of the EHR on                      revealed Resident #58 had documentation in the EHR that she was educated on inner                      change and demonstration was conducted on                      at 5:26 PM and                      which was after surveyor intervention.  Class II	N 201		
N 203 SS=D	400.022(1)(n), FS Right to be Treated with Dignity  (n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.  This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to treat the resident in a dignify manner and provide personal privacy, for 1 of 16 residents observed during the screening process (Resident # 108).  The findings included:  Record review for Resident #108 revealed that the resident was admitted to the facility on                      and readmitted on                      with the following diagnoses:                      and                      following                      affecting right dominant side and The admission Minimum Data Set (MDS) assessment entry dated                      revealed that the Brief Interview of Mental Status (                      ) score is 99, which indicates that resident is unable to complete the interview. A review of the section GG of the MDS revealed Resident #53 is fully dependent regarding the ability to roll from lying	N 203	Boca Circle Rehabilitation Center failed to treat the resident in a dignified manner and provide personal privacy.  Actions Taken: 1) On                      resident #108 was provided with personal privacy during personal care by the C.N.A. Education was initiated on                      with staff regarding providing dignity and privacy for residents during personal cares. Others Identified: 2) Full house audit was conducted by the DON/Designee on                      to ensure privacy was being provided during personal care. No other concerns were noted. Measures Taken: 3) Nursing Staff were re-educated on                      regarding regarding resident	

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N 203	<p>Continued From page 14</p> <p>on to left and right side, and return to lying on the bed.</p> <p>During an observation conducted on at 9:50 AM Resident #108 was seen laying on her bed with the door open. Resident was seen playing with her and without underwear or covered with a blanket.</p> <p>During another observation conducted on at 12:20 PM Resident #108 was seen laying on her bed with the door open. Resident was still uncovered nor wearing underwear.</p> <p>During an interview conducted on at 1:30 PM with Staff I, Certified Nurse Assistant (CNA) she stated that dignity and privacy are very important. She has been working in this facility for 11 years. Very important to never expose residents. CNA further stated that the door has to be close when they are providing care or changing a resident. The CNA also said that resident should always wear underwear specially if they are not entirely</p> <p>Class III</p>	N 203	<p>rights, dignity and privacy during personal cares and that privacy curtains must be pulled and the door closed so residents are treated in a dignified manner. New staff will receive this education during general orientation.</p> <p>Ongoing Monitoring:</p> <p>4) Unit Manager or designee will audit personal care and resident right to privacy during personal cares weekly x 4 weeks, and then every 2 weeks x 2 months. Audit results will be reviewed in Center QAPI meeting monthly until substantial compliance has been met.</p>	

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

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F 000	INITIAL COMMENTS  An unannounced Recertification survey was conducted on - at Boca Circle Rehabilitation Center. The facility was not in compliance with CFR 42, Part 483, Requirement for Long Term Care Facilities.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. 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.  §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.  §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.  §483.10(b) Exercise of Rights. 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.  §483.10(b)(1) The facility must ensure that the	F 550		

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 550	<p>Continued From page 1</p> <p>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 treat the resident in a dignify manner and provide personal privacy, for 1 of 16 residents observed during the screening process (Resident # 108).</p> <p>The findings included:</p> <p>Record review for Resident #108 revealed that the resident was admitted to the facility on _____ and readmitted on _____ with the following diagnoses: _____ and _____ following _____ affecting right dominant side and _____.</p> <p>The admission Minimum Data Set (MDS) assessment entry dated _____ revealed that the Brief Interview of Mental Status ( ) score is 99, which indicates that resident is unable to complete the interview. A review of the section GG of the MDS revealed Resident #53 is fully dependent regarding the ability to roll from lying on _____ to left and right side, and return to lying on _____ on the bed.</p> <p>During an observation conducted on _____ at 9:50 AM Resident #108 was seen laying on her bed with the door open. Resident was seen</p>	F 550	<p>Boca Circle Rehabilitation Center failed to treat the resident in a dignified manner and provide personal privacy.</p> <p>Actions Taken:</p> <p>1) On _____ resident #108 was provided with personal privacy during personal care by the C.N.A. Education was initiated on _____ with staff regarding providing dignity and privacy for residents during personal cares.</p> <p>Others Identified:</p> <p>2) Full house audit was conducted by the DON/Designee on _____ to ensure privacy was being provided during personal care. No other concerns were noted.</p> <p>Measures Taken:</p> <p>3) Nursing Staff were re-educated on _____ regarding regarding resident rights, dignity and privacy during personal cares and that privacy curtains must be pulled and the door closed so residents are treated in a dignified manner. New staff will receive this education during general orientation.</p>	

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F 550	Continued From page 2 playing with her _____ and without underwear or covered with a blanket.  During another observation conducted on _____ at 12:20 PM Resident #108 was seen laying on her bed with the door open. Resident was still uncovered nor wearing underwear.  During an interview conducted on _____ at 1:30 PM with Staff I, Certified Nursing Assistant (CNA) she stated that dignity and privacy are very important. She has been working in this facility for 11 years. Very important to never expose residents. CNA further stated that the door has to be close when they are providing care or changing a resident. The CNA also said that resident should always wear underwear specially if they are not entirely	F 550	Ongoing Monitoring: 4) Unit Manager or designee will audit personal care and resident right to privacy during personal cares weekly x 4 weeks, and then every 2 weeks x 2 months. Audit results will be reviewed in Center QAPI meeting monthly until substantial compliance has been met.	
F 551 SS=D	Rights Exercised by Representative CFR(s): 483.10(b)(3)-(7)(i)-(iii)  §483.10(b)(3) In the case of a resident who has not been adjudged _____ by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same- _____ spouse of a resident must be afforded treatment equal to that afforded to an opposite- _____ spouse if the marriage was valid in the jurisdiction in which it was celebrated. (i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative. (ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.	F 551		

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F 551	<p>Continued From page 3</p> <p>§483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.</p> <p>§483.10(b)(7) In the case of a resident adjudged under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>(i) In the case of a resident representative whose decision-making authority is limited by State law or court , the resident retains the right to make those decisions outside the representative's authority.</p> <p>(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.</p>	F 551			

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F 551	<p>Continued From page 4</p> <p>(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to appoint a guardian in a timely manner for 1 of 1 resident sampled for guardianship (Resident #56).</p> <p>The findings included:</p> <p>Resident #56 was admitted to the facility on _____ from another nursing facility. Diagnoses included Other Specified _____ of _____ Rhabdomyolysis and _____'s _____ A _____ ( _____ ) score was 2 on the quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of _____. This indicated the resident had severe _____.</p> <p>In an interview conducted on _____ at 12:05 PM with the Primary Physician, she stated that she is familiar with Resident #56. The family hasn't been involved in years. The resident doesn't have a guardian to make the decisions. A telephone call was placed to the resident's cousin on _____ at 12:24 PM with no answer and no ability to leave a voice mail. The cousin was the only representative listed on the facesheet.</p> <p>An interview was conducted with the Social Service Director (SSD) on _____ at 12:30 PM. The SSD stated that the resident has a cousin that he had spoken to in the past who doesn't want anything to do with her. She has been on his list for a guardian since _____. The hold up is _____.</p>	F 551	<p>Boca Circle Rehabilitation Center failed to appoint a guardian in a timely manner for 1 of 1 resident sampled for guardianship.</p> <p>Actions Taken:</p> <p>1) Resident #56 continues to reside at the facility. On _____ Center SSD obtained a proxy for resident #56. SSD was re-educated by Ellie Schutt, LNHA on _____ to ensure _____ of a guardian is done timely.</p> <p>Others Identified:</p> <p>2) On _____ resident's records were audited to ensure that residents with a _____ less than 12 had a designated representative or legal surrogate. Any concerns identified were immediately addressed.</p> <p>Measures Taken:</p> <p>3) Social Services staff and members if the interdisciplinary team were re-educated on obtaining guardianship or a proxy timely on residents who are unable to direct their care _____ by Ellie Schutt, LNHA.</p> <p>Newly hired Social Service staff and nursing management will receive this education during general orientation.</p> <p>Ongoing Monitoring:</p> <p>4) Social Services or designee will audit residents with a _____ of less than 12 to ensure that residents identified have a guardian or a proxy in place to ensure that _____.</p>	

