

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

PRINTED: 04/25/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2025
NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 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 Recertification and Complaint survey (#2025002811 and #2025003862), was conducted in conjunction with two complaint revisits on _____ at Luxe at Jupiter Rehabilitation Center. Complaint #2025002811 was substantiated with a deficiency cited at F 550, and Complaint 2025003862 was substantiated with a deficiency cited at F 584. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000			
F 550 SS=E	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.	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>§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.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents were treated with dignity during activities of daily living (ADLs) care and failed to provide care upon request for 7 of 33 residents reviewed for dignity (Residents #254, 251, 256, 55, 83, 250, and # 23).</p> <p>The findings included:</p> <p>1) The clinical record indicated that Resident #254 was admitted to the facility on _____ with a diagnosis that included _____. The admission assessment, dated _____, included a brief interview with a mental status score of 14, which indicated that Resident #254 was _____. The assessment noted symptoms such as feeling down, depressed, or hopeless but recorded no behavioral symptoms.</p> <p>On _____, at 9:41 AM, during an interview with Resident #254, she stated that the staff had</p>	F 550	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.4.25 residents #254, 251, 256, 55, 83, and 23 were assessed by licensed nurse, no concerns identified related to alleged deficient practice.</p> <p>Resident #251 discharged on 4.9.25 and is no longer residing in the facility.</p>	

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F 550	<p>Continued From page 2</p> <p>spoken foreign languages in her room during care, which made her uncomfortable as she did not understand what they were saying or doing.</p> <p>2) The clinical record revealed that Resident #251 was admitted to the facility on _____, and _____, with diagnoses including medically conditions.</p> <p>On _____, at 10:55 AM, Resident #251, alert and coherent, reported, the staff was rough and pushy during care. They are not caring and are disrespectful. They do not greet him when they encounter him. They don't say hello. They do not work well together.</p> <p>3) The clinical record for Resident #256 indicated admission to the facility in _____. The care plan initiated on _____ noted that Resident #256 had the potential for an ADL self-care due to varying participation, fatigue, and medical conditions.</p> <p>On _____, at 11:16 AM, Resident #256 was observed at the nursing station alongside two family members. He was noted to have hair that needed to be shaved, and he appeared _____. An interview with his wife revealed concerns about his care. She indicated that aides had refused to shave him when she requested it. She stated the aides told her they don't do that. Although she brought a razor to help shave him, the aide did not do a good job.</p> <p>4) The clinical record for Resident #55 documented admission to the facility on _____ and _____, with diagnoses including _____ and _____. On _____, the quarterly comprehensive assessment recorded a brief</p>	F 550	<p>Resident #256 discharged on 4.8.25 and is no longer residing in the facility.</p> <p>Resident #250 discharged on 4.2.25 and is no longer residing in the facility.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.11.25 the Director of Social Services completed a quality review of current residents to ensure that residents rights are honored with emphasis treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ _____ hygiene at preferred temperatures, and timely response to call lights, any concerns identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.17.25 Ad Hoc Resident council meeting held to review survey results and plans being implemented for correction of alleged deficient deficiencies.</p> <p>On 4.22.25 the Director of Nursing completed education with current staff on the components of F550 Resident Rights with an emphasis on treating residents with dignity and respect, communicating in</p>		

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F 550	<p>Continued From page 3</p> <p>interview with a mental status score of 15, indicating that Resident #55 was . The assessment noted no symptoms but did report verbal and behavioral symptoms.</p> <p>On , at 11:29 AM, during an interview with Resident #55, he expressed that staff sometimes do not speak English while providing care, which he found rude. He wished he could understand what they were saying.</p> <p>5) The clinical record for Resident #83 indicated admission to the facility on , with diagnoses including , and . The admission assessment, reference date recorded a brief interview with a mental status score of 12, indicating that Resident #83 was . The assessment did not note any or behavioral symptoms.</p> <p>On , at 11:41 AM, during an interview with Resident #83, she stated the staff has a nasty attitude. They argue while caring for her and do not work together.</p> <p>6) The clinical record revealed that Resident #250 was admitted to the facility on with diagnoses including medically conditions. The admission assessment, reference date , recorded a brief interview for a mental status score of 15, which indicated Resident #250 was . This assessment recorded no or behavior concerns.</p> <p>This comprehensive assessment recorded under section "GG" for functional abilities and goals that Resident #250 required partial/ with toileting hygiene, upper body</p>	F 550	<p>a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ hygiene at preferred temperatures, and timely response to call lights by the Assistant Director of Nursing/designee.</p> <p>Newly hired staff will be educated on the components of F550 Resident Rights with an emphasis on treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ hygiene at preferred temperatures, and timely response to call lights by the Assistant Director of Nursing/designee at orientation as a part of the systematic changes.</p> <p>(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:</p> <p>Director of Nursing/Designee to conduct random audits of 5 residents 2 times a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F550 residents rights are honored with emphasis on treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ hygiene at preferred temperatures, and timely response to call</p>	

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F 550	<p>Continued From page 4</p> <p>rolling left and right, lying to sitting on the side of the bed, sit to stand, chair/bed-to-chair transfer, and toilet transfer. She required substantial/maximal assistance with showering/bathing, her lower body, and putting on/taking off footwear. She needed supervision or assistance with personal hygiene. The care plan initiated on indicated Resident #250 had an ADL self-care related to ADL needs and participation varying, fatigue, and medical conditions. Interventions included encouraging and assisting with all ADL tasks as indicated and tolerated by the resident, including locomotion/ambulation, bathing, bed mobility, transfers, toileting tasks, meals, and personal/oral hygiene.</p> <p>On at 11:55 AM, during an interview with Resident #250, she revealed the aides don't usually show up when she calls, and when they finally do come, they have an attitude. She explained that last week, she needed a "diaper" change with all the she had taken, makes her pee a lot. She called an aide to change her and the aide said, "I did it an hour ago." She said, "I know, but I want to be changed again." The aide said, "Well, I don't want to right now." She filed a complaint with the facility. They did not talk to her about the resolution. Resident #250 explained that this morning (on), an aide came in; she asked for a "diaper" change, the aide said, "I am the only one here right now; I will try to get to you sometime later," and left the room without changing her. She finally got up and went to the bathroom by herself.</p> <p>7) The clinical record revealed that Resident #23 was admitted to the facility on with diagnosis including , , failure. The annual</p>	F 550	<p>lights.</p> <p>The findings of these quality monitoring to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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F 550	Continued From page 5 comprehensive assessment, reference date _____, recorded a brief interview for a mental status score of 15, which indicated Resident #23 was _____. This assessment recorded no _____ or behavior concerns. This comprehensive assessment was recorded under the section "GG" for functional abilities and goals. Resident #23 required substantial/maximal assistance with toileting hygiene, showering/bathing, lower body _____, putting on/taking off footwear, and chair/bed-to-chair transfer. She required partial/_____ with upper body _____, and sitting to stand. She needed supervision or touching assistance to roll left and right and sitting on the side of the bed. The care plan revised on _____ indicated Resident #23 had an ADL self-care related to _____ medical conditions, _____ in more than five areas of ADLs. Interventions included encourage and assist with all ADL tasks as indicated and tolerated by the resident, including locomotion/ambulation, bathing, bed mobility, transfers, toileting tasks, meals, and personal hygiene. On _____ at 12:04 PM, an interview was conducted with Resident #23. She stated this is a pretty place, but the care is no good; the staff doesn't care about the residents. She explained there was no hot water in her bathroom. One time, during care, a certified nursing assistant (CNA) poured _____ water on her; it took her breath away; she was shocked, and she stopped breathing for a few seconds. At 12:20 PM, the surveyor checked the water temperature of the shower and sink. The surveyor let the water run until 12:23 PM (about 3 minutes); the surveyor placed her _____ under the running water; there	F 550		

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F 550	Continued From page 6 was no hot water. On _____, at 11:46 AM, the surveyor turned on the water and let it run until 11:49 AM; the water was _____. On _____, the Director of Nursing was interviewed from 11:55 AM to 12:14 PM, with a follow-up discussion at 2:00 PM. During these sessions, the Director was made aware of the concerns residents and their families raised. Each problem was _____ to her. On _____ at 2:11 PM, an interview was conducted with Staff E, a nurse. During the discussion, Staff E expressed concerns regarding instances in which staff members communicated in a foreign language in the presence of residents. She noted that this practice occasionally makes her uncomfortable, leading her to believe the conversation may be about her.	F 550			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident	F 584			

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F 584	<p>Continued From page 7</p> <p>independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)() ;</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after _____ must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to follow their policy for loss of hot water and ensure sufficient hot water was available to the residents in their rooms and showers for 8 of 34 sampled residents (Residents #29, #27, #13, #301, #302, #303, #68, #23).</p> <p>The findings included:</p> <p>1) Review of a policy titled, "Water Temperatures Safety Checks" documented that the facility will</p>	F 584	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p>	

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F 584	<p>Continued From page 8</p> <p>make every effort to provide water temperatures between 105 and 115 degrees Fahrenheit. Water temperatures are checked every morning at different locations in the facility and documented. There is no date or policy number for this policy.</p> <p>Review of a policy titled, "Loss of Hot Water" revised documented the facility is committed to maintaining a safe and comfortable environment for all residents. In the event of a hot water loss, prompt actions will be taken to ensure resident needs are met ad compliance with Florida regulations is maintained. Procedure:</p> <ol style="list-style-type: none"> 1. Immediate response: Assessment: Upon discovering a loss of hot water, the maintenance supervisor will assess the cause and estimated time for repair. 2. Personal Hygiene: Use alternative methods such as pre-warmed water from external sources or no-rinse bathing products to maintain hygiene. 3. Regulatory Compliance: Water temperature are maintained between 105 to 115 degrees F. 4. Residents and families: Provide timely updates regarding the situation and expected resolution. 5. Maintain detailed records of the outage, actions taken and communications made. <p>2) On _____ at 8:50 AM the surveyor randomly began checking water temperatures from the faucet using a "dial stem thermometer" (after the thermometer was calibrated). The following rooms had temperatures that were below 105 degrees.</p> <ul style="list-style-type: none"> - 80 degrees - 80 degrees - 80 degrees - 90 degrees 	F 584	<p>On 4.4.25 residents # 29, 27, 13, 302, 68, and 23 were assessed by licensed nurse, no concerns identified related to alleged deficient practice.</p> <p>Resident #303 discharged on 3.18.25 and is no longer residing in the facility.</p> <p>Resident #301 discharged on 4.1.25 and is no longer residing in the facility.</p> <p>Resident #27 discharged on 4.14.25 and is no longer residing in the facility.</p> <p>The Maintenance Director contacted an external plumbing vendor to repair hot water and additional mixing valve ordered as additional precaution; repairs completed on 4.4.25.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.11.25 the Director of Social Services/Designee completed a quality review of current residents to ensure safe/clean/comfortable/homelike environment with emphasis ensuring sufficient hot water available to residents in their rooms and showers; no concerns identified.</p> <p>On 4.8.25 the Director of Maintenance completed a quality review of resident rooms and shower rooms to check water temperatures to ensure at appropriate</p>	

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F 584	<p>Continued From page 10</p> <p>(_____).</p> <p>His _____ score was not completed since he was a new admission, but the resident was alert, oriented and able to answer all questions by the surveyor.</p> <p>During an interview on _____ at 1:15 PM, Resident #302 stated that the water is _____, he can't take a shower or shave. The surveyor felt water and it was _____, ran it for several minutes and it did not get warm.</p> <p>4) Review of Resident #301's medical records revealed that the resident was admitted and was discharged _____ . Resident stated that the water is _____ in her room and she can't shower or wash up.</p> <p>5) Review of Resident #68's medical records revealed that the resident was admitted to the facility on _____ with diagnoses to include _____, Essential _____ of the _____ Region, Major _____ and _____.</p> <p>During an observation and an interview with Resident #68 on _____ at 9:20 AM, the surveyor went into resident's room and observed the water running with no one near the faucet. The resident stated she didn't do it, the CNA (Certified Nursing Assistant) did it. She is waiting for the CNA to change her. Staff P, CNA came in and stated she turned the water on, she has to let it run for 15-45 minutes until it gets warm. She thinks they told her it was a water pump that was bad.</p> <p>6) Review of Resident #303's records revealed that Resident #303 was admitted to the facility on _____</p>	F 584	<p>program will be put in place:</p> <p>Maintenance Director/Designee to conduct random audits of 5 resident _____ times a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure sustained compliance with F584 safe/clean/comfortable/homelike environment with emphasis on ensuring sufficient hot water available to residents in their rooms and showers and how to utilize the facilities electronic work order system for reporting environmental concerns.</p> <p>The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2025
NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 674 PIONEER ROAD JUPITER, FL 33468		
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F 584	<p>Continued From page 11</p> <p>and discharged . The resident had diagnoses to include Type II , and , and Aphasia Following a</p> <p>During an interview on at 12:50 PM with Staff H, CNA she was asked if she had taken care of Resident #303 before. She stated "yes." She was then asked if this resident ever had any complaints and she said "yes, he complained the water was not hot." The surveyor asked what did she do. She stated she had notified the Maintenance Director.</p> <p>7) On at 12:04 PM Resident # 23 voiced her concerns to a surveyor. She stated she has no hot water. The staff poured water on her during care, it took her breath away, she was shocked. She hasn't been able to take a shower due to the lack of hot water. At 12:20 PM the surveyor proceeded to check the water (shower and sink) and let the water run until 12:23 PM, and there was no hot water.</p> <p>8) During an interview on at 10:17 AM with Resident#3, who had a of 15, she stated that there is no hot water, you can't take a shower, and she was not sure how long it has been out.</p> <p>9) During a telephone interview on at 10:08 AM with the owner of Plumbing Company he stated a supervisor had been onsite as well as a few of their plumbers to service and inspect the nursing home facility. He stated that the facility does have hot water but it is taking too long to reach their rooms. We found a few check valves for water supply not functioning. The problem is the disproportion of water getting</p>	F 584			

