STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106148	A. BUILDING _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE AT JUPITER REHABILITATION CENTER (THE)	674 PIONEER ROAD JUPITER, FL 33458

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Complaint survey, complaint number #2024008896, #2025000207, #2025000475, #2025002400 was conducted in conjunction with the revisit for complaint #2024001085, #2024016361 and #2025000614 on - at Luxe at Jupiter Rehabilitation Center (The). The allegation for complaint #2025002400 was substantiated and cited at F677. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000		
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 observation, interviews and clinical record review, the facility failed to ensure that residents who are unable to carry out their activities of daily living to maintain personal hygiene, grooming, mobility are provided the necessary care and services in a timely manner. The facility also failed to maintain accurate documentation of the care and services that are provided. This failure affected 3 of 6 sampled residents (Resident #1, #5 and a confidential random resident). The findings included: 1) Review of the clinical record for Resident #5 revealed that the resident was admitted to the facility on with diagnoses which	F 677	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required. 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? • Resident #1 no longer resides in the facility as of • On , Resident #5 was assessed by nursing no negative outcomes observed	

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

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F 677	Continued From page 1 included, following following ingestion of other solids and liquids, Acute Failure, due to other underlying conditions, and following affecting right dominant side and . Review of the plan of care revealed that the resident takes nothing by and receives feeding. It is noted that the resident is dependent for the performance of his activities of daily living including bathing, bed mobility, transfers and is of and . An observation of Resident # 5, conducted on at approximately 2:15 PM revealed that the resident was lying in bed with the top sheet removed, exposing his adult brief, which was obviously wet. The surveyor summoned the aide, Staff E, at this time. An interview was conducted with Staff E, who admitted that the last time she provided care for Resident #5 was about 10:30 AM this morning, approximately 4 hours ago. 2) A review of the Paramedic Trip records dated at 10:59 AM for Resident #1, documented, "upon arrival the crew found the patient (,), unresponsive and lying in bed. The , had a CPAP (Continuous Positive Airway Pressure) machine on his with normal , a strong radial , with cool extremities. The , has old soiling his clothing and his bed sheets. The PA (Physician Assistant) on scene advised that the , is being treated for the and a ( ), he is on multiple and . They advised that the , is normally alert	F 677	• Confidential/random resident: On , a current audit was conducted on current residents to ensure no issues related to ADL care were identified, no like residents noted. 2. How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. • By an audit was completed by the DON/designee on current residents identified as dependent for ADL care, any concerns identified were addressed at the time of assessment. 3. What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. • By , current nursing staff were educated on ADL care for dependent residents by the Assistant Director of Nursing/Designee. • Newly hired staff will be educated on ADL care for dependent residents by the Assistant Director of Nursing/Designee at orientation as part of the systematic changes. 4. How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. • The DON/Designee will audit 5 residents receiving ADL care 2x week x 4 weeks then 1x week for 4 weeks then 2 x month for x 1 month then monthly for 1 month to ensure substantial compliance is achieved. The findings of these audits will	

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F 677	Continued From page 2 and talking with no . The facility is unable to tell the crew how long the , has been unresponsive." The clinical record for Resident #1 revealed that the resident was admitted to the facility on with diagnoses which included, Sleep , , , Type 2 with , complications, and . An interview was conducted with the Day Registered Nurse, Staff B, on at 3:20 PM. She works from 7:00 AM to 7:00 PM. She stated that [on] she saw the resident around 7:45 AM-8:00 AM and he was sleeping with his CPAP. She stated she received report that the resident was okay, and that the resident was sleeping with his CPAP. No distress. She stated she went in to try to wake him and he would not wake up. His vital signs were ok, and she said she checked his earlier and it was 140. She said she does recall the resident's bed sheet being wet the last hour before he was sent out, but she didn't recall any discoloration being on the sheet. An interview was conducted with the Day Certified Nursing Assistant, Staff D, on at 3:30 PM. She stated when she made rounds at 7:00-7:30 AM, the resident was sleeping with his CPAP on. When breakfast arrived, they noted that he didn't respond. She reported she changed the resident before and after breakfast. She stated she changed the residents' pull up not the sheets. She didn't recall that the residents' sheets were wet. She reported the resident had on a shirt and diaper. She denied that she	F 677	be reviewed in the monthly QAPI meeting.	

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F 677	Continued From page 3 changed the linen, she just changed the resident. Review of the Activities of Daily Living Task sheet revealed that the staff failed to document the performance of any activities of daily living for Resident #1 on and . Review of Resident #1's Plan of Care, it documented the resident is at risk for complications r/t (related to) and/or with interventions which included: Monitor/observe for potential complications of . Notify MD as indicated. Monitor/report PRN (as needed) any possible causes of including, but not limited to, , , loss of tone, , decreased capacity, , , medication side effects. Preventative skin care/treatments as ordered/indicated. Provide care with each episode as tolerated. within reach. Review of Resident #1's Plan of Care documented the resident has an potential for ADL selfcare r/t ADL needs and participation vary, Fatigue, medical conditions. A with , , . The interventions included: Toileting: the resident will need the extensive help of one or two staff to stand and transfer on and off the toilet, commode or bed pan. The resident will probably need you to wipe, redress, and wash their . Be prepared with 2 people to assist for resident safety during the transfer. Transfer: the resident is limited to extensive and may need assistance x 1 or x 2 for transfers in and out of chair or bed. This may fluctuate with , fatigue, and status.	F 677		

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F 677	Continued From page 4 3) A confidential random resident interview was conducted on in the afternoon, when the resident reported that he has issues with the night shift staff providing care. He recalled a couple of nights ago, that he put on his call light because he was . They answered the light and stated they would be , but they did not come to change him until 4 hours later.	F 677		

Agency for Health Care Administration

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N 000	INITIAL COMMENTS An unannounced Complaint survey, complaint #2024008896, #2025000207, #2025000475, #2025002400, was conducted in conjunction with the revisit for complaint #2024001085, #2024016361 and #2025000614 on - at Luxe at Jupiter Rehabilitation Center (The). Please refer to the findings in the revisit report, N 201 was found uncorrected related to complaint #2025002400.	N 000		

AHCA Form 3020-0001

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