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F 551	Continued From page 5 finding an attorney that does it. She is indigenous status. If there is an emergency with the resident, we will send her to the hospital and they can assign her a proxy and this can be done quickly.  On at 1:30 PM , the SSD gave this surveyor a copy of a progress note written by a previous social worker. He stated he was wrong, the facility has been working on this longer that he thought. The progress note, dated , revealed "writer and staff conducted a care plan meeting called ....cousin, he stated he no longer wants to be contacted to please remove him off her contact list. Facility will move forward with guardianship process due to the fact that resident doesn't have a legal representative." The SSD stated that the facility has been working on this at the corporate level but he could not find any paperwork regarding this.  An interview was conducted with the Administrator on at 2:00 PM. The Administrator stated it usually takes between 6 to 9 months to obtain guardianship. It depends on the court system. They have to assess mental capability, have a court hearing and the judge makes a ruling. She signed for 2 residents about 2 weeks ago for a lawyer but was not aware of this , resident. She became aware of this resident's need for guardianship today. The Administrator was asked for a policy on guardianship and she stated there was none.	F 551	residents have the right to designate a representative upon admission, weekly x 4 weeks, and then every 2 weeks x 2 months.  Audit results will be reviewed in Center QAPI meeting monthly to ensure compliance has been met.	
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3)  §483.20(k) Preadmission Screening for individuals with a mental and individuals	F 645		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/06/2025</b>
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F 645	<p>Continued From page 6 with intellectual</p> <p>§483.20(k)(1) A nursing facility must not admit, on or after _____, any new residents with:</p> <p>(i) Mental _____ as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual _____, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual _____ or _____ authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual _____</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the</p>	F 645			

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

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F 645	<p>Continued From page 7</p> <p>preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental if the individual has a serious mental defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual if the individual has an intellectual as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete a Level 2 Preadmission Screening and Resident Review Process (PASARR) for 1 of 1 resident sampled for PASARR (Resident #50).</p> <p>The findings included:</p> <p>The facility's policy titled, "Social Service-PASRR" with an effective date of revealed "A Hospital Discharge Exception is given when an individual being admitted into the NF has a Dx of</p>	F 645	<p>The facility failed to complete a Level 2 Pre admission Screening and Resident Review Process (PASARR) for Resident #50.</p> <p>Actions Taken:</p> <p>1) On the Center Social Service Director submitted information for Preadmission Screening and Resident Review (PASARR) for a re-evaluation for resident #50. New PASARR for resident #50 was received on and a Level 2 was obtained.</p> <p>Others Identified:</p>	

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F 645	<p>Continued From page 8</p> <p>a SMI and/or behavior that accompanies the SMI (Serious Mental Illness) or Suspected SMI and the physician has certified, before admission to the facility that the patient is likely to require less than 30 days of nursing facility services for the condition for which the individual received care in the hospital. Time frame to request the Level II evaluation for Hospital Discharge Exemption: If the individual's stay is _____ to exceed 30 days, the NF must notify the Level 1 screener by the 25th day of the stay and the Level II evaluation must be completed no later than the 40th day of admission."</p> <p>On _____, a review of the Electronic Health Record (EHR) was done and a Level 1 PASARR was located. The Level 1 PASARR was done at a hospital on _____ prior to the resident's admission to this facility on _____.</p> <p>Resident #50 was admitted to the facility with diagnoses that included Paralytic Depressed, and _____ A _____ ( _____ ) score was 14 on the annual Minimum Data Set (MDS) with an assessment reference date of _____. This indicated the resident was _____.</p> <p>A review of the PASARR Level 1 revealed the resident was admitted with a hospital discharge exemption which indicated the resident was likely to require less than 30 days of nursing facility services for the condition for which the individual received care in the hospital. A Level 2 PASARR was not found in the resident's EHR.</p> <p>On _____ at 11:31 AM, during a side-by-side review and interview, the Social Service Director (SSD) was asked to locate and provide the Level</p>	F 645	<p>2) Full house audit of current residents Preadmission Screening and Resident Review (PASARR) was conducted on _____ to ensure that any resident with a new mental health diagnosis(s) had a PASARR evaluation completed and any mental health diagnosis(s) were identified on the current PASARR screen. Those residents identified that do not have an accurate PASARR evaluation on file will be resubmitted for a new PASARR screening no later than _____.</p> <p>Social Service staff and Nursing management are scheduled to attend Kepro training on PASARRs on _____.</p> <p>Measures Taken:</p> <p>3) The Administrator provided education to the Social Worker(s), Nursing management and Admissions team on the requirements of the Preadmission Screening and Resident Review (PASARR) processing for mental _____ and individuals with _____ on _____.</p> <p>Ongoing Monitoring:</p> <p>4) The Social Worker(s) and Admission Director will audit each resident's PASARR Screen at the time of admission, during monthly Behavioral meetings and quarterly thereafter to ensure accuracy.</p> <p>The Social Worker will report on the findings of the audits in the QAPI Meetings to ensure substantial compliance. The QAPI committee is responsible for the ongoing compliance.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 645	Continued From page 9 2 PASARR assessment for Resident #50. He was unable to locate it. The SSD agreed that a Level 2 should have been done based on review of the Level 1 PASARR. He stated that he will do a resident review and submit to Acentra Health with the latest Minimum Data Set assessment and the original PASARR as long as the resident gives consent.	F 645		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide assistance during dining for 1 of 2 residents reviewed for activities of daily living (ADLs), for Resident #71 and Resident #52.  The findings included:  1. A record review showed that Resident #71 was admitted on _____ with diagnosis of Atherosclerotic _____ of Native _____ without _____ Pectoris and _____ of _____. The quarterly Minimum Data Set (MDS) assessment dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score is 10, which indicated moderately _____. Section GG of the MDS showed that Resident #71 needs Supervision or touching assistance during dining.  In an Observation conducted on _____ at _____	F 677	The facility failed to provide assistance during dining. Actions Taken: 1) Resident #71 remains in the facility in stable condition. _____ screen was conducted on _____. The resident now attends the dining room for her meals for oversite and assistance as needed. Staff E, CNA and staff F, RN were re-educated to refer to resident Kardex in reference to amount of assistance required with meals on _____ by Aristine Recht, Assistant Director of Nursing. Others Identified: 2) A full house audit was conducted by the Director of Nursing/Designee on _____ to ensure residents were provided assistance during dining. Any concerns identified were immediately addressed.	

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F 677	<p>Continued From page 10</p> <p>1:25 PM this Surveyor observed Resident #71 in her room staring at the lunch tray and not attempting to eat. This Surveyor further noticed that Resident #71 was in the room without staff. About 40 minutes later, Resident #71 was still unattended with her lunch tray.</p> <p>In an Observation conducted on _____ at 9:10 AM this Surveyor observed Resident #71 in her room perplex staring at the breakfast tray and not attempting to eat. This Surveyor further noticed that Resident #71 was in the room without staff. About 30 minutes later, Resident #71 was still unattended with her breakfast tray.</p> <p>In an interview conducted on _____ at 1:55 PM with Staff E, Certified Nurse Assistant (CNA), she stated that sometimes Resident #71 eats alone and some other times she needs to be fed. Staff E further stated the Resident needs to be encouraged and directed to feed herself.</p> <p>In an interview conducted on _____ at 2:00 PM with Staff F, Registered Nurse (RN), she stated Resident #71 can eat without staff member presents in the room. Staff F further stated that Resident doesn't need assistance during dining.</p> <p>In an interview conducted on _____ at 2:10 PM with Staff G, Minimum Data Set (MDS) Coordinator, Licensed Practical Nurse (LPN) and Staff H, MDS Coordinator, Registered Nurse (RN), Staff H stated that "Supervision or touching assistance during dining" means the Resident needs help setting up the tray. Staff H further stated that it also means that the Resident needs to be encouraged, cleaned and assisted as needed. Staff G stated that the Certified Nurse Assistants (CNA) are the one responsible for</p>	F 677	<p>Measures Taken:</p> <p>3) Nursing staff were re-educated on providing assistance to residents during dining as per resident Kardex on by DON/Designee. Newly hired nursing staff will receive this education during general orientation. Ongoing Monitoring: 4) The Director of Nursing/Designee will conduct an audit of 10 residents on each unit weekly to ensure the residents receive assistance during dining weekly x 4 weeks, and then every 2 weeks x 2 months. Findings of the audits will be reviewed in the QAPI Meetings to ensure substantial compliance. The QAPI committee is responsible for the ongoing compliance.</p>	

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F 677	Continued From page 11 assisting with dining. Staff G further said that it wouldn't be expected for the CNA to be constantly present in the residents' room but "in and out" of the room.	F 677			
F 692 SS=G	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)  §483.25(g) Assisted nutrition and hydration. (Includes naso- and tubes, both 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 observations, interviews and record review, the facility failed to identify a severe loss in a timely manner, and failed to provide adequate nutritional supplements to prevent further severe loss, for 2 of 6 residents reviewed for nutrition (Resident #52 and Resident #56).	F 692	Boca Circle Rehabilitation Center failed to identify a severe loss in a timely manner and failed to provide adequate nutritional supplements to prevent further severe loss.  Actions Taken: 1) Resident #52 was evaluated by the		