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F 584	<p>Continued From page 12</p> <p>into the water supply piping. I don't remember replacing a circulation pump. The first service we did was changing the check valves. We are still replacing them. We have replaced 4 check valves and the mixing valve needs to be replaced. I have only been on this project since the middle of . . . I wasn't doing this in . . . A month ago we did check valves at the ALF(Assisted Living) but this week we have been doing checks valves at the SNF. Did 4 checks valves at SNF waiting on mixing valves to come in. The check valves were faulty and the water was over powering the hot water to come through.</p> <p>10) During an interview on at 10:27 AM with the Maintenance Director he stated that this is the first week that the plumbing company has been here. I've been here for 3 weeks and the second day I found out that there was an issue with water but on the ALF side. On the SNF side it was this past Saturday that hot water was not up to correct temperatures. Randomly I do weekly temps in different rooms on each floor. It depends maybe on each floor, depends on time of day and if I don't get pulled away. I document that. I get a weekly task and monthly task. Not sure why the higher number rooms are having an issue. The surveyor asked about the text that he sent on but he had no response.</p> <p>The surveyor reviewed the employee roster and showed that the Maintenance Director's hire date was . . .</p> <p>11) Review of the record revealed Resident #27 was admitted to the facility on . . . Review of the current Minimum Data Set (MDS)</p>	F 584			

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F 584	<p>Continued From page 13</p> <p>assessment dated documented the resident had a () score of 14, on a 0 to 15 scale, indicating the resident was</p> <p>During an interview and observation at 10:51 AM, when asked if there was an issue with the provision of hot water, Resident #27 stated, "They haven't had hot water for about a month. Have you ever taken a shower? It's not fun!" The surveyor ran the hot water faucet in the resident's bathroom sink, which was located next to the shower, for several minutes, and the water did not get warm.</p> <p>12) Review of the record revealed Resident #29 was admitted to the facility on Review of the current MDS assessment dated documented the resident had a score of 15, on a scale of 0 to 15, indicating the resident was</p> <p>During an interview on at 11:28 AM, when asked if there was any problem with the provision of hot water, Resident #29 stated, "There is no hot water. It has been an issue for at least two months. The resident then volunteered, about two or three weeks ago a nurse came in and told me, good news they are coming to fix the hot water, but it didn't get fixed. Resident #29 confirmed direct care staff knew about the water as the aides would comment about it during care.</p> <p>During an interview on at 6:06 PM, when asked about any problems with hot water, Staff J, Certified Nursing Assistant (CNA) stated, "They fixed it today." When asked if there were</p>	F 584		

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F 584	Continued From page 14 issues previously, the CNA would not respond directly, but kept saying, "they fixed it." When told a resident had said there had been no hot water for a month or two, the CNA stated, "No, maybe two weeks." During an interview on _____ at 6:09 PM, when asked if there had been any problems with the hot water, Staff K, Licensed Practical Nurse (LPN) stated, "They were here today and fixed it." When asked if it had been a problem in the past, the LPN would not say. When told residents were saying there have been problems for a month or two, the LPN stated, "I heard it happened before, and they fixed it. I really don't have any more information than that." 13) A record review revealed that Resident #13 was admitted on _____ with diagnoses that included _____ or _____. The brief interview of mental status score per the minimum data set completed on _____ was 14. This indicated that Resident #13 was _____. During an interview on _____ at 03:37 PM, Resident #13 complained about no hot water. He said he needed hot water to shower and to shave. When asked for how long this problem had occurred, Resident #13 said it felt like there hasn't been hot water for a year. During an observation on _____ at 03:40 PM, the surveyor turned on the hot water and let the water run for approximately three minutes. The water felt a little warm and then it felt cool.	F 584		
F 684 SS=D	Quality of Care CFR(s): 483.25	F 684		

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F 684	<p>Continued From page 15</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure care and services for 5 of 34 sampled residents, as evidenced by the failure to implement the program for Resident #44, failure to follow parameters for Resident #10 and #23, failure to ensure the provision of a for Resident #62, and failure to notify the physician of levels as per physician order for Resident #303.</p> <p>The findings included:</p> <p>1) Review of the record revealed Resident #44 was admitted to the facility on . Review of the current Minimum Data Set (MDS) assessment dated documented the resident had a () score of 13, on a 0 to 15 scale, indicating the resident was .</p> <p>Review of the current care plan initiated on revealed Resident #44 was at risk for irregularity related to decreased mobility, and potential side effects of medications. The documented goal was that the resident would have a movement at least once every three</p>	F 684	<p>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 it is required.</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.4.25 resident #44, 10, 23, and 62 were assessed by licensed nurse, no concerns identified.</p> <p>Resident #44 had movement on 4.7.25, no regimen required.</p> <p>On 4.16.25 physician reviewed medication regimen for resident #10, determined to be stable and hold parameters removed from hypertensive medication.</p> <p>On 4.9.25 physician reviewed medication regimen for resident #23, determined to</p>	

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F 684	<p>Continued From page 16</p> <p>days. One of the interventions was to administer the medications as per physician orders.</p> <p>Review of the current physician orders revealed Resident #44 was on two routine medications daily for . The resident also had three orders for medications as needed, to include Milk of for Protocol, a (a) as needed for , and a to be administered if no movement in 5 days.</p> <p>Review of the documented management in the resident's record, along with the corresponding Medication Administration Records (MARs) for Resident #44 revealed the following:</p> <p>On on the day shift (7 AM to 7 PM) through on the day shift, a total of 4 days, the record lacked any documented movement or the administration of any as needed medication for</p> <p>On on the night shift (7 PM to 7 AM) through on the night shift, a total of 3 days, the record lacked any documented movement or the administration of any as needed medication for</p> <p>On on the night shift through on the day shift, a total of 3 days, the record lacked any documented movement or the administration of any as needed medication for</p> <p>During an interview on at 10:34 AM, Resident #44 stated she gets and had an issue with it every month. The resident stated the, she gets when constipated was "horrible." Resident #44 confirmed she was taking something every day, but did not think it was</p>	F 684	<p>be stable and hold parameters removed from hypertensive medication.</p> <p>for resident #62 was completed on 4.9.25; resident #62 discharged on 4.10.25 and is no longer residing in facility.</p> <p>Resident #303 was discharged on 3.18.25 and is no longer residing in facility.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.22.25 a quality review was completed by Director of Nursing on current residents for parameters, monitoring, management monitoring and orders to ensure parameters in place per physician orders and follow up scheduled as indicated. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 Director of Nursing completed education with current staff on the components of F684 Quality of care with an emphasis on parameters, monitoring, management monitoring and orders to ensure parameters in place per physician orders and follow up scheduled as indicated by</p>	

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F 684	<p>Continued From page 17</p> <p>enough. When asked if she gets anything as needed or upon her request, the resident stated once in a while she gets Milk of Magnesia.</p> <p>During an interview on _____ at 12:37 PM, when asked to explain the _____ Protocol, Staff L, Licensed Practical Nurse (LPN), explained that the electronic dashboard would notify the nurse when a resident does not have a _____ movement in three days. The LPN stated when notified, she would confirm the lack of a _____ movement with the resident and or staff. The LPN explained that when she is notified, she would provide the as needed dose of Milk of _____ to the resident listed on the dashboard. When asked specifically about Resident #44, the LPN agreed the resident had an issue with _____. During a side-by-side review of the record at this time, the LPN agreed with the findings.</p> <p>2) Review of the record revealed Resident #10 was admitted to the facility on _____. Review of the current orders revealed the order initiated on _____ for the _____ medication _____, 25 milligrams, to give two tablets twice daily. This order further documented the physician ordered _____ parameters that the resident was not to receive the medication if his _____ (_____ upper number) was less than 110 or his _____ rate was less than 60.</p> <p>Review of the _____ Medication Administration Record (MAR) documented the _____ was administered to Resident #10 on _____ at 9 AM with a _____.</p> <p>During a side-by-side review of the record and</p>	F 684	<p>the Director of Nursing/Designee.</p> <p>Newly hired licensed nursing staff will be educated on the components of F684 Quality of care with an emphasis on _____ parameters, _____ management monitoring and orders to ensure _____ parameters in place per physician orders and follow up _____ scheduled as indicated by the Assistant Director of Nursing/Designee. at orientation as a part of the systematic changes.</p> <p>(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:</p> <p>Director of Nursing/Designee to conduct random audits of 5 residents twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F684 Quality of care with an emphasis on _____ parameters, _____ monitoring, _____ management monitoring and orders to ensure _____ parameters in place per physician orders and follow up _____ scheduled as indicated.</p> <p>The findings of these quality monitoring _____ is to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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F 684	<p>Continued From page 18</p> <p>interview on _____ at 12:22 PM, Staff L, LPN, agreed with the findings and stated the medication should have been held.</p> <p>3) Resident #23 was admitted to the facility on _____ with diagnoses including _____ failure and _____ (high _____). An annual comprehensive assessment on _____ included a brief interview with a mental status score of 15, indicating that Resident #23 was _____. This assessment did not record any concerns related to _____ or behavior.</p> <p>According to the physician's order from _____, _____ was prescribed to be administered one tablet by _____ every 12 hours for the management of _____, with the stipulation to hold the medication if the _____ was below 110.</p> <p>However, a review of the _____ medication administration record (MAR) evidenced the lack of adherence to these parameters. _____ was administered outside of the established parameters on several occasions:</p> <ul style="list-style-type: none"> - On _____, at 9 PM, the recorded _____ was _____, and the medication was administered. - On _____, at 9 AM, the _____ was _____, and the medication was again given. - On _____, at 9 AM, the _____ was noted as _____, and the medication was administered. - On _____, at 9 PM, the _____ was recorded at _____, and the medication was administered. <p>During an interview with the Director of Nursing</p>	F 684			

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F 684	<p>Continued From page 19</p> <p>(DON) on _____, at 11:55 AM, the DON was made aware of the issue regarding the noncompliance with the physician's orders concerning _____ medication administration and the associated parameter.</p> <p>4) Review of Resident #62 records revealed that Resident #62 was admitted to the facility on _____. He has diagnoses to include _____ of _____, Retention of _____ and _____. A review of the physician's orders revealed that the resident has an _____. A review of a physician's progress note dated _____ documents that he _____ hardened to right side of _____. Another progress note dated _____ patient seen today in bed prior to going to _____. Earlier this week he complained of _____ and _____ to _____ hardened _____ noted to right side of _____ along with _____. Patient report that _____ has improved. He also continues to have penile discharge. Spoke with him about ensuring these issues are addressed with _____ today. He returned with an order for a _____ scheduled for _____ at 11:00 AM. Surveyor reviewed the Physician's order and did see an order for a _____ on _____ at 11:00 AM.</p> <p>During an interview on _____ at 10:30 AM, Resident #62 stated to the surveyor that he was upset, he is waiting to be picked up to go to the Urologist at 11:00 AM for a test. He said he mentioned it to the nurse, but she said he did not have one and no one appeared to be taking him.</p> <p>During an interview on _____ at 10:45 AM, with</p>	F 684			

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F 684	<p>Continued From page 20</p> <p>Staff M, RN she was asked about a medical .. today at 11:00 AM She stated, "he is .. , I don't see an .."</p> <p>During an interview on .. at 8:58 AM with Staff M, RN, she was asked again about Resident #62's .. that was scheduled for Monday .. She stated she wasn't aware he had an .. until the Surveyor brought it to her attention. She had texted the Activities Director around 10:45 AM asking if he had one. She said usually if they have an .. it will pop up on the computer as a one-time order but for him it wasn't put in correctly, so it didn't pop up. She said that Activities will set up the transportation.</p> <p>During an interview on .. at 9:05 AM with Staff N, Unit Manager, she stated that she spoke to the resident yesterday and she called the Urologist to find out about his .. but have not heard .. from them yet.</p> <p>During an interview on .. at 9:45 AM with the Activities Director she remembers the text the nurse sent her about this resident on Monday .. The Activities Director stated we will set up the residents' transportation if they are long-term care residents. The surveyor then stated that this resident is long term care.</p> <p>During a subsequent interview on .. with Staff N, Unit Manager, she stated the resident was communicating with the doctor's office and had changed his .. himself. The surveyor stated that it has been on the computer since .. Staff N then stated the resident told someone and they put it on the computer but</p>	F 684			

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F 684	<p>Continued From page 21</p> <p>did not put it in correctly and since he made the . . . we were not aware that he needed transportation. The surveyor stated that this . . . has been scheduled for over a month and they had an opportunity to get transportation scheduled, which she acknowledged.</p> <p>During an interview with Staff N, Unit Manager, on . . . at 11:50 AM she was asked about this resident transportation for the upcoming . . . She said the Activities driver was going to pick him up.</p> <p>During a telephone interview on . . . at 12:50 PM with the Activities Director she stated she only oversees transportation for outings and ALF. The unit manager would take care of the resident going to the doctor's . . .</p> <p>5) Review of Resident #303 records revealed Resident #303 was admitted to the facility on . . . and discharged . . . The resident had diagnoses to include Type II . . . and . . . and Aphasia following a . . . A review of the Physician's Order revealed Accu-Chek twice daily; If . . . is above 250 to notify the MD/ARNP start date . . . 0630. A review of the MAR (Medication Administration Record) revealed 3 days that the Accu-Chek was taken, and the . . . was above 250 but the physician or ARNP was not notified.</p> <p>On . . . 301 at 06:30 AM. On . . . 295 at 4:30 PM. On . . . 252 at 4:30 PM.</p>	F 684			

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F 684	Continued From page 22 The resident is also on _____ Tablet 1000 MG (_____) Give 1 tablet by _____ two times a day for _____ ; _____ Solution 100 UNIT/ML Inject 15 unit _____ at bedtime for _____ During an interview on _____ at 3:39 PM with the DON (Director of Nursing) the Surveyor asked her where the nurses document when they notify the physician or ARNP. She stated they are documenting either in the computer on the MAR which sometimes floats over to Progress Note or putting it in the progress note. The surveyor requested to pull up Resident #303's MAR and progress notes. She reviewed them and acknowledged that she does not see any notes that the physician or ARNP was notified and should have been per the order.	F 684		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and policy review, the facility failed to ensure supervision and staff training for 1 of 4 sampled residents (Resident #19), reviewed for _____ The findings included:	F 689	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	

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F 689	<p>Continued From page 23</p> <p>Review of the policy titled, " - Managing, Preventing, and Documentation" revised documented, in part, "Resident-Centered Approaches to Managing and Risk: 1. The staff will implement a resident-centered prevention plan to reduce the specific risk factor(s) of for each resident at risk or with a history of Documentation: . . . 2. The resident's care plan should be updated timely with the new interventions determined by the interdisciplinary team."</p> <p>Review of the record revealed Resident #19 was admitted to the facility on . Review of the current Minimum Data Set (MDS) assessment dated documented Resident #19 had a () score of 6, on a 0 to 15 scale, indicating the resident was . Review of the current care plan initiated revealed Resident #19 was at risk for related to , use of , medications, decreased endurance, and a history of .</p> <p>Review of progress note dated written by Staff A, Licensed Practical Nurse (LPN) revealed that Resident #19 was in her room and observed lying on the floor on her right side. A risk evaluation was completed after care was provided and family was notified. The risk evaluation revealed that Resident #19 was oriented to self, not place and time and had periods of . She presented with an altered awareness of physical environment and lack of understanding of physical limitations.</p> <p>During a family interview on at 9:42 AM, Resident #19's husband stated that his wife</p>	F 689	<p>solely because it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.4.25 resident #19 was assessed by licensed nurse, no concerns identified.</p> <p>On 4.4.25 staff activities aid G was educated by the Assistant Director of Nursing on prevention and safety, and on specifics of resident #19 plan of care.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.14.25 a quality review was completed by Director of Nursing/designee on current residents who sustained a within the last 30days to ensure follow up documentation in place, care plan updated, and staff education completed. Any concerns identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 Director of Nursing completed education with current nursing/activities/ , staff on the components of F689 free from hazards/accidents/supervision with emphasis on ensuring staff education</p>	

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F 689	<p>Continued From page 24</p> <p>out of the wheelchair when she was left alone in her room.</p> <p>During an interview on _____ at 12:10 PM, Staff A, LPN stated that a staff member from the Activities department pushed Resident #19 in her wheelchair _____ into her room and left her alone and did not notify the nursing staff that Resident #19 was _____ in her room.</p> <p>During an interview on _____ at 12:47 PM, the Activities Director stated that it was Staff G, a part time Activity Assistant, who brought Resident #19 _____ to her room on _____ as Staff G did not know that the resident should be taken to the nursing station instead of her room. When asked how Staff G, would've known which residents need to be brought to the nursing station instead of their rooms and if there was a policy for that she replied, "I am not sure, but I think it is in the resident's care plan."</p> <p>Review of the current care plan initiated on _____ that includes interventions carried over from 2024, lacked any intervention related to the need to always keep Resident #19 with staff while positioned in her wheelchair. Furthermore, the list of interventions and approaches did not include training for all facility staff to communicate with the nursing staff when Resident #19 is positioned in her wheelchair and returned to her room after attending activities, an outing or _____.</p> <p>Review of the facility investigation completed after Resident #19's _____ on _____, revealed education only to Staff G, the Activity Assistant involved in the incident, and lacked education to all staff.</p>	F 689	<p>completed and follow up documentation in place for _____ by the Director of Nursing/Designee.</p> <p>Newly hired nursing/activities/ _____ staff will be educated on the components of F689 free from hazards/accidents/supervision with emphasis on ensuring staff education completed and follow up documentation in place for _____ by the Assistant Director of Nursing/Designee at orientation as a part of the systematic changes.</p> <p>(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:</p> <p>Director of Nursing/Designee to conduct random audits of 5 residents who sustained a _____ twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F689 free from hazards/accidents/supervision with emphasis on ensuring staff education completed and follow up documentation in place for _____</p> <p>The findings of these quality monitoring _____s to be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met.</p>	

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F 693 F 693 SS=D	Continued From page 25 Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Nutrition (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)(4) A resident who has been able to eat enough alone or with assistance is not fed by methods unless the resident's clinical condition demonstrates that feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of feeding including but not limited to abnormalities, and This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to follow the physician's order for the administration of feeding for 1 of 2 sampled residents (Resident #31), reviewed for feeding. The findings included: A record review revealed Resident #31 was admitted to the facility on . Diagnoses included without loss of . Unspecified	F 693 F 693	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 it is required. (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	

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F 693	<p>Continued From page 26</p> <p>Protein Calorie _____, Major _____, and _____ Wasting in Multiple Sites with Atrophy. This resident's _____ (_____) score, per Minimum Data Set (MDS) assessment dated _____ was 4. This indicated that Resident #31 had severe _____.</p> <p>A record review revealed Resident #31's most recent _____ was _____, Her _____ (_____) was 18.3. This indicated that Resident #31 was _____. She lost _____ in six months from _____ on _____. The MDS quarterly assessment completed on _____ documented that Resident #31 received 51% or more of the calories ingested daily via _____, endoscopy _____ (_____) tube feedings, and 51% or more fluids from _____ feedings. Resident #31 was dependent on _____ feeding to meet her daily needs for nutrition. This included hydration.</p> <p>A record review of Resident #31's care plan for nutrition last revised on _____, documented that the resident was at risk for because she had inadequate intake of nutrition by _____. _____ was her primary source of nutrition. She had a history of _____ loss, and in addition to receiving feeding by _____, Resident #31 also received food by _____. Her food by _____ diet order dated _____ was for a regular diet, with a mechanical soft texture, and thin consistency fluids.</p> <p>A record review showed that Resident #31's current _____ feeding diet order dated _____ was for a continuous feeding of Jevity 1.5 to be</p>	F 693	<p>On 4.4.25 resident #31 was assessed by licensed nurse, no concerns identified.</p> <p>On 4.4.25 staff C nurse was provided 1:1 education by Assistant Director of Nursing on following physician orders for the administration of _____ feeding.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.11.25 a quality review was completed by Director of Nursing/designee on current residents receiving _____ nutrition to ensure appropriate formula in place and rate reflective of physician orders. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 education completed with current licensed nursing staff on the components of F693 _____ management with an emphasis on ensuring accurate formula administered at rate per physician orders by the Director of Nursing/designee. Newly hired licensed nursing staff will be educated on the components of F693 _____ management with an emphasis on ensuring accurate formula administered at rate per physician orders by the Assistant Director of</p>	

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F 693	<p>Continued From page 27</p> <p>administered at 85 milliliters per hour for 12 hours daily between 7:00 PM and 7:00 AM. The doctor's order specified that the total amount of 1,020 ml of Jevity was to be infused. There was another active order for a bolus feeding (administered all at the same time) of 237 milliliters to be administered at 5:00 PM daily.</p> <p>A record review of the Registered Dietitian's (RD) progress note on _____ revealed Resident #31 often refused the 5:00 PM bolus feedings. The RD recommended increasing the rate of Jevity 1.5 from 80 milliliters per hour to 85 milliliters per hour. This increase in rate also increased the volume of Jevity to be administered. In addition, the RD's progress note documented Resident #31's difficulty swallowing and poor intake of foods by _____.</p> <p>An observation during the initial screening activity on _____ at 09:39 AM revealed that Resident #31's _____ was dry, and the tip of her _____ was deep red. A vertical crevice was observed on the tip of her _____. The surveyor offered the resident water from the cup that was on her tray table. The resident accepted the cup in her hand and drank some water.</p> <p>During an observation on _____ at 6:12 PM, Resident #31 was lying down in bed. The surveyor asked the resident to stick out her _____ and Resident #31 complained that her _____ was dry.</p> <p>During an interview with Staff Q (Registered Nurse) on _____ at 2:12 PM, the surveyor shared her concern about Resident #31's dry _____. Staff Q said that Resident #31's _____ were dry, and she liked to drink water with ice.</p>	F 693	<p>Nursing/Designee during orientation as part of the systematic change.</p> <p>(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:</p> <p>Director of Nursing/Designee to conduct audits of 5 residents with _____ nutrition twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure accurate formula administered at rate per physician orders.</p> <p>The findings of these quality monitoring _____ is to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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F 693	Continued From page 28 An observation on _____ at 7:04 AM revealed Resident #31 was in bed, receiving feeding. The rate of feeding was 80 milliliters per hour. The total amount of Jevity that was administered, based on the amount of formula that remained in the plastic 1000 ml bottle, was approximately 540 ml. The doctor's order specified the total volume to be administered between 7:00 PM and 7:00 AM was 1,020 ml. Approximately 460 ml of Jevity 1.5 remained in the plastic bottle. An interview on _____ at 7:15 AM was conducted with Staff C, the nurse who provided Resident #31 with care during the night shift. The surveyor asked Staff C to view the pump and to describe the rate of administration of the Jevity formula that was in progress. Staff C said that the rate was 80 milliliters per hour. When asked to check the doctor's order in Resident #31's medical record, Staff C said that the order specified 85 milliliters per hour. The surveyor asked why she provided the Jevity at 80 milliliters per hour, and Staff C said that she didn't open and check the order for the administration of Jevity. She also said she wasn't informed of the change in the administration rate during the change of shift report.	F 693			
F 694 SS=D	/ Fluids CFR(s): 483.25(h) § 483.25(h) Fluids. fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.	F 694			

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F 694	<p>Continued From page 29</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation, record review, and interview, the facility failed to ensure timely () changes for 1 of 1 sampled resident, Resident #29.</p> <p>The findings included:</p> <p>Review of the policy titled, " Change" revised documented in part, "Standard: This purpose of this procedure is to minimize -related associated with contaminated, loosened, or soiled -site . Procedure: 1. changes to be completed if it becomes damp, loosened or visibly soiled and at least every 7 days."</p> <p>Review of the record revealed Resident #29 was admitted to the facility on . Review of the current orders revealed a was ordered on for the resident to receive medications. These orders also contained instructions to flush the before and after two current that were being administered via the line, to include , and . These orders lacked any instructions for the nursing staff to change the .</p> <p>A culture dated revealed the resident had a that was with a multi-drug resistant organism (MDRO).</p> <p>During an interview on beginning at 11:31 AM, when asked why he was on contact precautions, Resident #29 stated he had a . A mid-line was noted to the resident's right arm. The was lose all</p>	F 694	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.1.25 resident #29 was assessed by licensed nurse, no concerns identified.</p> <p>On 4.1.25 the site was changed for resident #29 by LPN staff L.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.11.25 a quality review was completed by Director of Nursing/designee on current residents with sites in place to ensure in place, changed timely and physician orders for monitoring being followed. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 Director of Nursing completed</p>	

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F 694	Continued From page 30 around the perimeter and dated . When asked about the changes, Resident #29 stated, "It wouldn't have been changed then () if I wouldn't have said anything. I have to beg them to change it. Then when the nurses do finally change it, they complain the whole time. During an interview on at 2:08 PM, when asked if she does the changes for a mid-line , Staff L, Licensed Practical Nurse (LPN) stated she does not, but would as the Unit Manager or another Registered Nurse (RN) to complete the task. When asked how she knows when it is due, the LPN stated it would pop up on her computer. When asked if she had noticed the mid-line for Resident #29, the LPN stated, "Yes, it was dated and I corrected that on ." The LPN agreed it was completed late. When asked to locate and provide the order for the mid-line change, the LPN stated she did not see it in the computer, but it should be changed every 7 days.	F 694	education with current licensed nursing staff on the components of F694 nutrition/ fluids with emphasis on ensuring in place, changed timely and monitoring per physician orders by the Director of Nursing/designee. Newly hired licensed nursing staff will be educated on the components of F694 nutrition/ fluids with emphasis on ensuring in place and monitoring per physician orders by the Assistant Director of Nursing/Designee during orientation as part of the systematic change. (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: Director of Nursing/Designee to conduct audits of 5 residents with sites twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure in place, changed timely and monitored per physician orders. The findings of these quality monitoring to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.	
F 695 SS=D	Care and Suctioning CFR(s): 483.25(i) § 483.25(i) care, including care and suctioning.	F 695		

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F 695	<p>Continued From page 31</p> <p>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 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, interview, and record review, the facility failed to properly administer , , for 2 of 2 sampled residents, as evidenced by failure to ensure proper physician orders for use for Resident #302, and that the prescribed physician order for was followed for Resident #54.</p> <p>The findings included:</p> <p>Review of the Policy titled, "Standards and Guidelines for Administration" revised , documented, in part, , is administered by way of an mask, or other device per physicians' orders with the appropriate flow of .</p> <p>1) Observations of Resident #302 from to revealed that the resident is on by . The setting of his is set at 4.5 LPM (liters per minute).</p> <p>A review of Resident #302's records revealed Resident #302 was admitted to the facility on with diagnoses to include () with Acute Exacerbation, Failure with Hypercapnia, Dependent on , and Type II . A review of the Physician's Orders documented</p>	F 695	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.2.25 resident #54 and #302 were assessed by licensed nurse, no concerns identified.</p> <p>On 4.2.25 physician orders reviewed for resident #354 and #302 to ensure administered per physician orders and monitoring in place, any concern identified were corrected.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.14.25 a quality review was completed by Director of</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2005
NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 674 PIONEER ROAD JUPITER, FL 33458		
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F 695	<p>Continued From page 32</p> <p>continuous () will tolerated every shift start . It does not state the LPM nor what type of device the resident should be using.</p> <p>During an interview on with Staff N, Unit Manager/RN she was asked what the process is for a resident on . She stated they check the every shift, he has and the is set at 3 LPM, every Thursday they change his . She was asked to review the resident's orders. She read off that it showed "continuous will tolerated every shift start ." She said OK and didn't seem concerned that the order did not have how many LPM nor by what method. We went into resident's room and to observe the rate. She stated it was at 4.5 LPM. The resident interjected and stated that he always has it at 4 LPM at home but because he is more active here at the facility it is at 5 LPM. The Unit Manager stated she will call the physician to get orders updated. On it now reads : Continuous. Encourage and assist resident to use @ 4.5L via NC continuously as tolerated for every shift for and Tubing Change: Change tubing/mask/bag Q week and PRN every night shift every Thursday for monitoring.</p> <p>Photographic evidence obtained.</p> <p>2) Review of record revealed Resident #54 was admitted to the facility on . On Resident #54 was admitted to the hospital with diagnosis of Acute Failure, and was readmitted to the facility on with a care order for at 2 liters via as needed for on exertion every 24 hours.</p>	F 695	<p>Nursing/designee on current residents with in place to ensure physician orders being followed and is administered properly. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.05 Director of Nursing completed education with current licensed nursing staff on the components of F695 / suctioning with emphasis on residents with in place to ensure physician orders being followed and is administered properly by the Director of Nursing/designee. Newly hired licensed nursing staff will be educated on the components of F695 / suctioning with emphasis on residents with in place to ensure physician orders being followed and is administered properly by the Assistant Director of Nursing/Designee during orientation as part of the systematic change.</p> <p>(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:</p> <p>Director of Nursing/Designee to conduct audits of 5 residents with twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure in place to ensure physician orders being followed and</p>		