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F 692	<p>Continued From page 12</p> <p>The findings included:</p> <p>A review of the facility's policy titled, "Nursing- , " revised on , showed that monitoring schedules should be developed upon admission for all residents: should be recorded timely. For Newly admitted residents' should be obtained and measured on admission and weekly for 4 weeks. If no concerns are noted, should be measured monthly thereafter or per Registered Dietician and or physician recommendations. Residents with loss should monitor their weekly or per physician's order until it is stable, then monthly. A significant change in is defined as a 5% change in in a month (30 days), a 7.5% change in in 3 months (90 days), and a 10% change in in 6 months (180 days).</p> <p>A review of the facility's policy titled "Medical Nutrition -Assessment and Care Planning," revised on , showed that the Registered Dietitian will be responsible for ensuring follow-up and appropriate documentation of recommended changes in the plan of care.</p> <p>1. Resident #52 was admitted to the facility on with diagnoses of , and Anoxic Damage. The Admission Minimum Data Set (MDS) dated showed that Resident #52 had a Brief Interview of Mental Status score ( ) of 03, which is severely . Section GG of this MDS showed that Resident #52 needs partial to for eating. A review of the Physicians' orders revealed an order for Regular, Consistent</p>	F 692	<p>Registered Dietitian on and additional nutritional interventions were implemented. A comprehensive nutritional assessment was completed for Resident #52 on and the resident now attends the dining room for his meals for oversite and assistance as needed. On resident #52 was placed on an appetite stimulant. Resident #52 was placed on weekly and is currently receiving Occupational and Speech therapies. The Resident's responsible party has been updated.</p> <p>Resident #56 was evaluated by the Registered Dietitian on and additional nutritional interventions were implemented. A comprehensive nutritional assessment was completed for Resident #56 on , on the resident was seen by the Speech Pathologist and her diet was downgraded to , Puree and on the resident was placed on an appetite stimulant. Resident #56 is currently receiving Occupational and Speech therapies. The Resident's responsible party has been updated.</p> <p>Others Identified: 2) Full house audit completed between by the Registered Dietician/Designee to identify residents that may have been affected due to delayed loss intervention or missing a nutritional intervention in the electronic medical record or ticket system recommended by the Registered Dietician. Additional documentation recommended</p>	

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F 692	<p>Continued From page 13</p> <p>with thin liquids dated _____ and a Sugar snack at bedtime for support dated _____. No orders were noted for nutritional supplements.</p> <p>In an observation conducted on _____ at 1:31 PM, Resident #52 was eating his lunch tray in his room. Resident #52 was in the room with no staff present and was observed attempting to eat his lunch meal but was not able to bring his left to his _____. His left _____ was shaking uncontrollably as he tried grabbing his food with his bare _____.</p> <p>In an observation conducted on _____ at 8:36 AM, Resident #52 was in his room eating his breakfast tray. No staff was noted in the room to help Resident #52 with his breakfast meal. Continued observation at 8:48 AM showed Resident #52 attempting to eat on his own with the utensil but was not able to pick up the food as his _____ was shaking uncontrollably. He started using his _____ to scoop the eggs on the plate. A large portion of the eggs were noted all over his bedding and clothes.</p> <p>A review of Resident #52's _____ history revealed the following: Admission _____ on _____ A _____ on _____ A _____ on _____ A _____ on _____</p> <p>This showed a 6.7% _____ loss in about 6 weeks.</p> <p>The Initial Nutrition Evaluation dated _____ showed the following: Resident #52 eats independently, with set-up eating recorded. Meal intake is between 51% and 100% of his meals.</p>	F 692	<p>from the full house audit was completed by facility Registered Dietician by Regional Dietician completed a full house _____ audit between _____ to ensure residents have been _____ per protocol and monitored appropriately to identify severe _____ loss. Any concerns identified were immediately addressed. Measures Taken: 3) Regional Dietician in-serviced the Registered Dietitian on _____ regarding timely nutrition interventions with a focus on residents with _____ loss as well as ensuring nutritional interventions are placed in electronic medical record and ticket system timely as applicable.</p> <p>Nursing staff were re-educated to refer to resident Kardex in reference to amount of assistance required with meals initiated on _____ by Ellie Schutt, LNHA/Designee. Ongoing Monitoring: 4) The Registered Dietitian/Designee will conduct an audit of 10 residents on each unit weekly to ensure the residents with _____ loss have timely documentation with nutritional interventions and verify that the nutritional interventions are placed in the EMR and the ticketed system timely weekly x 4 weeks, and then every 2 weeks x 2 months.</p> <p>Findings of the audits will be reviewed in the QAPI Meetings to ensure substantial compliance. The QAPI committee is responsible for the ongoing compliance.</p>	

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F 692	<p>Continued From page 14</p> <p>Goals are in place to monitor <input type="checkbox"/> and encourage meal intake.</p> <p>The next nutrition follow-up note dated showed the following: Monitoring recently obtained <input type="checkbox"/> for <input type="checkbox"/> loss vs discrepancy. Resident #52's mom indicated that he had a poor appetite in the hospital and believed he lost <input type="checkbox"/>. Resident #52 is consuming between 51% to 100% of his meals since admission and to continue monitoring. No other interventions were put in place.</p> <p>No follow-up nutritional note was completed after <input type="checkbox"/> the <input type="checkbox"/> % from <input type="checkbox"/> to <input type="checkbox"/>.</p> <p>The care plan initiated on <input type="checkbox"/> showed the following: Resident #52 has nutritional problems and is at risk for <input type="checkbox"/>. He will maintain adequate nutritional status, as evidenced by maintaining <input type="checkbox"/> within 5% of his Current Body <input type="checkbox"/>. Interventions included to monitor significant <input type="checkbox"/> in one week, 5% in one month, 7.5% in 3 months or over 10% in 6 months. Registered Dietitian will evaluate and make diet change recommendations. It further showed that Resident #52 has a self-care and that he requires partial to of one person with feeding.</p> <p>In an interview conducted on <input type="checkbox"/> at 1:30 PM with Resident #52's mother, she said that she lives out of state and that she comes to visit her son every few months. He had a <input type="checkbox"/> that damaged his right <input type="checkbox"/>, and he normally uses his left <input type="checkbox"/>, which is his good <input type="checkbox"/>. She arrived this morning after not seeing him for some time and noticed that his left <input type="checkbox"/> was shaking</p>	F 692			

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F 692	<p>Continued From page 15</p> <p>uncontrolled and that he was not able to eat on his own. He was not able to hold his drink, and she had to cut up the food into pieces to make it easier for him to eat. She then said, "I watched him struggling, and it broke my ." Resident #52's mom stated she could tell that her son lost a lot of _____ and said, "I am mostly upset about the _____ loss." Resident #52's mom said that she would speak to the Unit Manager regarding his _____ loss.</p> <p>In an interview conducted on _____ at 1:50 PM with Staff K, Certified Nursing Assistant (CNA), she stated Resident #52 can eat on his own, makes a little mess when eating, and sometimes messes up his clothes. According to Staff K, Resident #52 eats well with little help and reaches for his food on the plate with his bare _____. When asked if his left- _____ shakes, she said no.</p> <p>In an interview conducted on _____ at 1:55 PM, with Staff L, Licensed Practical Nurse, stated that Resident #52 needs supervision when he eats because he tends to make a mess.</p> <p>In an interview conducted on _____ at 2:15 PM with Staff H, the MDS Coordinator stated that partial to _____ during eating means that Resident #52 always needs a staff member in the room while eating and that the staff would do less than 50% of the work. Staff needs to help Resident #52 with his drink, utensil, and encouragement.</p> <p>In an observation conducted on _____ at 3:50 PM, Staff J, CNA, was asked to take the _____ on Resident #52 by this Surveyor. She used a chair scale to take the _____ and calibrated the scale to 0 before placing Resident #52 on the</p>	F 692		

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

PRINTED: 03/03/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOCA CIRCLE REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7225 BOCA DEL MAR DRIVE BOCA RATON, FL 33433</b>		
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F 692	<p>Continued From page 16</p> <p>scale. A new        showed that Resident #52 was at        . This showed an additional        from        (        ) to        on        . The overall        loss showed a severe        % in less than 2 months. In this observation, Staff J stated that the list of all weekly and monthly        is written on a piece of paper and given to the facility's Dietitian.</p> <p>A nutritional follow-up note dated        , written at 2:49 PM, showed the following: the Registered Dietitian was made aware the Resident's mother had questions about        status and requested large portions.        statuses were reviewed, and the mother was explained that a natural calorie        may occur on a standard facility diet, which is about 2000 calories a day, whereas at home the diet may be over 2000 calories a day. In this note, the Clinical Dietitian documented that Resident #52 was trending towards normal        (        ), which was beneficial to support Resident #52 and current conditions. On this note, new recommendations were made to provide a large portion for the lunch meal and a large portion of vegetables for the dinner meal. No nutritional supplements were added, or weekly        were ordered to monitor Resident #52's trending        .</p> <p>An interview was conducted on        at 4:35 PM with the facility's Registered Dietitian. She stated the Certified Nursing Assistants take the        of the residents they are assigned to. They write the        on a piece of paper, and it is then given to her to place them in the electronic system. When she receives the        , she can see the        loss compared to previous        .</p>	F 692			

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

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F 692	<p>Continued From page 17</p> <p>or by looking at the residents themselves. For any loss, she will provide nutritional interventions on the same day or no later than 48 hours. When asked about Resident #52, she noticed the downward trend when she put the _____ into the system. Since she was unsure that his _____ was accurate on admission at _____, she was not overly concerned that the _____ dropped to _____. When she noticed the additional drop in _____, she made a metal note to follow up on Resident #52 and visited the Resident but did not write a follow up note. According to the Registered Dietitian, Resident #52 was eating well and was eating all his meals, and monthly _____ were going to be monitored and reviewed. During this entire interview, the Registered Dietitian was not aware of or told by Staff J that Resident #52's _____ was taken earlier at 3:50 PM, which showed a severe _____ %.</p> <p>In an interview conducted on _____ at 5:10 PM with the Rehab Director, she stated that Resident #52 met his goal of eating with set up only on _____. He is still receiving _____ (_____), but since eating was not one of his goals, he was not watched during mealtimes. If Resident #52 had tremors or decreased in strength, that would have noticed it. Looking at him today, she noticed he looked more tired than usual and noticed a decrease in overall strength. They have noted the spilling of food before, but not to the extent of what she was hearing today.</p> <p>In an observation conducted on _____ at 9:00 AM, Staff K was in the room feeding Resident #52's breakfast meal. Resident #52 seemed very receptive to the help and did not object when</p>	F 692			

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

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F 692	<p>Continued From page 18</p> <p>Staff K was feeding him his breakfast meal.</p> <p>In an interview conducted on _____ at 9:27 AM with the Registered Dietitian (RD), she stated that she observed Resident #52 eating in the past and did not remember seeing him shaking or spilling his food. The RD noted that the _____ loss may be due to the caloric _____ that could have contributed to gradual _____ loss since the diet in the facility is around 2000 calories a day, and the diet provided at home could have been over 2000 calories a day. She told Resident #52's mother that next month, they will see what the _____ is, and if it continues to decline, she will put Resident #52 on weekly _____ and provide him with Health Shakes (nutritional supplements). According to the RD, Resident #52's mom did not tell her that Resident #52 was shaking uncontrollably and unable to eat independently. When asked by this Surveyor why she did not put Resident #52 on weekly _____, she stated that she would weigh him this month and see if there was a further decline in _____. The RD was still not aware of the new _____ which was taken yesterday by Staff J.</p> <p>In an interview conducted on _____, at 10:18 AM, with Staff N, the Registered Nurse stated that she noticed Resident #52's _____ shaking this past Monday and that she had not seen his shaking before. He usually eats by himself and does not need assistance with eating.</p> <p>In an interview conducted on _____ at 10:30 AM with Resident #52's Mother, she stated that she was told by a staff member yesterday that he spilled most of his breakfast meal and his coffee all over himself. She further said that she spoke to the Clinical Dietitian on the phone yesterday</p>	F 692		

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

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F 692	<p>Continued From page 19</p> <p>and told her she was worried about her son's . She told the Dietitian that her son's was shaking and that he had spilled half of his food on himself. The Clinical Dietitian told her that she would increase the amount of food and that she would follow up on his at the end of the month. Resident #52's mother said to this Surveyor, "I was wondering if he lost because half of his meals were on his ."</p> <p>In an interview conducted on at 11:13 AM with Staff O, Certified Assistant, she stated that she has been working with Resident #52 since his admission on . He has always had some tremors on his left . She considered it part of his condition but did not have anything interfering with his Activities of Daily Living (ADLs). She saw him yesterday and noticed his tremors, which had gotten worse. This was nothing like before, and these new symptoms impeded his eating abilities. She further stated that Resident #52 had a can of soda and was not able to bring the can of soda to his .</p> <p>In an interview conducted on at 3:25 PM with Staff J, she told Staff S, Registered Nurse, about the but did not report the to the Registered Dietitian. She did not see the RD, so she gave the report to Staff S.</p> <p>In an interview conducted on at 3:44 PM with Staff S, she stated that Staff J told her that she took the on Resident #52 as per this Surveyor's request. Staff S said that she was told by Staff J that Resident #52 was . She further reported that she did not put any in the electronic system and did not report</p>	F 692		

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

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F 692	<p>Continued From page 20</p> <p>the new _____ to the RD because it was late in the day when the _____ was taken. When asked if she told the RD about the _____ this morning, she said no.</p> <p>In an interview conducted on _____ at 4:00 PM with the facility's Administrator, she was informed of the findings.</p> <p>2. A record review showed that Resident #56 was admitted on _____ with diagnoses that included _____ and Rhabdomyolysis. The quarterly Minimum Data Set (MDS) assessment dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score is 2, which indicated severe _____.</p> <p>Review of Resident #56's Care plan, dated _____, for nutritional problems related to medical diagnoses, therapeutic restricted and textured consistency diet, history of variable oral intake. The goal was the resident will maintain adequate nutrition/hydration status.</p> <p>Interventions included:</p> <ul style="list-style-type: none"> <li>-Administer medications as ordered.</li> <li>-Encourage and assist with setup/intake of meals as needed.</li> <li>-Monitor/document/report any signs of _____.</li> <li>-Monitor/record/report to doctor signs of _____: Significant _____ loss: _____ in 1 week, &gt;5% in 1 month, &gt;7.5% in 3 months, &gt;10% in 6 months.</li> <li>-RD to evaluate and make diet change recommendations PRN.</li> <li>- _____ per facility policy.</li> </ul> <p>A review of the _____ log for Resident #56 showed the following:</p>	F 692		

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

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F 692	<p>Continued From page 21</p> <p>16: 07: 13: 12: 10: 09: 15: 12: 10:</p> <p>This showed a _____, or a 9.8% severe _____ loss in one month between _____ and _____. Resident #56 had an overall trending _____ % from _____ to _____ (past 6 months).</p> <p>A review of the Dietary progress note dated _____ (the day the 9.8% _____ loss was identified) revealed the Registered Dietitian stated that Resident #56 meal intake was less than 50% per review over the past 30 days. Resident #56 received Elderton QD to _____ (once a day to three times a day) for appetite support, fortified food QD (once a day) for nutrition support, encouraged extra oral hydration and continue to monitor protocol pm (as needed).</p> <p>A review of the Dietary progress note dated _____ (23 days after the 9.8% _____ loss was identified) revealed the Registered Dietitian (RD) stated that Resident #56 continues with trigger for _____ which representant a 14% of _____ loss in 3 months. The progress note further revealed that weekly _____ monitoring was difficult for staff members due to behaviors and the meal intake was recorded as more than 50% but less than 75-100% for three meals daily. Resident #56 received house shake _____ (twice a day) for</p>	F 692		