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F 695	Continued From page 33 Observation on _____ at 8:10 AM, Resident #54 was in bed awake on _____ on 4 liters via _____ Observation on _____ at 11:15 AM, Resident #54 was in bed and awake on 4 liters of _____ via _____ During an interview on _____ at 11:07 AM, Staff A, Licensed Practical Nurse (LPN) was asked about Resident #54's _____ order as she was leaving resident #54's room. Staff A checked her computer stating the order is for 2 Liters. During an observation after the interview with Staff A, on _____ at 11:10 AM, Resident #54 was in bed awake with 4 Liters of _____ via a _____ Photographic evidence obtained.	F 695	_____ is administered properly. The findings of these quality monitoring _____s to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.	
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior	F 700		

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F 700	<p>Continued From page 34 to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and . . .</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure an assessment and an order for side rails for 1 of 1 sampled resident reviewed for side rails (Resident #302).</p> <p>The findings included:</p> <p>Observations were made from to of Resident #302's bed. He has 2 metal side rails up on the right side and 1 metal side rail up on the left side. On observations were made of a larger bed in Resident #302's room with 1 side rail up on each side of the bed by the of the bed.</p> <p>A review of Resident #302's records revealed Resident #302 was admitted to the facility on with diagnoses to include Visual Loss, , Type II Unspecified , and (). A review of the Admission Assessment for bed rails dated documents that side rails are not needed. There was no Physician Orders or documentation on further assessing the resident for side rails.</p> <p>During an interview on at 4:40 PM with</p>	F 700	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.7.25 resident #302 was assessed by licensed nurse for use of bed rails and consent was obtained for use; no concerns identified.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>A facility quality review was completed on 4.22.25 by Director of Nursing on current residents for use of bed rails to ensure appropriate, physician order in place for mobility to reflect current status. Any issues identified were corrected.</p>	

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F 700	Continued From page 35 the ADON (Assistant Director of Nursing), the surveyor asked who is responsible for doing assessments for side rails. She stated "Rehab" does it. During an interview on _____ at 4:45 PM with the Rehab Director he was asked who is responsible for doing assessments for bed rails. He stated "Nursing." During an interview on _____ at 4:50 PM with Staff O, LPN (Licensed Practical Nurse), she was asked who does bed rail assessments? she stated Nursing and Rehab do the bed rail assessments. If the Admission Assessment documents that the resident needs bed rails then we put an order in. She acknowledged that this resident does not have an order for bed rail and the assessment says no rails needed.	F 700	(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur; On 4.22.25 Director of Nursing completed education with current nursing staff and _____ staff on the components of F700 bed rails with emphasis on ensuring assessment in place and reflective of resident current status for use of bed rails for mobility by the Director of Nursing/designnee. Newly hired nursing staff and _____ staff will be educated on the components of F700 bed rails with emphasis on ensuring assessment in place and reflective of resident current status for use of bed rails for mobility by the Assistant Director of Nursing/Designnee during orientation as part of the systematic change. (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: Director of Nursing/Designnee to conduct audits of 5 residents twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F700 with emphasis on ensuring assessment in place and reflective of resident current status for use of bed rails for mobility. The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee	

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F 700	Continued From page 36	F 700	determines substantial compliance has been met.	
F 725 SS=E	<p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. THIS REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure sufficient staffing to provide timely and appropriate care and services as evidenced by verbal complaints</p>	F 725	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	

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F 725	<p>Continued From page 37</p> <p>from residents, family, and staff, which resulted in dignity concerns, the lack of call light response, care and activity of daily living (ADLs) care concerns. This concerned multiple residents, including Residents #256, #250, #72, #10, #23, #254, #11, #46, #62, #29, #27, #55, #73, #68, #45, #75, #83, #23, #251, #10, #50, and #85.</p> <p>The findings included:</p> <p>1) The clinical record for Resident #256 indicated admission to the facility on . The care plan initiated on noted that Resident #256 had the potential for an ADL self-care due to varying participation, fatigue, and medical conditions.</p> <p>On , at 11:16 AM, Resident #256 was observed at the nursing station alongside two family members. He was noted to have hair that needed to be shaved, and he appeared . An interview with his wife revealed concerns about his care; she indicated that aides had refused to shave him when she requested it. She stated the aides told her they don't do that. Although she brought a razor to help shave him, the aide did not do a good job.</p> <p>2) The clinical record revealed that Resident #250 was admitted to the facility on with diagnoses including medically conditions. The admission assessment, reference date , recorded a brief interview for a mental status score of 15, which indicated Resident #250 was . This assessment recorded no or behavior concerns. This comprehensive assessment recorded under section "GG" for functional abilities and goals that</p>	F 725	<p>on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.4.25 resident # 75, 83, 23, 251, 254, 10, 29, 50, 68, 45, 27, 256, 62, 11, 46, 73, 55 and 85 were assessed by licensed nurse, no concerns identified.</p> <p>Resident #256 discharged on 4.8.25 and is no longer residing in the facility.</p> <p>Resident #250 discharged on 4.2.25 and is no longer residing in the facility.</p> <p>On 4.7.25 resident #73 discharged and is no longer residing in the facility.</p> <p>On 4.4.25 resident #75, 83, 23, 251, 10, 29, 50, 27, and 85 were provided nutritive, palatable meals, at appropriate temperature per their preference; no concerns identified.</p> <p>Resident #251 discharged on 4.9.25 and is no longer residing in the facility.</p> <p>Resident #27 discharged on 4.14.25 and is no longer residing in the facility.</p> <p>... for resident #62 was completed on 4.9.25; resident #62 discharged on 4.10.25 and is no longer residing in facility.</p>	

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F 725	<p>Continued From page 38</p> <p>Resident #250 required partial/ with toileting hygiene, and toilet transfer. She needed supervision or assistance with personal hygiene. The care plan initiated on indicated Resident #250 had an ADL self-care related to ADL needs and participation varying, fatigue, and medical conditions. Interventions included encouraging and assisting with all ADL tasks as indicated and tolerated by the resident, including bed mobility, transfers, toileting tasks, and personal/oral hygiene.</p> <p>On at 11:55 AM, during an interview process with Resident #250, she revealed the aides don't usually show up when she calls, and when they finally do come, they have an attitude. She explained that last week, she needed her adult brief changed because all the she had taken, made her urinate a lot. She called an aide to change her and the aide said, "I did it an hour ago." She said, "I know, but I want to be changed again." The aide said, "Well, I don't want to right now." Resident #250 explained that this morning (on), an aide came in; she asked her to change her adult brief, the aide said, "I am the only one here right now, I will try to get to you sometime later," and left the room without changing her.</p> <p>3) The clinical record revealed that Resident #23 was admitted to the facility on with diagnosis including , failure. The annual comprehensive assessment, reference date , recorded a brief interview for a mental status score of 15, which indicated Resident #23 was . This assessment recorded no or behavior concerns. This assessment recorded under the section</p>	F 725	<p>On 4.14.25 facility with external provider for dietary services to include management oversight, line staff and cooks.</p> <p>On 4.8.25 the facility ordered 6 insulated food delivery carts which were shipped on 4.16.25, and have delivery date of 4.22.25.</p> <p>On 4.4.25 resident #72 was assessed by licensed nurse, provided hygiene assistance with nail care, grooming, shaving and shower; no other concerns identified. (**Need to know when he saw the barber to cut the hair)</p> <p>On 4.7.25 Administrator reviewed last 2 weeks of staffing to ensure appropriate staffing in place per current state/federal regulations; no concerns identified.</p> <p>On 4.14.25 facility with external consulting company for dietary services to include management oversight, line staff and cooks.</p> <p>On 4.8.25 the facility ordered 6 insulated food delivery carts which were shipped on 4.16.25, and have delivery date of 4.22.25.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.7.25 Director of Nursing completed</p>		

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F 725	<p>Continued From page 39</p> <p>"GG" for functional abilities and goals that Resident #23 required substantial/maximal assistance with toileting hygiene, showering/bathing, lower body _____, putting on/taking off footwear, and chair/bed-to-chair transfer. She required partial/_____ with upper body _____, and sitting to stand.</p> <p>The care plan revised on _____ indicated Resident #23 had an ADL self-care _____ related to _____ medical conditions, _____ in more than five areas of ADLs.</p> <p>Interventions included encourage and assist with all ADL tasks as indicated and tolerated by the resident, including locomotion/ambulation, bathing, bed mobility, transfers, toileting tasks, meals, and personal hygiene.</p> <p>On _____ at 12:04 PM, an interview was conducted with Resident #23; she stated, "This is a pretty place, but the care is no good; the staff doesn't care about the residents." She expressed her concerns about the lack of staff, mentioning that it often takes the caregivers 45 minutes to an hour to respond to her call light. She added, "The CNAs don't have time to take her outside even for 15 minutes. She doesn't get visitors often, so it would be nice to go outside occasionally."</p> <p>On _____, at 2:42 PM, a follow-up interview was conducted with Resident #23. She reiterated that when she calls for assistance to be changed, it took a long time for the staff to come-ranging from 45 minutes to an hour. She desired to be able to get out of bed at least three times a week, but when she requested this, the CNAs have informed her that they cannot assist her due to concerns about her safety if she _____. Some have also mentioned that there were not enough staff</p>	F 725	<p>review of 24-hour report, to ensure sufficient staffing with emphasis on ensuring sufficient staffing to provide timely and appropriate care and services, timely call light response, _____ care, ADL assistance and treating residents with dignity.</p> <p>On 4.11.25 the Director of Social Services completed a quality review of current residents to ensure that residents rights are honored with emphasis treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ _____ hygiene at preferred temperatures, and timely response to call lights, any concerns identified were corrected.</p> <p>On 4.9.25 a quality review was completed by Registered Dietician on current residents to ensure provided with nutritive/palatable meal at appropriate temperature per their preference. Any issues identified were corrected.</p> <p>On 4.10.25 Director of Nursing completed an acuity review of current residents.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.17.25 Ad Hoc Resident Council meeting held to review survey results and plans being implemented for correction of alleged deficiencies identified.</p>		

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F 725	<p>Continued From page 40 available to help them.</p> <p>On _____, the Director of Nursing was interviewed from 11:55 AM to 12:14 PM, with a follow-up discussion at 2:00 PM. During these sessions, the Director was made aware of the concerns residents and their families raised. Each problem was _____ to her.</p> <p>4) A review of the clinical record revealed that Resident #73 was admitted to the facility on _____, with a diagnosis that included _____.</p> <p>The admission assessment, dated _____, indicated a brief interview during which the resident scored 15 on the mental status assessment, which indicated she was _____. This assessment noted no concerns regarding _____ or behavior.</p> <p>This assessment recorded under the section "GG" pertaining to functional abilities and goals, that Resident #73 required substantial to maximal assistance with tasks such as toileting hygiene, showering, and lower body _____. She needed partial to _____ with upper body _____ and transitioning from lying to sitting.</p> <p>Additionally, she required supervision or minimal assistance to roll from side to side. Resident #73 depended on staff for assistance putting on and taking off footwear, standing from a sitting position, and transferring between the chair and bed.</p> <p>The care plan, dated _____, indicated that Resident #73 experienced ADL (Activities of Daily Living) self-care related to _____ medical conditions. Interventions included encouraging and assisting with all ADL tasks tolerated by the resident, such as locomotion, bathing, bed mobility, transfers, toileting, meals, and personal hygiene. The care plan also noted that Resident</p>	F 725	<p>On 4.22.25 the Facility Assessment for The Luxe at Jupiter Rehabilitation Center was reviewed and updated by the Administrator and Facility Leadership team, including Medical Director.</p> <p>On 4.22.25 the Director of Nursing completed education with current staff on the components of F725 sufficient staffing with emphasis on ensuring sufficient staffing to provide timely and appropriate care and services, timely call light response, _____ care, ADL assistance and treating residents with dignity by the Director of Nursing/designee.</p> <p>Newly hired staff will be educated on the components of F725 sufficient staffing with emphasis on ensuring sufficient staffing to provide timely and appropriate care and services, timely call light response, _____ care, ADL assistance and treating residents with dignity by the Assistant Director of Nursing/Designee during orientation as part of the systematic change.</p> <p>(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:</p> <p>Director of Nursing/Designee to conduct audits of 5 residents twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F725 sufficient staffing with emphasis on ensuring sufficient staffing to provide timely and appropriate care and services, timely call light</p>		

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F 725	<p>Continued From page 41</p> <p>#73 was at risk for complications related to and . Suggested interventions included encouraging, offering, and assisting with toileting tasks and the use of adaptive equipment as needed. care was to be provided with each incident, as tolerated.</p> <p>The plan further indicated that Resident #73 had in the and areas and was receiving oral . . . for bacteriuria (the presence of . . . in . . .).</p> <p>During an interview with Resident #73, she expressed concerns regarding insufficient staff availability, lack of assistance with ADLs, and inadequate responses to call lights. She stated, "The facility is gorgeous, but I have concerns about communication." She explained that the volume of the call system in her room is too faint, making it difficult for her to hear staff and for them to hear her. She reported that staff often turned it off when she pressed the call button without responding or checking on her. She emphasized that her many life-threatening conditions necessitate prompt staff response. In one instance, she revealed that staff had left her sitting in a soiled adult brief for over an hour.</p> <p>On at 1:22 PM, and again at 4:13 PM, a follow-up interview with Resident #73 was conducted. She reiterated that when she calls staff for care, their response time ranges from one hour to an hour and a half. She described an experience from the previous night where she activated the call light, but the staff turned it off without speaking or coming to her room to address her concerns.</p> <p>5) On at 10:31 AM, the nurse</p>	F	<p>response, care, ADL assistance and treating residents with dignity.</p> <p>The findings of these quality monitoring:is to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	

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F 725	<p>Continued From page 42</p> <p>practitioner (NP) at the Emerald West unit told the surveyor, Staff F, a Registered Nurse, is brand new and was given a difficult assignment, which is not fair to this nurse. The surveyor informed the NP that she was not an employee of the facility but a state surveyor.</p> <p>6) On _____ at 9:13 AM, a nurse, Staff I, was interviewed regarding staffing levels. She expressed concern about the facility's insufficient staffing. She mentioned that when the first floor is fully occupied, she is responsible for 21 residents at the Emerald West unit, while another nurse managed another 21 residents at the East unit. Staff I highlighted that the residents on the first floor have high acuity levels, (explained they require more _____ and frequent care). She explained that multiple residents sometimes call for assistance _____, making it difficult for her to promptly attend to their needs. This situation has led to delays in their care and medication administration. Sometimes, a single resident may require her attention for an extended period, leaving other residents waiting for help.</p> <p>In long-term care settings, "resident acuity" refers to the level of care and support a resident need based on their medical, physical, and _____ conditions. High acuity indicates that residents have _____ or _____ health issues, which require continuous medical supervision or frequent assistance with daily living tasks and often necessitate specialized care and resources.</p> <p>7) On _____, at 2:57 PM, Staff E, a nurse, was interviewed. She stated that she primarily works on the first floor, specifically in the Emerald West unit, where staffing was inadequate, given the</p>	F 725			

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F 725	Continued From page 43 heavy assignments. She was responsible for 21 residents daily, most with high acuity levels. Staff E expressed concern that some of the residents were not ready for a skilled nursing facility and others would be better suited for memory care due to behavioral issues. During the interview, she mentioned having to keep Resident #256 at the nursing station to monitor him due to his behavioral issues and risk concerns, all while also administering medications to other residents. Often, she had to watch three -risk residents at the nursing station, and when she left the unit for medication administration, no one was available to supervise them. She noted that finding Certified Nursing Assistants (CNAs) to help watch residents was challenging, as they usually occupied with their tasks in the rooms. Staff E expressed frustration with the facility's staffing practices, stating, "If they were to staff by acuity, we would have more help." At times, only three aides were assigned to the first floor, which complicated care. When the first floor was full, each CNA had 14 residents to manage. On some days, there was no care nurse available, so she had to take on care tasks, medication administration through treatments, and admissions. Additionally, she noted that residents had frequently complained about the lack of staffing. She reported this issue to the previous unit manager on the first floor, who voiced her frustration of being overwhelmed, and stated, "the unit manager couldn't take it anymore," and resigned. Staff E mentioned that there was no unit manager on the first floor right now. She also pointed out that sometimes, only one nurse was responsible for 30 residents on the second floor, making timely care difficult. She stated, "Then the managers wonder why the residents complain	F 725			

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F 725	Continued From page 44 about waiting so long before someone attends to them." 8) On _____ at 3:43 PM, a phone interview was conducted with Staff F, a nurse. She explained she had 21 residents sometimes, and it was challenging to attend to their needs on time; when a resident called, the expectation was to respond immediately, and if she did, it could cause a delay in the medication administration and care. There were some _____-risk residents on the first floor at the Emerald unit. Those residents were placed at the nursing station to be monitored by the nurse. Staff F stated, "We were supposed to have a CNA staying at the nursing station to watch those residents, but most of the time, the CNAs were busy with their tasks in the rooms." She further stated, "Staffing was short at the facility." She added that when she had to move to administer medication to the residents in their rooms, they didn't have people to watch the _____-risk residents at the nursing station, and they could get up and _____. She explained that the first floor was primarily the rehab unit. Stated, "Everyone knows the first floor was difficult, especially at the Emerald West unit; this assignment was challenging. They usually assigned two nurses on the first floor, one for each unit (Emerald West and East), and since we don't have a unit manager on the first floor, it was more _____; when the unit manager was there, it helped. When a resident had an emergency or complaint, the unit manager could handle the resident; now, the floor nurse had to do everything." 9) On _____, at 3:58 PM, an interview and review of staffing assignments and schedules were conducted with the Staff Coordinator. She	F 725			

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F 725	<p>Continued From page 45</p> <p>indicated that the first floor was supposed to be staffed with four CNAs and two nurses, while the second floor was meant to have four CNAs and two nurses. The second floor typically had the lowest number of residents, usually has the lowest amount of staffing based on census number. The third floor was to be staffed similarly: four CNAs and two nurses.</p> <p>The staffing coordinator explained, "I don't staff by acuity, only by census." She mentioned that the clinical managers would inform her if staffing adjustments based on acuity were necessary. During the interview, she defined acuity as "high-risk and very ill residents." She confirmed she often had high-risk residents on the first floor. If she overstaffed the facility, she needed to explain to the clinical management why. The clinical managers were responsible for notifying her if additional staff were required on a floor. The first floor frequently housed many residents requiring immediate rehabilitation services, and residents with conditions such as (). She noted that nurses and CNAs often requested more staff, and she communicated this need to the Director of Nursing (DON) and the Assistant Director of Nursing (ADON).</p> <p>During the interview, specific days were selected for review, covering the period from , to . It was noted that on , the staffing for the first floor during the first shift (7 AM - 7 PM) included two nurses and four CNAs, while the second shift (7 PM - 7 AM) had two nurses and three CNAs. For the second floor, the first shift had two nurses and three CNAs, and the second had two nurses and two CNAs.</p>	F 725			

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F 725	<p>Continued From page 46</p> <p>On _____, on the first shift the first floor had two nurses and four CNAs; and the second floor had two nurses and three CNAs. On the second shift, first floor had one nurse and three CNAs; and the second floor second shift had one nurse, a supervisor, and two CNAs.</p> <p>On _____, the first floor once again had two nurses and four CNAs during the first shift, and the second floor's second shift had two nurses and three CNAs.</p> <p>10) An observation of _____ care was made on _____ beginning at 10:06 AM. The _____ care nurse was accompanied by the regional nurse for that facility. When asked if she usually helps out with the _____, the Regional nurse stated that she did as she was in the building Monday through Thursday.</p> <p>During an interview on _____ at 11:22 AM, when asked if she normally has a second staff member to assist her with _____ care, especially for the residents who are totally dependent upon staff for their care, the _____ care nurse shook her head no. When asked if the regional nurse who helped her the previous day had ever helped her, the _____ care nurse stated, "not really." When asked if she does the _____ by herself, the _____ care nurse stated, "Yes, but they are supposed to be getting me someone to help on the days the _____ care physician is in the building for rounds."</p> <p>During a supplemental interview on _____ at 2:19 PM, when asked if she does the _____ care</p>	F 725		

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F 725	<p>Continued From page 47</p> <p>for all the _____ in the facility, the _____ care nurse stated she did all the care except for the residents with surgical _____. When asked if she works 7 days a week, she stated no and explained she worked Monday through Friday, and she believed the weekend supervisor completed the care over the weekends, but she was not sure. When asked how she completes the care for the residents who are totally dependent upon care by staff, the _____ care nurse stated, "It's hard. There are not enough CNAs (Certified Nursing Assistants) and they are busy. I usually have to tell them to come get me when they are ready to do care or have time to help me, which means I'm all over the place." The _____ care nurse stated she has requested assistance for the _____ care.</p> <p>Review of the list of residents with revealed there were 18 current residents with _____ that would be treated by the _____ care nurse, including sampled Residents #254, #11, #46, #62, #29, #27, #55, #73, #68, and #45. Of those 18 residents, 5 of the 18 residents had between 2 and 4 _____ each.</p> <p>11) During the survey conducted from _____ through _____, nine residents complained of _____ food, including Residents #75, #83, #23, #251, #10, #29, #50, #27, and #85. Some of the residents stated the food sits in the carts out in the hallways too long before being delivered. Refer to citation at F804.</p> <p>During an interview on _____ at approximately 2:00 PM, when told of the numerous _____ food complaints, the Registered Dietitian (RD) stated she was aware of the complaints and had done _____</p>	F 725			

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F 725	Continued From page 48 numerous temperatures in the kitchen with no concerns identified. The RD agreed it was more than likely due to the trays sitting in the hallway for an extended time, and possibly due to a staffing issue.	F 725		
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on record review, policy review and interview the facility failed to obtain an ordered laboratory result for a medication () for 1 of 1 sampled Resident (Resident #61). The findings included: The facility policy titled, Standards and Guidelines: Physician's Orders, revised on documented in part: Physician orders should be followed as prescribed, and if not followed, this should be recorded in the resident's medical record during that shift. The physician should be notified and the responsible party if indicated. Resident #61 was admitted to the facility on with diagnoses to include in part	F 770	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 it is required. (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 4.3.25 resident #61 was assessed by licensed nurse, no concerns identified. On 4.18.25 physician orders reviewed for resident #61- labs/ level completed.	

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F 770	<p>Continued From page 49</p> <p>Major</p> <p>Protein calorie and a brief</p> <p>On Resident #61 was ordered 750 mg by two times a day for . The order was changed on to read 500 mg 1 tablet two times a day for</p> <p>The facility has a pharmacist consultant who reviews all the medications for each resident once a month. This prevents under and over medications of the residents, and possible side effects from their medications.</p> <p>In the pharmacist reviewed Resident #61's medications. The pharmacist had recommendations for the medication, Part of the recommendation for Resident #61 was for the physician to order a level for the . The pharmacist stated they were unable to locate a level in the chart. The physician agreed and a level was ordered to be collected on for the medication</p> <p>The medication has a significant impact on chemistry. The right dosage is essential. If too little is given, then the symptoms may not be controlled, and too much of the medication can lead to toxicity.</p> <p>The laboratory results were reviewed for Resident #61. A () level could not be located in the resident's record.</p> <p>On at approximately 5:00 PM, the findings were discussed with the ADON</p>	F 770	<p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.16.25 a quality review was completed by the Director of Nursing on current residents with lab recommendations ordered per pharmacy recommendations in the last 3 months to ensure reviewed/follow up documentation in place. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 Director of Nursing completed education with current licensed nursing staff on the components of F770 lab services with emphasis on ensuring labs completed per physician orders with follow up reviewed and documentation in place by the Director of Nursing/designee. Newly hired licensed nursing staff will be educated on the components of F770 lab services with emphasis on ensuring labs completed per physician orders with follow up reviewed and documentation in place by the Assistant Director of Nursing/Designee during orientation as part of the systematic change.</p> <p>(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:</p>		

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F 770	Continued From page 50 (Assistant Director of Nursing) and the Administrator. The laboratory result for the _____ level was unable to be located.	F 770	Director of Nursing/Designee to conduct audits of 5 residents twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F770 lab services with emphasis on ensuring labs completed per physician orders with follow up reviewed and documentation in place. The findings of these quality monitoring _____s to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.		
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's	F 803			

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F 803	<p>Continued From page 51</p> <p>dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to honor food preferences for 5 of 10 sampled residents, Residents #27, #29, #44, #50, and #85, who had food complaints, as evidenced by the failure to follow the meal ticket and menu.</p> <p>The findings included:</p> <p>1) Review of the record revealed Resident #27 was admitted to the facility on . Review of the Minimum Data Set (MDS) assessment dated revealed the resident was as evidenced by a () score of 14, on a 0 to 15 scale.</p> <p>Review of a dietary progress note dated documented in part, Resident #27 would like to update her food preferences, to include a chef garden salad with ranch as an entree every Monday, Wednesday, and Friday. A subsequent progress note dated documented the resident was happy with the updated food preferences. Review of a dietary assessment by the Registered Dietitian (RD) on revealed the resident now had and nutritional interventions to include fortified foods was added.</p> <p>During an interview on at 10:40 AM,</p>	F 803	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.4.25 resident #27, 29, 44, 50, and 85 were assessed by licensed nurse, no concerns identified.</p> <p>On 4.4.25 resident #27, 29, 44, 50, and 85 were provided meals per their preference and meal ticket; no concerns identified.</p> <p>Resident #27 discharged on 4.14.25 and is no longer residing in the facility.</p> <p>On 4.14.25 facility with external consulting company for dietary services to include management oversight, line staff and cooks.</p> <p>(2) How you will identify other residents having potential to be affected by the</p>	

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F 803	<p>Continued From page 52</p> <p>Resident #27 stated she had lost _____ and was too thin. Stated she recently spoke with someone and they added a chef salad, which she stated she really enjoyed. The resident showed the surveyor a recent menu ticket that documented the chef salad. This ticket also documented the intervention of fortified foods. When asked about oatmeal at breakfast, the resident stated she did not like their oatmeal because they put something in it that makes it gummy. Resident #27 also had the preference of whole milk at every meal, further stating, "I don't always get it, but I'm happy if I get it twice a day." Resident #27 further stated they keep bringing her coffee that she does not like, she prefers hot tea, referring _____ to her menu ticket.</p> <p>An observation of Wednesday's lunch meal on _____ at 1:58 PM revealed Resident #27 did not get her chef salad. Photographic evidence obtained. When asked if she wanted to request one now, the resident provided half of her leftover salad from a previous day and stated, "I knew I wouldn't get it so I saved this."</p> <p>An observation on _____ at 1:56 PM revealed a chef salad on the tray of Resident #27, although the menu ticket documented chef salad on Monday, Wednesday, and Friday. Photographic evidence obtained.</p> <p>During an interview on _____ at 2:06 PM, when shown the photo of the resident's Wednesday lunch meal, the Certified Dietary Manager (CDM) agreed. When asked why the salad on Monday, Wednesday, and Friday, the CDM stated, "Resident preference." The CDM confirmed that anything extra on the menu ticket is resident preference. When told of the resident's</p>	F 803	<p>same practice and what corrective actions will be taken;</p> <p>On 4.9.25 a quality review was completed by Registered Dietician/designee on current residents to ensure food preferences in place, accurately reflected on meal tray tickets and resident provided with correct meal per menu. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.17.25 Ad Hoc Resident Council meeting held to review survey results and plans being implemented for correction of alleged deficiencies identified.</p> <p>On 4.22.25 Dietary Manager completed education with dietary staff and nursing staff on the components of F803 menus meet resident needs/prep in adv/ followed with emphasis on ensuring food preferences are in place per resident preferences and reflected on meal tray ticket by the Director of Nursing/designee.</p> <p>Newly hired dietary and nursing staff will be educated on the components of F803 menus meet resident needs/ prep in adv/ followed with emphasis on ensuring food preferences are in place per resident preferences and reflected on meal tray ticket by Assistant Director of Nursing/Designee during orientation as part of the systematic change.</p>		