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

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F 692	Continued From page 22 nutrition.  A review of Resident #56's Physician's orders showed the following: House Supplement Shake once a day started on _____ and was increased to twice a day on _____. No orders were noted from _____ to _____.  In an observation conducted on _____ at 1:30 PM Resident #56 tray's consisted of chicken pot pie with 1 biscuit, ½ cup of green peas, ½ cup of deluxe fruit salad, 6oz of tea and 4oz of apple juice but no ½ cup of fortified mashed potatoes as indicated on the meal ticket.  In an interview conducted on _____ at 4:05 PM, the Registered Dietitian (RD) stated sometimes there is discrepancy between care plans and orders because Point Click Care (PCC) doesn't communicate the order of the shakes with the system. RD further stated, after reviewing the interventions put in place on _____, that she forgot to put in the order for the House Shake once a day. It must have slipped her mind to put in the order after the note. The resident started getting House Supplement Shakes on _____.	F 692		
F 695 SS=D	Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) _____ care, including _____ care and _____ suctioning. The facility must ensure that a resident who needs _____ care, including _____ care and _____ suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered	F 695		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 695	<p>Continued From page 23</p> <p>care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews and record review, the facility failed to ensure the resident's competency when performing . . . care for 1 of 2 residents sampled for . . . care (Resident #58).</p> <p>The findings included:</p> <p>Resident #58 was admitted to the facility on . . . with diagnoses that included Failure, Type 2 . . . and . . . Status. Her ( . . . ) was 15 on the quarterly Minimum Data Set (MDS) assessment dated . . . This indicated the resident was . . .</p> <p>On . . . at 9:32 AM, ( . . . ) care was observed with Staff P. . . . Staff P wore a gown, . . . mask, and gloves and cleaned around the area of the . . . and applied a new gauze, . . . The surveyor asked Staff P why did she not change the inner . . . and she replied that the resident changes her own inner . . . Asked if the resident had a competency for this and she replied that she did the competency over a year ago.</p> <p>Observation of the bedside table of Resident #58 revealed a box of disposable inner . . . and a box of gloves.</p> <p>Interview with the resident was conducted on . . . at 2:35 PM. She stated she changes her inner . . . sometimes 3 times a day. She has</p>	F 695	<p>Boca Circle Rehabilitation Center failed to ensure the residents competency when performing . . . care..</p> <p>Actions Taken:</p> <p>1) Resident #58 was evaluated by the . . . on . . . &amp; . . . and competency and education was completed and uploaded into the electronic medical record. Staff P, . . . was provided education on . . . by the Regional . . . on . . . ensuring documented education and competency is documented for residents that perform self-care.</p> <p>Others Identified:</p> <p>2) Full house was conducted by the DON/Designee on . . . to ensure residents with . . . that perform their own . . . care have a competency completed. No concerns noted.</p> <p>Measures Taken:</p> <p>3) Nursing Staff were in serviced on ensuring residents with . . . who perform their own . . . care are assessed for competency starting on . . . by DON/Designee.</p> <p>Newly hired . . . staff and nursing staff will receive this education during general orientation.</p> <p>Ongoing Monitoring</p> <p>4) The Director of Nursing/Designee will</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 695	<p>Continued From page 24</p> <p>disposable inner in her room with gloves. She has had the for over a year and prefers to do this on her own. She had a box of gloves and a box of disposable inner at the bedside and she stated she puts on her gloves and pulls out the inner and puts a new one in and hears it snap. She calls the nurse when she changes the but at night she sometimes changes it when the nurse is not there.</p> <p>On at 2:50 PM the surveyor interviewed Staff C, Unit Manager, as to where the competency checklist would be. She called Staff P on the phone and Staff P stated to her that the competencies would have been on paper and she gave the papers to the former Director of Nursing (DON).</p> <p>On at 9:00 AM the surveyor spoke with the Regional Nurse Consultant. She stated that they could not find any competency because it was probably on paper with the other company. She agreed that there should be a competency in her Electronic Health record (EHR).</p> <p>Review of the EHR revealed a progress note dated " (Resident) inner is supposed to be changed twice a day. She is supposed to go through 14 inner in a week. Per (family) 14 is too little and should be changed more. (Resident) is running out of inner due to frequent changes. (Resident) will change out her own inner despite being told her inner should only be changed twice a day. gives (resident) two boxes at a time to prevent from running out. Per the administrator it is ok to double her inner order."</p>	F 695	<p>conduct weekly audits to verify that residents with that perform their own care have a competency completed weekly x 4 weeks, and then every 2 weeks x 2 months .</p> <p>Audit results will be reviewed in Center QAPI meeting until substantial compliance is met.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 695	Continued From page 25  Further review of the EHR on _____ revealed Resident #58 had documentation in the EHR that she was educated on inner _____ change and demonstration was conducted on _____ at 5:26 PM and _____ which was after surveyor intervention.	F 695			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug _____); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to monitor behaviors and side effects for a Resident on _____ medications in 1 of 5 residents reviewed for	F 757			
			Boca Circle Rehabilitation Center failed to monitor behaviors and side effects of _____ medication.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOCA CIRCLE REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7225 BOCA DEL MAR DRIVE BOCA RATON, FL 33433</b>	
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F 757	<p>Continued From page 26</p> <p>Unnecessary Medication (Resident #52).</p> <p>The findings included:</p> <p>A record review showed that Resident #52 was admitted to the facility on _____ with diagnoses of _____ and major _____. The Admission Minimum Data Set (MDS) assessment dated _____ showed that Resident #52 had a Brief Interview of Mental Status score ( _____ ) of 03, which is severely _____.</p> <p>A review of the Physicians'orders showed an order for _____ ( _____ medication) 0.5 milligrams, give 1 tablet by _____ two times a day which was dated _____. An order for _____ Tablet 20 milligrams, give 1.5 tablet one time a day for _____ which was dated _____.</p> <p>The Care plan dated _____ revealed the following: Resident #52 uses _____ medication related to _____. Administer medication as ordered and monitor for side effects. Monitor/record the occurrence of target behavior symptoms and document per facility protocol. It further showed that Resident #52 uses _____ medication related to _____. Administer _____ medicines as ordered by the physician and monitor/document side effects and effectiveness every shift.</p> <p>A review of the Medication Administration Record for the months of _____ and _____, did not show that Resident #52's behaviors or side effects were being monitored.</p> <p>An interview was conducted on _____ at 1:55</p>	F 757	<p>Actions Taken:</p> <p>1) Resident #52's medication administration record has been updated to include behavior and side effect monitoring was implemented on _____.</p> <p>Staff L, LPN, was re-educated by the DON/Designee on _____ to ensure medication administration records have behavior and side effect monitoring present were indicated.</p> <p>Others Identified:</p> <p>2) Full house audit was conducted by the Director of Nursing/Designee on _____ to ensure behavior and side effect monitoring is in place for residents receiving _____ medications. Behavior and side effect monitoring was implemented as indicated.</p> <p>Measures Taken:</p> <p>3) Licenses Nurses were re-educated on the components of this regulation with an emphasis on ensuring the residents on _____ medications have behavior and side effect monitoring in place on the medication administration record. Newly hired licensed staff will receive this education during general orientation.</p> <p>Ongoing Monitoring:</p> <p>4) The Director of Nursing/Designee will conduct weekly audits of 10 residents on each unit to verify that residents on _____ medications have behavior and side effect monitoring in on the medication administration record weekly x 4 weeks, and then every 2 weeks x 2 months.</p> <p>Audit results will be reviewed in Center QAPI meeting until substantial compliance</p>	

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

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F 757	Continued From page 27 PM with Staff L, Licensed Practical Nurse. She stated that any residents on _____ and _____ medications they monitor the behaviors and side effects of the medicines. This is documented in the Medication Administration Record of the electronic system. When asked if Resident #52 was being monitored for side effects and behaviors, she said yes. She proceeded to look in the electronic chart but could not show this Surveyor any documentation regarding the side effects and behavior monitoring for Resident #52.  In an interview conducted on _____ at 4:00 PM with the facility's Administrator she was informed of the findings.	F 757	has been met.	
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide the correct diet consistency for the Pureed diet for 3 out of 12 residents observed on pureed diet (Resident #35, Resident #102 and Resident #108).  The findings included:  A review of the facility's policy titled "ASHAWIRE" showed the following: National _____ Diet (NDD) published in 2002 proposed four levels of semisolid/solid foods with level 1 being the	F 805	Boca Circle Rehabilitation Center failed to provide the correct diet consistency for the Pureed diet.  Actions Taken: 1) Resident #35 & #108 remain in the facility in stable condition. Resident #102 no longer resides in the facility. Others Identified: 2) Full house was conducted by the Dietary Manager/Designee on _____ to _____	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 805	<p>Continued From page 28</p> <p>pureed consistency. NDD Level 1: -Pureed (homogenous, very cohesive, pudding-like, requiring very little chewing ability).</p> <p>1. A record review showed that Resident #35 was admitted on _____ with diagnoses of _____ and _____ without _____. The quarterly Minimum Data Set (MDS) assessment dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score showed that Resident #35 was unable to conduct the interview.</p> <p>During an observation conducted on _____ at 1:50 PM in the main dining room, the surveyor realized that pureed Chicken Pot Pie was lumpy, and the green beans shell were easily identified. Resident #35 meal ticket consisted of 8 ounces (oz) of Pureed Chicken Pot Pie with #16 scoop (Scp) of Pureed Biscuit, #10 (Scp) of Pureed Green Peas, #10 Scp of Pureed Sliced Peached &amp; Pears, ½ Cup of Fortified Mashed Potatoes and 6 ounces of Tea which matched the meal tray.</p> <p>2. A record review showed that Resident #102 was admitted on _____ with diagnoses of Combined _____ ( _____ ) and Diastolic ( _____ ) _____ and Wasting and Atrophy. The quarterly Minimum Data Set (MDS) dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score showed that Resident #102 was unable to conduct the interview.</p> <p>During an observation conducted on _____ at 1:57 PM in Resident #102's room, the surveyor observed that pureed Chicken Pot Pie was lumpy, and the green beans shell were easily</p>	F 805	<p>ensure the residents' diet consistencies were correct. Any concerns identified were immediately addressed.</p> <p>Measures Taken: 3) Dietary Staff were in serviced on ensuring the residents diet consistency is accurate on _____ by Certified Dietary Manager.</p> <p>Nursing staff were re-educated to monitor diet consistency during meal tray check/pass.</p> <p>Newly hired dietary staff and nursing staff will receive this education during general orientation.</p> <p>Ongoing Monitoring: 4) The Dietary Manager/Designee will conduct daily audits 5X/week to verify that residents diet consistencies are correct x 4 weeks, and then 2X/week for 2 weeks then weekly for 2 months . Audit results will be reviewed in Center QAPI meeting until substantial compliance has been met.</p>	

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F 805	<p>Continued From page 29</p> <p>identified. Resident #102 meal ticket consisted of 8 ounces (oz) of Pureed Chicken Pot Pie with #16 scoop (Scp) of Pureed Biscuit, #10 (Scp) of Pureed Green Peas, #10 Scp of Pureed Sliced Peached &amp; Pears, ½ Cup of Fortified Mashed Potatoes and 8 ounces of Nectar Thickened Lemonade which matched the meal tray.</p> <p>3. A record review showed that Resident #108 was admitted on _____ and readmitted on _____ with diagnosis of _____ and _____ following _____ affecting Right Dominant Side. The admission Minimum Data Set (MDS) dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score showed that Resident #35 was unable to conduct the interview.</p> <p>During an observation conducted on _____ at 1:54 PM in Resident #108's room, the surveyor observed the pureed Chicken Pot Pie was lumpy, and the green beans shell were easily identified. Resident #102's meal ticket consisted of 8 ounces (oz) of Pureed Chicken Pot Pie with #16 scoop (Scp) of Pureed Dinner Roll/Bread, #10 (Scp) of Pureed Green Peas, #10 Scp of Pureed Sliced Peached &amp; Pears, ½ Cup of Fortified Mashed Potatoes and 6 ounces of Tea which matched the meal tray.</p> <p>During an interview conducted on _____ at 2:51 PM, the Speech _____ stated that pureed food should be blended, completely broken down into one uniform consistency. The Speech _____ further stated that she has been working in this facility since _____ and hasn't done any training with the kitchen staff yet. She continued explaining that they follow the Asha guidelines for the texture of the food they serve.</p>	F 805			

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F 805	Continued From page 30  During an interview conducted on _____ at 3:00 PM, the District Manager stated that 12 residents are on pureed consistency diet and that she always tries the pureed food in the kitchen before sending it out on the floor to make sure the consistency is adequate.	F 805			
F 806 SS=D	Resident _____, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(4) Food that accommodates resident _____, intolerances, and preferences;  §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice: This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, facility failed to provide food that meets residents' preferences, _____ and intolerances for 4 or 4 residents observed during dining observation (Resident #56, Resident #15, Resident #118, Resident #368).  Findings included:  1. A record review showed that Resident #56 was admitted on _____ with diagnosis of other specified _____ of brains and rhabdomyolysis. The Minimum Data Set (MDS) quarterly dated _____ revealed that the Brief Interview of Mental Status ( _____ ) score is 2, which indicates severe _____.	F 806	Boca Circle Rehabilitation Center failed to provide food that meets residents' _____ preferences, _____, and intolerances.  Actions Taken: 1) Resident #56 was seen by the Registered Dietician on _____ and remain in the facility in stable condition. Resident #15 was seen by the Registered Dietician on _____ and remain in the facility in stable condition. Resident #118 remains in the facility in stable condition. Resident was seen by Registered Dietician on _____ and food preferences have been updated. Resident #368 remains in the facility in		

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F 806	<p>Continued From page 31</p> <p>During an observation conducted on at 1:30 PM this surveyor observed that Resident #56 meal ticket consisted of: 1 Cup of Chicken Pot Pie with 1 biscuit, cup of green peas, cup of deluxe fruit salad, cup of fortified mashed potatoes, 6oz of tea of choice and 4oz of apple juice. Resident #56's tray did not have mashed potatoes nor fortified mashed potatoes.</p> <p>2. A record review showed that Resident #15 was admitted on and readmitted on with diagnosis of and Atherosclerotic. The quarterly Minimum Data Set (MDS) assessment dated revealed that the Brief Interview of Mental Status ( ) score is 14, which indicates no</p> <p>In an observation conducted on at 1:35 PM this surveyor saw that Resident #15's meal ticket consisted of: 8 ounces (oz) of Ground Chicken Pot Pie with bread, cup of broccoli florets chop, 1 assorted ice cream, 8oz of whole milk, 6 oz of hot tea, and 1 can of diet Gingerale soda. The meal tray did not have ice cream on it.</p> <p>3. A record review showed that Resident #118 was admitted on with diagnosis of and and Encounter for Surgical Aftercare following Surgery of the Nervous System. The admission Minimum Data Set (MDS) dated revealed that the Brief Interview of Mental Status ( ) score is 15, which indicates no</p> <p>In an observation conducted on at 1:20 PM this surveyor observed Resident #118</p>	F 806	<p>stable condition. Resident was seen by the Registered Dietician on and food preferences have been updated.</p> <p>Staff A, LPN was reeducated on verifying plated food match resident's meal ticket on by Ellie Schutt, LNHA. Staff B, LPN was reeducated on verifying plated food match resident's meal ticket on by Ellie Schutt, LNHA. Staff D, LPN was reeducated on verifying plated food match resident's meal ticket on by Ellie Schutt, LNHA.</p> <p>Others Identified: 2) A facility audit was conducted by the Dietary Manager/Designee on to ensure provision of food to meet residents' preferences, and intolerances. Residents' dietary preferences were updated as indicated. Measures Taken: 3) Dietary Staff were in serviced on ensuring the residents diet preferences are honored including condiments on by CDM.</p> <p>Education for Licensed Nurses and CNAs was initiated on regarding checking the meal tickets and meal tray for correct consistency by DON/Designee.</p> <p>Newly hired dietary and nursing staff will receive this education during general orientation. Ongoing Monitoring: 4) Dietary Manager/Designee will conduct audits 5x/week to verify that residents dietary preferences are correct and Licenses Nurses are checking meal</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 806	<p>Continued From page 32</p> <p>frustrated and taking out the green peas from the chicken pot pie and putting them on the plate. Resident #118 explained that he explicitly told multiple staff that he does not like peas or greens but unfortunately, they always put some sort of green on his plates. The Resident's plate consisted of 1 Cup of chicken pot pie with 1 biscuit, cup of broccoli florets, cup of deluxe fruit salad, and 8oz of lemonade.</p> <p>4. A record review showed that Resident #368 was admitted on _____ with diagnosis of Inflammatory Demyelinating _____ and Type 2 _____ without complications. The Minimum Data Set (MDS) is not yet available due to Resident being newly admitted.</p> <p>In an interview conducted on _____ at 10:00 AM Resident #368 stated that food is inedible, they don't put any condiments like salt, pepper, ketchup, or seasonings. Resident #368 further stated that her preferences are not taken into consideration. For example, she doesn't drink milk or juice, she doesn't eat pancakes or white bread but always gets these things on her tray. Resident continued by explaining how the food is always served _____.</p> <p>5. In an observation conducted on _____ at 11:45 AM in the kitchen, the surveyor was given the menu of the day that consisted of: Open-Faced Roast Pork Sandwich (2oz sliced Pork) alternative 3oz of Salisbury Steak, ½ cup of Herbed Green Beans or ½ cup of Brussels Sprouts, ½ cup of Mashed Potatoes or ½ cup of Buttered Noodles, 1 Dinner roll or 1 Bread and 1 square of Lemon Cake with Lemon Icing. The surveyor further asked to weigh the Roasted Pork _____.</p>	F 806	<p>trays for correct consistency x 4 weeks, and then every week x 4 weeks, followed by weekly x 1 month .</p> <p>Audit results will be reviewed in Center QAPI meeting until substantial compliance has been met.</p>		