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F 803	<p>Continued From page 53</p> <p>complaint regarding the gummy oatmeal, the CDM explained the oatmeal becomes thicker as it sits.</p> <p>2) Review of the record revealed Resident #29 was admitted to the facility on . Review of the current MDS assessment dated revealed the resident had a score of 15, on a 0 to 15 scale, indicating he was . This same MDS documented the resident .</p> <p>During an observation and interview on at 2:02 PM, Resident #29 had finished his lunch and complained of the small portion. The resident provided a photo of his lunch meal that he had taken on his cell phone. Photographic evidence obtained. The resident stated that when he gets his money for the month he will need to supplement his intake by ordering some extra food. The resident stated he was a big guy and needed more. Review of his meal ticket documented "double protein portion."</p> <p>During an interview on at 2:01 PM, when shown the photo of Resident #29's lunch from , both the RD and CDM agreed he was served a regular portion of meat instead of the requested double protein portion.</p> <p>3) Review of the record revealed Resident #44 was admitted to the facility on . Review of the current MDS assessment dated documented the resident was with a score of 13, on a 0 to 15 scale.</p> <p>Review of the current order dated</p>	F 803	<p>(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:</p> <p>Registered Dietician/Designee to conduct audits of 5 residents meals twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F803 menus meet resident needs/prep in adv/followed with emphasis on ensuring food preferences are in place per resident preferences and reflected on meal tray ticket</p> <p>The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>		

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F 803	<p>Continued From page 54</p> <p>documented Resident #44 was ordered fortified foods at meals.</p> <p>During an observation and interview on at 10:19 AM, the activity assistant entered the resident's room to pick up her breakfast tray. Resident #44 stated she was missing her peanut butter and jelly sandwich (PB&J), dry cereal and coffee that morning. The activity assistant stated she would inform the kitchen. Resident #44 stated she really enjoyed the "uncrustables" (a brand of sandwich) that they started giving her a few weeks ago but then stopped. When asked how often she would like them, the resident stated every morning. Resident #44 confirmed she had not gotten the PB&J sandwich that day or the previous. Resident #44 volunteered she had sugar that morning for her coffee, but no coffee, and milk for her cereal, but no cereal.</p> <p>An observation on at 9:49 AM revealed Resident #44 did not receive a peanut butter and jelly sandwich as per her breakfast ticket menu. Photographic evidence obtained. An observation on at 1:33 PM lacked the chef's soup as documented on her menu ticket. Photographic evidence obtained.</p> <p>During the continued interview on at approximately 2:00 PM, the RD stated the residents love the "uncrustables" and it could be provided to Resident #44. The RD and CDM were shown the meal ticket and breakfast meal without any PB&J sandwich and agreed with the finding.</p> <p>4) Review of the record revealed Resident #50 was admitted to the facility on . Review of the current MDS assessment dated</p>	F 803			

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F 803	<p>Continued From page 55</p> <p>documented the resident was _____ with a _____ score of 03, on a 0 to 15 scale. Review of the current orders revealed as of _____ the resident was to receive both large portions and fortified foods with meals. Review of a progress note dated _____ by the RD documented the resident agreed to large portions, as he had lost _____ in the past. A subsequent note dated _____ by the RD documented to continue large portions and fortified foods.</p> <p>An observation on _____ at 9:39 AM lacked fortified oatmeal. When asked if he wanted the oatmeal, Resident #50 stated, "I stopped eating oatmeal as a kid."</p> <p>During a subsequent observation on _____ at 1:08 PM, a regular sized portion of meat was noted on the resident's lunch tray. When asked if the portion was a large meat portion, the RD shook her _____ no. Photographic evidence obtained. At 1:26 PM, upon completing the meat provided, when asked if he would have eaten more meat if he had more, Resident #50 stated, "I probably would have." When asked if he wanted more at that time, he stated, "Not now since I've started my dessert."</p> <p>During a phone interview on _____ at 9:04 AM, when asked about the resident's previous _____ loss, the resident's wife stated he had lost _____ after being in the hospital and was initially put on a pureed diet. She stated when his diet was upgraded, his _____ increased as well. The wife stated she would like him to maintain his _____ . When asked if he likes oatmeal, the wife stated she had never seen him eat oatmeal, even prior to admission.</p>	F 803			

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F 803	<p>Continued From page 56</p> <p>On _____ at 1:52 PM, when asked if she asks residents who are ordered fortified foods if they like oatmeal, the RD stated she typically does, but if the resident had _____ or was asleep, she may not ask.</p> <p>5) Review of the record revealed Resident #85 was admitted to the facility on _____. Review of the current MDS assessment dated _____ documented the resident was _____ with a _____ score of 12. The resident was noted to have a current _____ as of _____ of _____ and was _____ as per his _____ (_____) score of 18.7. The resident had been _____ since admission.</p> <p>A nutritional evaluation by the RD on _____ documented the resident desired a gradual _____ gain and that interventions would be put into place to include fortified foods.</p> <p>During an interview on _____ at 3:38 PM, Resident #85 stated he had lost _____. The resident explained he was supposed to be on fortified foods and that sometimes his ticket gets messed up. When asked if he has voiced his concerns, the resident stated he tries to speak with the RD about the food and she tells him to call the CDM, who doesn't answer the phone. Resident #85 further stated he doesn't always get his milk and that he received chocolate milk once or twice. Review of the resident's meal ticket documented fortified foods and chocolate milk on Monday, Wednesday, and Friday.</p> <p>An observation on _____ at 1:55 PM revealed a lack of any type of milk or fortified foods.</p>	F 803			

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F 803	Continued From page 57 Photographic evidence obtained. An observation on _____ at 2:04 PM revealed a lunch plate with meat and potatoes. The menu ticket documented, "gravy on meat and starch." The potatoes lacked any gravy. Photographic evidence obtained. When asked if he would have liked the gravy on the potatoes he stated, "Of course, but I just have to accept what I get at this point." During an interview on _____ at 2:09 PM, the CDM stated they did not have any chocolate milk this week, but he was sure the resident had received it in the past. The CDM and RD agreed with the other findings when shown the photos of the meal trays.	F 803		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide food that was palatable and at acceptable food temperatures for 9 residents (Residents #75, #83, #23, #251, #10, #29, #50, #27, and #85) out of 10 residents investigated for food concerns. This had the potential to affect 111 out of 112 residents on PO	F 804	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 it is required.	

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F 804	<p>Continued From page 58 (by) diets.</p> <p>The findings included:</p> <p>1) A record review revealed that Resident #23 was admitted to the facility on . Her diagnoses included Acute Failure with Sjogren with Involvement, and Her diet order dated was for a Regular diet. This resident's () score, per Minimum Data Set (MDS) assessment dated was 15. This indicated that Resident #23 was</p> <p>During an interview with Resident #23 on at 12:30 PM, when asked how her lunch was today, Resident # 23 said that the food was good today for a change. The green beans were cooked enough, and she could eat them. Usually, they were crunchy. Resident #23 also said that the temperature of the food was hot, and most of the time it wasn't hot.</p> <p>2) A record review revealed that Resident #75 was admitted to the facility on . His diagnoses included Failure, and he was at risk for . Resident #75's diet order as of was for a Regular diet, with Regular texture, and thin consistency fluids. This resident's () score, per Minimum Data Set (MDS) assessment dated was 15. This indicated that Resident #75 was</p> <p>During an interview on at 4:30 PM, Resident #75 complained and said that every</p>	F 804	<p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 4.4.25 resident # 75, 83, 23, 251, 10, 29, 50, 27, and 85 were assessed by licensed nurse, no concerns identified.</p> <p>On 4.4.25 resident # 75, 83, 23, 251, 10, 29, 50, 27, and 85 were provided nutritive, palatable meals, at appropriate temperature per their preference; no concerns identified.</p> <p>Resident #251 discharged on 4.9.25 and is no longer residing in the facility.</p> <p>Resident #27 discharged on 4.14.25 and is no longer residing in the facility.</p> <p>On 4.14.25 facility with external consulting company for dietary services to include management oversight, line staff and cooks.</p> <p>On 4.8.25 the facility ordered 6 insulated food delivery carts which were shipped on 4.16.25, and have delivery date of 4.22.25.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.9.25 a quality review was completed by Registered Dietician on current</p>	

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F 804	<p>Continued From page 59</p> <p>meal was served . He added that he voiced his complaint to the nursing aides, to nurses, and to the management.</p> <p>During an interview with Resident #75 on at 9:39 AM, the resident said he was served scrambled eggs, waffles soaked in water, grits, and bacon for breakfast. He explained that every item on his meal tray was .</p> <p>3) A record review revealed that Resident #83 was admitted to the facility on . Her diagnoses included of Shaft of Left , Atherosclerotic , and . Her diet order dated was for a Regular diet, that was Regular texture, with Thin consistency fluids.</p> <p>During an interview conducted on at 11:41 AM, Resident #83 voiced concern about the food. She said it was not served hot. During an interview conducted on at 9:45 AM, the resident said she didn't eat breakfast at all. She added that it was even after they reheated it.</p> <p>4) A record review of Resident #251 revealed that he was admitted to the facility on . His diagnoses included , Adult , and Wasting to Multiple Sites. This resident's () score, per Minimum Data Set (MDS) assessment dated was 14. This indicated that Resident #251 was .</p> <p>During an interview with Resident #251 on at 5:15 PM, the resident said that it bothered him when he received cabbage, meat, or anything that was supposed to be</p>	F 804	<p>residents to ensure provided with nutritive/palatable meal at appropriate temperature per their preference. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.17.25 Ad Hoc Resident Council meeting held to review survey results and plans being implemented for correction of alleged deficiencies identified.</p> <p>On 4.22.25 Dietary manager completed education with current dietary staff on the components of F804 nutritive value/appear/palatable/temperature with emphasis on ensuring residents are provided nutritive/palatable meals at appropriate temperatures per their preference by the Director of Nursing/designee.</p> <p>Newly hired dietary staff will be educated on the components of F804 nutritive value/appear /palatable/temperature with emphasis on ensuring residents are provided nutritive/palatable meals at appropriate temperatures per their preference Assistant Director of Nursing/Designee during orientation as part of the systematic change.</p> <p>(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:</p>	

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F 804	<p>Continued From page 60 eaten hot.</p> <p>5) During an interview with Resident #251 on at 9:50 AM, when asked how his breakfast was this morning, he replied that he loved eggs, but the food was tasteless. Everything was so bland. He said he sent food to the kitchen and when they brought him a new plate of food, the food was still tasteless. Resident #251 said that he could not eat food without spices. He compared food without spices to eating grass.</p> <p>6) A test tray was requested from the kitchen on at 1:20 PM, when the dietary aides had almost finished loading up the meal trays onto the cart for delivery to the 3rd floor. The two surveyors and the RD followed the meal cart to the 3rd floor. The test tray was tested on at 1:55 PM after the last resident on the 3rd floor was served. The thermometer was calibrated. The temperatures of the foods were taken, and the foods were tasted. The food was warm. The temperature was acceptable to the surveyors. The surveyors tasted pasta, meat sauce, green vegetables, and peaches. The taste of the pasta and the taste of the green vegetables was unsatisfactory. These foods may have tasted better if they had some seasoning added. The taste of the meat sauce and the peaches was acceptable.</p> <p>7) Review of the record revealed Resident #10 was admitted to the facility on . Review of the current Minimum Data Set (MDS) assessment dated documented the resident was as evidenced by a () score of</p>	F 804	<p>Registered Dietician/Designee to conduct audits of 5 residents meals twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F804 nutritive value/appear/ palatable/temperature with emphasis on ensuring residents are provided nutritive/palatable meals at appropriate temperatures per their preference.</p> <p>The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met</p>		

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F 804	<p>Continued From page 61 15, on a 0 to 15 scale.</p> <p>During an interview on _____ at 3:33 PM, when asked about the care and services at the facility, Resident #10 stated his only concern was the food. The resident explained that he eats breakfast in his room and that the food trays sit out in the hall "way too long." During a supplemental interview on _____ at 9:48 AM, Resident #10 stated the breakfast was an hour late and still _____. When asked what he had, Resident #10 stated, "The same thing I always get ... eggs and a piece of bread thrown on the plate that they call toast."</p> <p>On _____ at 9:17 AM, Resident #10 had just received his breakfast meal. He lifted the covering and stated, "We've never had this before (as he held up the large portion of bacon). When you are not here I get eggs over easy and a piece of bread."</p> <p>8) Review of the record revealed Resident #27 was admitted to the facility on _____. Review of the MDS assessment dated _____ revealed the resident was _____ as evidenced by a _____ score of 14, on a 0 to 15 scale.</p> <p>During an interview on _____ at 9:59 AM, when asked the temperature of her breakfast, Resident #27 stated, "barely warm."</p> <p>9) Review of the record revealed Resident #29 was admitted to the facility on _____. Review of the current MDS assessment dated _____ revealed the resident had a _____ score of 15, on a 0 to 15 scale, indicating he was _____.</p>	F 804			

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F 804	<p>Continued From page 62 intact.</p> <p>During an interview on _____ at 11:29 AM, when asked about the food, Resident #29 stated the food was always _____. The resident stated he had complained about it and they told him they were going to get some type of warmer in the kitchen. Resident #29 stated if they got one, the food is still _____. The resident stated he eats in his room.</p> <p>On _____ at 1:59 PM, when asked about the temperature of his lunch, Resident #29 stated, "Not hot, but better." The resident volunteered, "I suspect the food is not sitting out in the hall as long this week since you all are here (referring to the State survey team)."</p> <p>Observations during the survey week revealed Resident #29 was usually one of the last resident's served, if not the last.</p> <p>10) Review of the record revealed Resident #50 was admitted to the facility on _____. Review of the current MDS assessment dated _____ documented the resident was _____ with a _____ score of 03, on a 0 to 15 scale. Although Resident #50 was _____, the resident was conversational and able to make his needs known.</p> <p>On _____ at 9:39 AM, when asked the temperature of his food, Resident #50 stated, "It's barely warm."</p> <p>11) Review of the record revealed Resident #85 was admitted to the facility on _____. Review</p>	F 804		

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F 804	Continued From page 63 of the current MDS assessment dated documented the resident was with a score of 12. During an interview on at 3:38 PM, Resident #85 stated his food was always The resident stated he eats all of his meals in his room. On at 2:04 PM, Resident #85 stated he had received his meal about 5 minutes prior. The resident stated hot tea was not even warm and potatoes were luke warm. The resident volunteered that his eggs that morning were 12) During an interview on at approximately 2:00 PM, when told of the numerous food complaints, the Registered Dietician (RD) stated she was aware of the complaints and had done numerous temperatures in the kitchen with no concerns identified. The RD agreed it was more than likely due to the trays sitting in the hallway for an extended time, and possibly due to a staffing issue.	F 804		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent	F 812		