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F 806	<p>Continued From page 33 and the Salisbury Steak which respectively 2 ounces and 3 ounces.</p> <p>In an interview conducted on _____ at 2:00PM, the District Manager stated that they have three checkpoints to make sure that the meal ticket always matches the meal tray. The three checkpoints are: the first one is the aide that puts the tray together, the second one is another aide in the kitchen, and the third one is the nurses on the floor who take the lids off to check what was on the tray matches what is on the meal ticket. The District Manager further stated that she and her assistant are also always in the kitchen double checking.</p> <p>In another interview conducted on _____ at 3:15 PM, the District Manager stated that the pork on the Open-Faced Roast Pork Sandwich was 2oz and that Salisbury Steak 3oz on the alternative menu was different portion because as the pork cooks the _____ is reduced. The District Manager further stated that another reason could be because the pork is served on bread which would make up for the ounce missing. The District Manager continues saying that a resident ordering the Open-Faced Roast Pork Sandwich would get 2oz and a resident ordering the Salisbury Steak would get 3oz.</p> <p>6. In an observation conducted on _____ at 12:40 PM, the tray cart arrived at the 400 unit with lunch meals. Staff A, Licensed Practical Nurse (LPN) was observed at the tray cart to distribute the lunch trays to the residents. Further observation revealed Staff A was checking the meal ticket, however, he did not uncover the plate to assure the food consistency matched the meal ticket. Then, at 12:47 PM the tray cart was moved to the 500 unit to be distribute by another nurse,</p>	F 806		

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F 806	<p>Continued From page 34</p> <p>Staff D, LPN; and again observed food plates were not uncovered to check for consistency by Staff D.</p> <p>7. On _____ at 11:47 AM, another observation of the lunch trays was conducted. Staff A was observed distributing the lunch trays at 700 unit. Staff A checked the residents' meal tickets on the trays; however, he did not uncover the plates to check for correct consistency. At 12:13 PM the meal cart was observed at the 500 unit and the lunch trays were being distribute by Staff B, LPN. Further observation revealed Staff B checking the meal tickets and not uncovering the plate to check for correct consistency.</p> <p>8. During an interview conducted with Staff B, who stated she has worked at the facility for 11 years. She stated that when distributing the meal trays, she checks the name, room number, fluids and correct diet/consistency on the meal ticket. Then she was asked if she uncovers the plate to check for the correct food consistency, Staff B stated "oh, yes, of course!"</p> <p>9. During an interview conducted on _____ at 1:50 PM with Staff A, LPN, who stated he has worked at the facility for over a year. He stated the responsibility of the nurse during meal tray distribution is to check the meal ticket for the resident's name, room number, and confirm the right diet is correct on the meal trays. Staff A stated he knows which type of diet each resident is on because he knows most of the residents. He also stated he does uncover the food plate to check the consistency. Staff A was told that during a couple of observations the surveyor noticed that he did not uncover the plate to check the food consistency. He acknowledged that he</p>	F 806			

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F 806	Continued From page 35 did not uncover the plates to check the food consistency. Then he stated the Certified Nursing Assistants (CNAs) will let him know if the meal does not look like the consistency for the resident; in addition, Staff A stated if he is not too busy he sometimes assist feeding the residents and in that case he checks the food consistency.	F 806		
F 809 SS=D	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3)  §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.  §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.  §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to follow their posted scheduled mealtime for tray deliveries on 2 out of 2 observations.  The findings included:	F 809	Boca Circle Rehabilitation Center failed to follow their posted scheduled meal time for tray delivery.  Actions Taken: 1) Residents residing in the facility have	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOCA CIRCLE REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7225 BOCA DEL MAR DRIVE BOCA RATON, FL 33433</b>	
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F 809	<p>Continued From page 36</p> <p>1. In an observation conducted on between 12:00 PM and 2:00 PM this surveyor observed discrepancies between the stipulated lunch tray's arrival time and the actual arrival time. The lunch trays stipulated arrival time were as follow: Main Dining Room: 12:00 PM, Assisted Dining Room: 12:10 PM, 100 Hall: 11:30 AM, 200 Hall: 11:40 AM, 300 Hall: 11:50 AM. The lunch trays actual arrival time were as follow: Main Dining Room: 12:52 PM, Assisted Dining Room: 1:10 PM, 100 Hall: 1:15 PM, 200 Hall: 1:43 PM, 300 Hall: 1:38 PM.</p> <p>2. In an observation conducted on between 11:30 PM and 12:30 PM this surveyor observed discrepancies between the stipulated lunch tray's arrival time and the actual arrival time. the lunch trays stipulated arrival time were as follow: Main Dining Room: 12:00 PM, 500 Hall: 11:50 AM, 600 Hall: 11:40 AM, 700 Hall: 11:30 AM. The lunch trays actual arrival time were as follow: Main Dining Room: 12:25 PM, 500 Hall: 12:00 PM, 600 Hall: 11:53 AM, 700 Hall: 11:50 AM.</p> <p>3. Resident #7 was admitted on _____ with a diagnosis of _____'s and _____.</p> <p>The Admission Minimum Data Set (MDS) dated _____ showed a Brief Interview of Mental Status Score ( _____ ) score of 15, which is _____.</p> <p>In an interview conducted on _____ at 12:42 PM, Resident #7 stated that the lunch meals are always late and usually arrive at the Main dining room between 12:30 PM and 1:00 PM and sometimes past 1:00 PM.</p>	F 809	<p>the potential to be affected by the alleged deficient practice. The facility has reviewed and readjusted mealtimes. Updated postings have been made available to residents and visitors.</p> <p>Resident council meeting held on _____ to the updated posting of mealtimes.</p> <p>Others Identified:</p> <p>2) A facility audit was conducted on _____ by Certified Dietary Manager to ensure the residents meals were delivered timely.</p> <p>Measures Taken:</p> <p>3) Dietary Staff were in serviced on _____ by CDM on the components of this regulation with an emphasis on ensuring the meals are delivered as per the posted mealtimes.</p> <p>Newly hired dietary staff will receive this education during general orientation.</p> <p>Ongoing Monitoring:</p> <p>4) The Dietary Manager/Designee will conduct audits to verify that the meal delivery follows the posted meal delivery times 3x weekly x 4 weeks, and then weekly x 4 weeks every 2 weeks x 1 months.</p> <p>Audit results will be reviewed in Center QAPI meeting until substantial compliance has been met.</p>	

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

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F 809	Continued From page 37  4. A record review revealed that Resident #269 was admitted to the facility on _____ with diagnoses of _____ and Difficulty Walking. The MDS dated _____ revealed that Resident #269 had a _____ score of 15, which is _____  In an interview conducted on _____ with Resident #269, at 1:09 PM, it was stated that the food comes late on the 300 Unit all the time, and it is not unusual for the trays to arrive around 1:30 PM.  In an interview conducted on _____ at 11:45 AM with the kitchen District Manager, she stated that the timing of the meals was changed a while ago. She changed them for the breakfast and dinner meals but forgot to change them for the lunch meal on _____	F 809		
F 814 SS=D	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4)  §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure disposal of garbage and refuse in a sanitary manner.  The findings included:  A review of the facility's policy titled, "Dispose of Garbage and Refuse," dated _____, showed the following: all garbage and refuse will be collected and disposed of in a safe and efficient manner. The Dining Service Director coordinates with the	F 814	Boca Circle Rehabilitation Center failed to ensure disposal of garbage and refuse in a sanitary manner.  Actions Taken: 1) On _____ the Director of Dietary corrected the deficient practice to ensure disposal of garbage and refused was done in a sanitary manner. Others Identified: 2) The construction dumpster is set to	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 814	Continued From page 38 Director of Maintenance to ensure that the area surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris.  In an observation conducted on _____ at 8:42 AM, in the outside area, a large blue metal construction dumpster was noted. The opened dumpster showed garbage bags and multiple food boxes inside the dumpster. Closer observation revealed a foul smell and insects flying around the construction dumpster. In this observation, the facility's maintenance director stated that he has told the kitchen staff multiple times that this construction dumpster is only used for construction garbage and not to throw any other garbage that is coming from the main kitchen. He further stated garbage that is coming from the main kitchen can attract rodents and insects and then said, "I am not here 24/7."  In an interview conducted on _____ at 4:00 PM with the facility's Administrator, she was informed of the findings.	F 814	be removed on _____. The garbage and refuse identified were disposed of in a sanitary manner on _____ by the CDM. Measures Taken: 3) Dietary and Maintenance staff were re-educated on _____ by Ellie Schutt, LNHA on ensuring disposal of garbage and refuse in a sanitary manner. Newly hired dietary and maintenance staff will receive this education during general orientation. Ongoing Monitoring: 4) The Dietary Manager/Designee will conduct audits 3x weekly to verify appropriate disposal of garbage and refuse x 4 weeks, then weekly x 4 weeks, and then every 2 weeks x 1 month. Audit results will be reviewed in Center QAPI meeting until substantial compliance has been met.	
F 880 SS=D	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §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 _____.  §483.80(a) _____ prevention and control program. The facility must establish an _____ prevention	F 880		

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F 880	<p>Continued From page 39</p> <p>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:</p> <p>(i) A system of surveillance designed to identify possible communicable or before they can spread to other 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 ; ( )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</p>	F 880			

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F 880	<p>Continued From page 40 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 observations, interviews, and record review, the facility failed to properly follow hygiene protocol during , treatments and failed to handle medications in a sanitary manner while dispensing medications for 2 of 5 sampled residents reviewed for medication administration (Resident #90 and #79). In addition, the facility failed to follow sanitary procedures for disconnecting , treatment for 1 of 1 sampled resident reviewed for (Resident #101).</p> <p>The findings included:</p> <p>Review of the facility's policy titled, "Administering Medications," revision date , included the following: To ensure that medications are administered in a safe and timely manner, and as prescribed. General Guidelines: 3. Medications are administered in accordance with prescriber orders, and current standards of practice.</p>	F 880	<p>Boca Circle Rehabilitation Center failed to properly follow hygiene protocol and handle medications in a sanitary manner. Disconnecting treatment in a unsanitary manner.</p> <p>Actions Taken: 1) Residents #90 no longer resides at the center.</p> <p>Resident #101 was seen by MD on and remains at baseline without signs or symptoms of</p> <p>Resident #79 was seen by MD on and remains at baseline without signs or symptoms of</p> <p>Staff C, LPN/Unit manager, was reeducated on by Don/Designee on hygiene protocol during , treatments.</p>		

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F 880	<p>Continued From page 41</p> <p>a. Staff follows established facility control procedures (e.g., handwashing, technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.</p> <p>1) Record review for Resident #90 revealed that the resident was admitted to the facility on _____ with the following diagnoses: _____ with (Acute) Exacerbation, _____</p> <p>Review of Section C of the Minimum Data Set (MDS) dated _____ revealed that Resident #90 had a _____ of 15, which indicated that she was _____</p> <p>During a medication administration observation conducted on _____ at 8:46 AM with Staff C, Unit Manager and Licensed Practical Nurse (LPN), who stated she would start Resident #90 on the _____ treatment via _____ prior to dispensing the oral medications. Without performing _____ hygiene (HH), Staff C gathered the _____ treatment and entered the room. She did not wash her _____ nor don on gloves and went to the _____ machine located on the bedside table and grabbed the mask and assisted Resident #90 to put on the mask. Staff C returned to the medication cart without performing HH and opened the cart and began dispensing the medications for Resident #90 including an inhaler. Without performing HH, she again entered the resident's room, gave the inhaler to Resident #90. After the resident finished with the inhaler, Staff C took the inhaler _____ from the resident and returned to the medication cart, again no HH was observed. Then, Resident #90 mentioned to Staff C that she</p>	F 880	<p>Staff D, RN, was reeducated on _____ by DON/Designee on handling medications in a sanitary manner while dispensing medications.</p> <p>Staff M, _____ patient care tech, was reeducated on _____ by Karen Castelloni, _____, to follow sanitary procedures for disconnecting _____ treatment.</p> <p>Others Identified:</p> <p>2) A full house audit of nurses doing medication administration and performing _____ hygiene was initiated by the DON/Designee on _____. Any concerns identified were immediately addressed.</p> <p>DON/Designee conducted an audit on _____ of the _____ treatment being disconnected. No concerns noted.</p> <p>Measures Taken:</p> <p>3) License Nurses were reeducated on _____ by DON/Designee on the components of this regulation with an emphasis on appropriate and frequent _____ hygiene during medication administration, handling medications in a sanitary manner, and proper hygiene protocol during _____ treatments.</p> <p>_____ Staff were reeducated on disconnecting the _____ treatment in a sanitary manner _____ by Karen Castelloni,</p> <p>Newly hired licensed nurses and _____ staff will receive this education during _____</p>	

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F 880	<p>Continued From page 42</p> <p>must rinse her _____ after using the inhaler and needed a cup of water. Staff C handed a cup of water to Resident #90 and the resident rinsed her _____ and spit the water _____ into the cup. Staff C donned a glove on her right _____ and took the cup and discarded the water in the bathroom sink and at that moment washed her _____.</p> <p>During an interview conducted on _____ at 9:15 AM, Staff C, stated she has worked at the facility for 8 years. She acknowledged she did not sanitize her _____ as much as she should during the medication administration for Resident #90. Staff C then stated she did wash her _____ once during the observation.</p> <p>2) Resident #79 was admitted to the facility on _____ with diagnoses which included _____, Major _____ and _____. He had a Brief Interview Mental Status (BIM) score of 14, indicating no _____.</p> <p>During a Medication Administration Observation which began on _____ at 9:37 AM with Staff D, Registered Nurse (RN), she was observed touching four (4) different oral capsule and pill medications (some stored in bottles and some in Bingo paks), directly with her gloved _____ for Resident #79. Staff D consecutively prepared all above four (4) of Resident #79's medications with her gloved _____ while touching both the pills and capsules directly with her gloved _____, prior to placing them in the medication cup.</p> <p>On _____ at 9:42 AM the Medication Administration Observation conducted with Staff D, included this medication: 1) _____ 5mg one (1) tablet was ordered twice a day ( _____ ). Staff D, was observed preparing this medication. She</p>	F 880	<p>general orientation.</p> <p>Ongoing Monitoring:</p> <p>4) The Director of Nursing/Designee will conduct audits to verify appropriate hygiene during medication administration, handling medications in a sanitary manner, and proper _____ hygiene protocol during _____ treatments and _____ staff disconnecting the _____ treatment in a sanitary manner 3x weekly times x 4 weeks, and then weekly x 4 weeks and then every 2 weeks x 1 months .</p> <p>Audit results will be reviewed in Center QAPI meeting until substantial compliance has been met.</p>	

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F 880	<p>Continued From page 43</p> <p>subsequently dropped this tablet on the top of the 600 hallway medication cart and discarded it. However, Staff D, was then observed touching the tablet directly with her gloved after having "popped" it out of the Bingo pack; instead of first placing the pill medication in the cap and then transferring it to the medication cup.</p> <p>Then, on at 9:43 AM Staff D, was observed preparing these medications: 2) 10mg two (2) capsules were ordered daily. Staff D, was observed touching the capsules directly with her gloved after having "popped" them out of the Bingo pack; instead of first placing the capsule medications in the cap and then transferring it to the medication cup.</p> <p>Next, on at 9:44 AM Staff D, was observed preparing this medication: 3) one (1) tablet ordered daily. Staff D, was observed touching the tablet directly with her gloved, and then placing it directly into medication cup; instead of first placing the pill medication in the cap and then transferring it to the medication cup.</p> <p>Finally, on at 9:45 AM Staff D, was observed preparing this medication: 4) 10mg one (1) tablet ordered three times per day ( ). Staff D, was observed touching the tablet directly with her gloved after having "popped" it out of the Bingo pack; instead of first placing the pill medication in the cap and then transferring it to the medication cup.</p> <p>During an interview conducted on at 9:46 AM with Staff D, she acknowledged that she should not have touched Resident #79's</p>	F 880		

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F 880	<p>Continued From page 44</p> <p>medications directly with her gloved</p> <p>On at 3:05 PM an interview was conducted with Staff C, Licensed Practical Nurse/Unit Manager/(LPN)/(UM), for the 400, 500, 600 and 700 hallways,, in which she acknowledged that the nurses' gloved should not have touched Resident #79's medications.</p> <p>The DON, further recognized and acknowledged on at 3:17 PM that Resident #79's medications should not have touched the nurses' gloved and should have been transferred directly into the medication cup; this was not done.</p> <p>3. A record review revealed that Resident #101 was readmitted to the facility on with diagnoses of and . A review of the Physicians' orders revealed an order for in-house dated .</p> <p>In an observation conducted on at 12:25 PM, Staff M, Patient Care Technician, was in the room performing the disconnection of the Central (CVC) site on Resident #101. She was observed sanitizing her and putting on a pair of cleaned gloves. She then touched the sanitizing bottle, moved it from one side to the other, and proceeded to disconnect the access site with the same gloves. She did not practice hygiene and changed gloves after touching the sanitizing bottle.</p>	F 880			