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F 812	<p>Continued From page 64</p> <p>facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and policy review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, sanitary conditions, and the prevention of foodborne illnesses. This had the potential to affect 111 of 112 residents on PO (by) diets.</p> <p>The findings included:</p> <p>A. During the initial tour of the Main Kitchen on at 9:15 AM, accompanied by the Kitchen Manager and the Regional Manager of Dietary, the following was observed:</p> <p>1. The Amanda microwave had light and dark brown debris on all sides of the interior of the microwave. The kitchen managers agreed with this finding and said they will clean it up right away.</p> <p>2. To the right of the coffee station, 2 recessed circular insets were dirty. One had brown liquid on the bottom. The Kitchen Manager wiped it out. The plastic utensil holder close to the round insets had brown residue on the top and spots of black powdery residue.</p>	F 812	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 3.31.25 the Dietary Manager cleaned the Amanda Microwave and removed the light and dark brown debris from all sides of the interior of the microwave.</p> <p>On 3.31.25 the Dietary manager cleaned the 2 recessed circular inserts to the right of the coffee station, removed the brown liquid from the bottom, and removed the brown residue and black powdery residue from the top of the utensil holder.</p> <p>On 3.31.25 the Dietary Manager cleaned the 2 Garland double-door ovens, removed the black and brown residue</p>		

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F 812	<p>Continued From page 65</p> <p>3. The 2 Garland double-door ovens had black and brown residue on the exterior of the front of the ovens. There was a pool of brown fluid on the lower bottom right corner of the oven. Brown liquid drippings from the pool of liquid dripped onto the tiled floor.</p> <p>4. The reach-in Delfield fridge had 3 plastic cups with fluid in them. They were not labeled. When the Kitchen Manager was asked what kind of juice or fluid was in the cup, the Kitchen Manager said they were thickened fluids. When asked how will the staff would know if a thick fluid was nectar thick or honey thick, the Kitchen Manager said "I don't know how thick the fluids are. " The Kitchen Manager took the cups of thickened fluid and said they will be thrown out.</p> <p>5. The interior of Manitowoc ice machine had a thick white substance and a blue substance stuck on the area of the hinges that were directly above the ice.</p> <p>6. A rack of metal shelves that stored small plastic cups, bowls, and glasses had tan, yellow, and brown residue on the bottom shelf.</p> <p>7. The floor under the metal shelves was dirty. It had a plastic cap, a round foil cover, paper, and food on it.</p> <p>B. The nourishment room on the first floor was observed on ... at 10:20 AM. The surveyor was accompanied by the Kitchen Manager, and the Regional Manager of Dietary.</p> <p>1. A 1000 ml bottle of Jevity 1.5 (nutrition formula)</p>	F 812	<p>from the exterior of the front of the ovens, removed the pool of brown fluid from the lower bottom right corner of the oven and cleaned the brown liquid dripping from the pool of liquid that dripped on the floor.</p> <p>On 3.31.25 the Dietary manager removed the 3 unlabeled plastic cups with liquid in them from the reach-in Delfield fridge</p> <p>On 3.31.25 the Manitowoc ice machine was cleaned by Maintenance Director and the white and blue substance from the hinges directly above the ice were removed.</p> <p>On 3.31.25 the Dietary manager cleaned the bottom shelf of the rack of metal shelves that stored small plastic cups, bowls, and glasses stored and removed the tan, yellow and brown residue.</p> <p>On 3.31.25 the Dietary Manager cleaned the floor under the metal shelves and removed the plastic cup, round foil cover, paper and food.</p> <p>On 3.31.25 the opened feed formula, the small Styrofoam cup, Daisy Cottage cheese, brown paper bag of food and orange disposable coffee cup were removed from the first floor nourishment room and discarded by the Unit Manager.</p> <p>On 4.2.25 the dietary manager removed the overflowed garbage pail from the kitchen and disposed of it properly.</p> <p>(2) How you will identify other residents</p>		

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F 812	<p>Continued From page 66</p> <p>was opened with yellow-tan liquid splattered on the exterior of the cap and bottle. Approx 200 milliliters remained. It was not dated to indicate when this item was opened.</p> <p>2. A small Styrofoam cup with a plastic lid was on the shelves inside the door of the refrigerator. An orange disposable coffee cup from McDonald's was next to the Jevity on the shelves inside the door. These items were not labeled.</p> <p>3. The Daisy Cottage Cheese was not labeled with a name, a date, or a room number.</p> <p>4. A brown paper bag of food had no date on it.</p> <p>A review of the policy title Outside Foods revised said that food and beverages will be discarded without a name or date, past package expiration dates, and all perishable items after 3 days.</p> <p>C) During an observation on at 11:24 AM, the surveyor entered the kitchen and requested that temperatures be taken for the lunch meal. The garbage pail in the kitchen overflowed with garbage. The lid was not closed. The corporate RD instructed the staff to take the garbage outside immediately. The corporate RD told the surveyor that the garbage pail was in the process of being removed.</p> <p>D) During an observation on at 9:17 AM, the surveyor requested to see the ice machine to determine if it had been cleaned up. Upon further observation, and a discussion with the Regional Manager of Dietary, it was discovered</p>	F 812	<p>having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>On 4.16.25 a Kitchen Sanitation audit was completed by the Dietary manager, no concerns identified.</p> <p>On 4.22.25 a quality review was completed by Dietary Manager to ensure food is stored, prepared, distributed and served in accordance with professional standards for food safety, sanitary conditions and prevention of foodborne illnesses. Any issues identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 the Dietary manager completed education with dietary staff on the components of F812 Food Procurement/Store/Prepare/Serve/Sanitarily with emphasis on ensuring food is stored, prepared, distributed and served in accordance with professional standards for food safety, sanitary conditions and prevention of foodborne illnesses by the Director of Nursing/designee.</p> <p>Newly hired dietary and nursing staff will be educated on the components of F812 Food Procurement/Store/Prepare/Serve/Sanitarily with emphasis on ensuring food is stored, prepared, distributed and served in accordance with professional standards</p>	

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F 812	Continued From page 67 that the ice machine had a crack on the left side of the lid close to the door hinge. The Regional Manager of Dietary explained that the white and blue colored substances were used as sealants because of the crack. Rust was observed to the left of the cracked part. Photographic evidence obtained.	F 812	for food safety, sanitary conditions and prevention of foodborne illnesses by Assistant Director of Nursing/Designee during orientation as part of the systematic change. (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: Registered Dietician/Designee to conduct audits of kitchen and nourishment room twice a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F812 Food Procurement/Store/Prepare/Serve/Sanitarily with emphasis on ensuring food is stored, prepared, distributed and served in accordance with professional standards for food safety, sanitary conditions and prevention of foodborne illnesses. The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.		
F 847 SS=C	Entering into Binding Arbitration Agreements CFR(s): 483.70(m)(1)(2)(i)(ii)(3)-(5) §483.70(m) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section.	F 847			

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F 847	<p>Continued From page 68</p> <p>§483.70(m)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(m)(2) The facility must ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative acknowledges that he or she understands the agreement;</p> <p>§483.70(m)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.</p> <p>§483.70(m)(4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(m)(5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other</p>	F 847			

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F 847	<p>Continued From page 69</p> <p>federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of the client's Arbitration agreements, the facility failed to ensure the arbitration agreement is explained to the resident or representative in a manner they understand (Resident #306), and had a signature from the resident or representative if they agree to the arbitration agreement (Residents #87, #306, and #307). This is for 3 of 3 residents reviewed for arbitration.</p> <p>The findings included:</p> <p>During the entrance conference on _____ at 9:47 AM, the surveyor requested a list of residents that currently reside in the facility since _____ that entered into a binding arbitration agreement. On _____ the Surveyor was given a list of residents that had a zero, 1 or 2 next to their name. Further review of the arbitration agreement revealed zero meant that the residents did not sign the arbitration agreement, the #1 they agreed to the arbitration agreement and signed the document one time and the #2 meant they have 2 or more arbitration agreements that they have signed. There are two areas the resident or representative sign. The first is acknowledgment of understanding of the Arbitration Agreement and the second part is agreeing to the arbitration agreement, and that the resident also received a copy of the agreement. The Surveyor chose three residents that had the number 1 next to their name and were recently admitted to the facility.</p>	F 847	<p>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 it is required.</p> <p>(1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #87 discharged on 4.5.25 and is no longer residing in the facility.</p> <p>On 4.9.25 the arbitration agreement was reviewed and completed for resident #306 with resident signature confirming understanding.</p> <p>On 4.9.25 the arbitration agreement was reviewed and completed for resident #307 with resident signature confirming understanding.</p> <p>Resident #307 discharged on 4.14.25 and is no longer residing in the facility.</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p>	

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F 847	<p>Continued From page 70</p> <p>A review of Resident #87's medical records revealed this resident was admitted to the facility on . He has a () of 15 out of 15, which meant his cognition is intact. Review of the Arbitration Agreement had Resident #87's name on the document as well as the name of a resident representative. There is no signature by the resident or representative in both areas that is supposed to be signed, but it documented an electronic signature by a staff representative. During an interview with Resident #87 on at 1:10 PM, the surveyor asked if anyone from the facility spoke to him about the arbitration agreement. (Surveyor had this resident's documents in). The resident stated, he was so drugged up when he came from the hospital that he cannot recall anything. He said he is his POA (Power of Attorney).</p> <p>A review of Resident #306 medical records revealed this resident was admitted to the facility on . The resident does not have a score due to just being admitted but is able to answer all questions asked by the surveyor. A review of the resident's Arbitration Agreement documents his name on the form. During an interview on at 1:20 PM with Resident #306, the Surveyor asked this resident if anyone spoke to him and explained what the Arbitration Agreement was. He stated no. His wife was in the room and she was asked the same question and she stated no. The Surveyor asked the resident if he electronically signed the document agreeing to the Arbitration Agreement. He stated no. Asked if he received a copy of the agreement he stated no.</p>	F 847	<p>On 4.9.25 the Vice President of Business Development completed a quality review of current residents to ensure arbitration agreement reviewed with resident/responsible party and documentation of comprehension of agreement in place; any concerns identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.4.25 the Vice President of Business Development completed education with current admissions staff on the components of F847 arbitration agreement reviewed/signed with resident/responsible party and documentation of comprehension of agreement.</p> <p>Newly hired admissions staff will be educated on the components of F847 arbitration agreement with emphasis on arbitration agreement reviewed/signed with resident/responsible party and documentation of comprehension of agreement in place by the Assistant Director of Nursing/designee at orientation as a part of the systematic changes.</p> <p>(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:</p>		

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F 847	<p>Continued From page 71</p> <p>A review of Resident #307 medical records revealed this resident was admitted to the facility on . Resident does not have a score due to just being admitted. A review of the resident's Arbitration Agreement documents his name on the form along with a Resident Representative. There is no signature from Resident #307 or his Representative in the two required signature areas.</p> <p>During an interview on at 1:35 PM with the Admissions Director she was asked if she does the arbitration agreements. She stated that the Concierge takes care of them, but she is the one who guided her.</p> <p>During an interview on at 1:40 PM with the Concierge she was asked if she does the Arbitration Agreements with the residents. She stated that she does the Admissions Packet and the Arbitration Agreements. The surveyor showed her the list of residents and she stated that it is not the right list. She obtained a list, said the residents that have a 1 next to their name signed the agreement and the one that have 0 next to their name did not sign. The Concierge stated that she does everything on a tablet and showed the surveyor. She gave an example and pulled up a resident and stated this resident refused to sign. He has 0 next to his name. She stated that she puts a note in that they do not want to sign. The resident and or representative do not sign the document when agreeing to the arbitration agreement. The Concierge just taps each section on the computer.</p>	F 847	<p>Administrator/Designee to conduct random audits of 5 newly admitted residents 2 times a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with F847 arbitration agreement with emphasis on arbitration agreement reviewed/signed with resident/responsible party and documentation of comprehension of agreement in place</p> <p>The findings of these quality monitoring to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35961037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2025
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NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 674 PIONEER ROAD JUPITER, FL 33458
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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced Relicensure and Complaint survey, #2025002811 and 2025003862, was conducted on - at Luxe at Jupiter Rehabilitation Center (The). The facility had deficiencies at the time of the survey.</p>	N 000		
N 111 SS=E	<p>59A-4.122(2), FAC Physical Environment - Specifics</p> <p>(2) The licensee must provide:</p> <p>(a) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>(b) Clean bed and bath linens that are in good condition;</p> <p>(c) Furniture, such as a bed-side cabinet, drawer space;</p> <p>(d) Adequate and comfortable lighting levels in all areas;</p> <p>(e) Comfortable and safe room temperature levels in accordance with 42 CFR, Section 483.15(h)(6), which is effective and is incorporated by reference and available at http://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol5/xml/CFR-2014-title42-vol5-sec483-15.xml and http://www.flrules.org/Gateway/reference.asp?No=Ref-06376; and,</p> <p>(f) The maintenance of comfortable sound levels. Individual radios, TVs and other such transmitters belonging to the resident will be tuned to stations of the resident's choice.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to follow their policy for loss of hot water and ensure sufficient hot water was available to the residents in their rooms and showers for 8 of 34 sampled residents</p>	N 111	<p>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</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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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35961037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2025
NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
N 111	Continued From page 1 (Residents #29, #27, #13, #301, #302, #303, #68, #23). The findings included: 1) Review of a policy titled, "Water Temperatures Safety Checks" documented that the facility will make every effort to provide water temperatures between 105 and 115 degrees Fahrenheit. Water temperatures are checked every morning at different locations in the facility and documented. There is no date or policy number for this policy. Review of a policy titled, "Loss of Hot Water" revised documented the facility is committed to maintaining a safe and comfortable environment for all residents. In the event of a hot water loss, prompt actions will be taken to ensure resident needs are met ad compliance with Florida regulations is maintained. Procedure: 1. Immediate response; Assessment: Upon discovering a loss of hot water, the maintenance supervisor will assess the cause and estimated time for repair. 2. Personal Hygiene: Use alternative methods such as pre-warmed water from external sources or no-rinse bathing products to maintain hygiene. 3. Regulatory Compliance: Water temperature are maintained between 105 to 115 degrees F. 4. Residents and families: Provide timely updates regarding the situation and expected resolution. 5. Maintain detailed records of the outage, actions taken and communications made. 2) On _____ at 8:50 AM the surveyor randomly began checking water temperatures from the faucet using a "dial stem thermometer" (after the thermometer was calibrated). The following	N 111	of correction is prepared and/or executed solely because it is required. (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 4.4.25 residents # 29, 27, 13, 302, 68, and 23 were assessed by licensed nurse, no concerns identified related to alleged deficient practice. Resident #303 discharged on 3.18.25 and is no longer residing in the facility. Resident #301 discharged on 4.1.25 and is no longer residing in the facility. Resident #27 discharged on 4.14.25 and is no longer residing in the facility. The Maintenance Director contacted an external plumbing vendor to repair hot water and additional mixing valve ordered as additional precaution; repairs completed on 4.4.25. (2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken; On 4.17.25 Ad Hoc Resident council meeting held to review survey results and plans being implemented for correction of alleged deficient deficiencies. On 4.11.25 the Director of Social Services/Designee completed a quality	

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N 111	<p>Continued From page 2</p> <p>rooms had temperatures that were below 105 degrees.</p> <ul style="list-style-type: none"> - 80 degrees - 80 degrees - 80 degrees - 90 degrees - 80 degrees <p>degrees</p> <p>The Administrator showed the surveyor several texts regarding the hot water issue. One text was dated _____, which said, FYI we are still having issues, no hot water on the 3rd floor. Another text dated _____, from the Maintenance Director, said "we have hot water issues here in the SNF (Skilled Nursing Facility). Unit 127-138. It takes a long time for the water to get hot. We had to run the water for 45 minutes in each room to get hot water." The administrator also gave the surveyor several texts wanting to know why they are getting complaints of no hot water.</p> <p>Review of an email dated _____ from previous Maintenance Director stated, the circulation pump that pushes hot water to the west side of the third floor is down. I called Roto Rooter which came out, the tech called a few parts shop but they do not have in storage, will have to call a few plumbing companies to see if they have in stock. On _____, The circulation pump on the third floor is being worked on. Ordering pump today and will be repaired as soon as it arrives.</p> <p>A review of a Resident Council grievance on _____ documented that a resident on the third floor complained that there was no hot water for days. Under resolution, dated _____, it documented that a pump was replaced.</p>	N 111	<p>review of current residents to ensure physical environment with emphasis ensuring sufficient hot water available to residents in their rooms and showers; no concerns identified.</p> <p>On 4.8.25 the Director of Maintenance completed a quality review of resident rooms and shower rooms to check water temperatures to ensure at appropriate temperature, no concerns identified.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.22.25 Director of Nursing completed education with current staff on the components of N111 physical environment with emphasis on ensuring sufficient hot water available to residents in their rooms and showers and how to utilize the facilities electronic work order system for reporting environmental concerns by the Assistant Director of Nursing/designee.</p> <p>Newly hired nursing staff will be educated on the components of N111 physical environment with emphasis on ensuring sufficient hot water available to residents in their rooms and showers and how to utilize the facilities electronic work order system for reporting environmental concerns by the Assistant Director of Nursing/designee at orientation as a part of the systematic changes.</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not</p>	

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NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 674 PIONEER ROAD JUPITER, FL 33458
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N 111	<p>Continued From page 3</p> <p>3) Review of Resident #302's medical records revealed resident was admitted on He has diagnoses to include Visual Loss,, Type II).</p> <p>His score was not completed since he was a new admission, but the resident was alert, oriented and able to answer all questions by the surveyor.</p> <p>During an interview on at 1:15 PM, Resident #302 stated that the water is, he can't take a shower or shave. The surveyor felt water and it was, ran it for several minutes and it did not get warm.</p> <p>4) Review of Resident #301's medical records revealed that the resident was admitted and was discharged Resident stated that the water is in her room and she can't shower or wash up.</p> <p>5) Review of Resident #68's medical records revealed that the resident was admitted to the facility on with diagnoses to include, Essential of the Region, Major and</p> <p>During an observation and an interview with Resident #68 on at 9:20 AM, the surveyor went into resident's room and observed the water running with no one near the faucet. The resident stated she didn't do it, the CNA (Certified Nursing Assistant) did it. She is waiting for the CNA to change her. Staff P, CNA came in and stated she turned the water on, she has to let it run for 15-45 minutes until it gets warm. She thinks they told her it was a water pump that was</p>	N 111	<p>recur, i.e., what quality assurance program will be put in place:</p> <p>Maintenance Director/Designee to conduct random audits of 5 resident times a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure sustained compliance with N111 physical environment with emphasis on ensuring sufficient hot water available to residents in their rooms and showers and how to utilize the facilities electronic work order system for reporting environmental concerns.</p> <p>The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.</p>	
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N 111	<p>Continued From page 4</p> <p>bad.</p> <p>6) Review of Resident #303's records revealed that Resident #303 was admitted to the facility on _____ and discharged _____. The resident had diagnoses to include Type II _____, _____, and _____ and Aphasia Following a _____.</p> <p>During an interview on _____ at 12:50 PM with Staff H, CNA she was asked if she had taken care of Resident #303 before. She stated "yes." She was then asked if this resident ever had any complaints and she said "yes, he complained the water was not hot." The surveyor asked what did she do. She stated she had notified the Maintenance Director.</p> <p>7) On _____ at 12:04 PM Resident # 23 voiced her concerns to a surveyor. She stated she has no hot water. The staff poured _____ water on her during care, it took her breath away, she was shocked. She hasn't been able to take a shower due to the lack of hot water. At 12:20 PM the surveyor proceeded to check the water (shower and sink) and let the water run until 12:23 PM, and there was no hot water.</p> <p>8) During an interview on _____ at 10:17 AM with Resident#3, who had a _____ of 15, she stated that there is no hot water, you can't take a shower, and she was not sure how long it has been out.</p> <p>9) During a telephone interview on _____ at 10:08 AM with the owner of Plumbing Company he stated a supervisor had been onsite as well as a few of their plumbers to service and inspect the nursing home facility. He stated that the facility does have hot water but it is taking too long to</p>	N 111		
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N 111	<p>Continued From page 5</p> <p>reach their rooms. We found a few check valves for water supply not functioning. The problem is the disproportion of water getting into the water supply piping. I don't remember replacing a circulation pump. The first service we did was changing the check valves. We are still replacing them. We have replaced 4 check valves and the mixing valve needs to be replaced. I have only been on this project since the middle of . I wasn't doing this in . A month ago we did check valves at the ALF(Assisted Living) but this week we have been doing checks valves at the SNF. Did 4 checks valves at SNF waiting on mixing valves to come in. The check valves were faulty and the water was over powering the hot water to come through.</p> <p>10) During an interview on at 10:27 AM with the Maintenance Director he stated that this is the first week that the plumbing company has been here. I've been here for 3 weeks and the second day I found out that there was an issue with water but on the ALF side. On the SNF side it was this past Saturday that hot water was not up to correct temperatures. Randomly I do weekly temps in different rooms on each floor. It depends maybe on each floor, depends on time of day and if I don't get pulled away. I document that. I get a weekly task and monthly task. Not sure why the higher number rooms are having an issue. The surveyor asked about the text that he sent on but he had no response.</p> <p>The surveyor reviewed the employee roster and showed that the Maintenance Director's hire date was .</p> <p>11) Review of the record revealed Resident #27 was admitted to the facility on . Review</p>	N 111		

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N 111	<p>Continued From page 6</p> <p>of the current Minimum Data Set (MDS) assessment dated _____ documented the resident had a () score of 14, on a 0 to 15 scale, indicating the resident was _____.</p> <p>During an interview and observation _____ at 10:51 AM, when asked if there was an issue with the provision of hot water, Resident #27 stated, "They haven't had hot water for about a month. Have you ever taken a _____ shower? It's not fun!" The surveyor ran the hot water faucet in the resident's bathroom sink, which was located next to the shower, for several minutes, and the water did not get warm.</p> <p>12) Review of the record revealed Resident #29 was admitted to the facility on _____. Review of the current MDS assessment dated _____ documented the resident had a _____ score of 15, on a scale of 0 to 15, indicating the resident was _____.</p> <p>During an interview on _____ at 11:28 AM, when asked if there was any problem with the provision of hot water, Resident #29 stated, "There is no hot water. It has been an issue for at least two months. The resident then volunteered, about two or three weeks ago a nurse came in and told me, good news they are coming to fix the hot water, but it didn't get fixed. Resident #29 confirmed direct care staff knew about the water as the aides would comment about it during care.</p> <p>During an interview on _____ at 6:06 PM, when asked about any problems with hot water, Staff J, Certified Nursing Assistant (CNA) stated, "They fixed it today." When asked if there were</p>	N 111		

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N 111	<p>Continued From page 7</p> <p>issues previously, the CNA would not respond directly, but kept saying, "they fixed it." When told a resident had said there had been no hot water for a month or two, the CNA stated, "No, maybe two weeks."</p> <p>During an interview on _____ at 6:09 PM, when asked if there had been any problems with the hot water, Staff K, Licensed Practical Nurse (LPN) stated, "They were here today and fixed it." When asked if it had been a problem in the past, the LPN would not say. When told residents were saying there have been problems for a month or two, the LPN stated, "I heard it happened before, and they fixed it. I really don't have any more information than that."</p> <p>13) A record review revealed that Resident #13 was admitted on _____ with diagnoses that included _____ or _____. The brief interview of mental status score per the minimum data set completed on _____ was 14. This indicated that Resident #13 was _____.</p> <p>During an interview on _____ at 03:37 PM, Resident #13 complained about no hot water. He said he needed hot water to shower and to shave. When asked for how long this problem had occurred, Resident #13 said it felt like there hasn't been hot water for a year.</p> <p>During an observation on _____ at 03:40 PM, the surveyor turned on the hot water and let the water run for approximately three minutes. The water felt a little warm and then it felt cool.</p> <p>Class III</p>	N 111		

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N 203 N 203 SS=E	Continued From page 8 400.022(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 interview and record review, the facility failed to ensure residents were treated with dignity during activities of daily living (ADLs) care and failed to provide care upon request for 7 of 33 residents reviewed for dignity (Residents #254, 251, 256, 55, 83, 250, and # 23). The findings included: 1) The clinical record indicated that Resident #254 was admitted to the facility on _____ with a diagnosis that included _____. The admission assessment, dated _____, included a brief interview with a mental status score of 14, which indicated that Resident #254 was _____. The assessment noted symptoms such as feeling down, depressed, or hopeless but recorded no behavioral symptoms. On _____, at 9:41 AM, during an interview with Resident #254, she stated that the staff had spoken foreign languages in her room during care, which made her uncomfortable as she did not understand what they were saying or doing. 2) The clinical record revealed that Resident #251 was admitted to the facility on _____, and _____, with diagnoses including medically _____ conditions. On _____, at 10:55 AM, Resident #251, alert	N 203 N 203	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 it is required. (1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 4.4.25 residents #254, 251, 256, 55, 83, and 23 were assessed by licensed nurse, no concerns identified related to alleged deficient practice. Resident #251 discharged on 4.9.25 and is no longer residing in the facility. Resident #256 discharged on 4.8.25 and is no longer residing in the facility. Resident #250 discharged on 4.2.25 and is no longer residing in the facility. (2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;	

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N 203	<p>Continued From page 9</p> <p>and coherent, reported, the staff was rough and pushy during care. They are not caring and are disrespectful. They do not greet him when they encounter him. They don't say hello. They do not work well together.</p> <p>3) The clinical record for Resident #256 indicated admission to the facility in . The care plan initiated on noted that Resident #256 had the potential for an ADL self-care due to varying participation, fatigue, and medical conditions.</p> <p>On , at 11:16 AM, Resident #256 was observed at the nursing station alongside two family members. He was noted to have hair that needed to be shaved, and he appeared . An interview with his wife revealed concerns about his care. She indicated that aides had refused to shave him when she requested it. She stated the aides told her they don't do that. Although she brought a razor to help shave him, the aide did not do a good job.</p> <p>4) The clinical record for Resident #55 documented admission to the facility on and , with diagnoses including and . On , the quarterly comprehensive assessment recorded a brief interview with a mental status score of 15, indicating that Resident #55 was . The assessment noted no symptoms but did report verbal and behavioral symptoms.</p> <p>On , at 11:29 AM, during an interview with Resident #55, he expressed that staff sometimes do not speak English while providing care, which he found rude. He wished he could understand what they were saying.</p>	N 203	<p>On 4.11.25 the Director of Social Services completed a quality review of current residents to ensure that residents rights are honored with emphasis treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ hygiene at preferred temperatures, and timely response to call lights, any concerns identified were corrected.</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>On 4.17.25 Ad Hoc Resident council meeting held to review survey results and plans being implemented for correction of alleged deficient deficiencies.</p> <p>On 4.22.25 the Director of Nursing completed education with current staff on the components of N203 Resident Rights with an emphasis on treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ hygiene at preferred temperatures, and timely response to call lights by the Assistant Director of Nursing/designee.</p> <p>Newly hired staff will be educated on the components of N203 Resident Rights with an emphasis on treating residents with</p>	

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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) COMPLETE DATE
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5) The clinical record for Resident #83 indicated admission to the facility on . . . , with diagnoses including . . . and . . . The admission assessment, reference date . . . recorded a brief interview with a mental status score of 12, indicating that Resident #83 was The assessment did not note any . . . or behavioral symptoms.

On . . . , at 11:41 AM, during an interview with Resident #83, she stated the staff has a nasty attitude. They argue while caring for her and do not work together.

6) The clinical record revealed that Resident #250 was admitted to the facility on . . . with diagnoses including medically . . . conditions. The admission assessment, reference date . . . recorded a brief interview for a mental status score of 15, which indicated Resident #250 was . . . This assessment recorded no . . . or behavior concerns.

This comprehensive assessment recorded under section "GG" for functional abilities and goals that Resident #250 required partial/ . . . with toileting hygiene, upper body . . . , rolling left and right, lying to sitting on the side of the bed, sit to stand, chair/bed-to-chair transfer, and toilet transfer. She required substantial/maximal assistance with showering/bathing, . . . her lower body, and putting on/taking off footwear. She needed supervision or assistance with personal hygiene. The care plan initiated on . . . indicated Resident #250 had an ADL self-care related to ADL needs and participation varying, fatigue, and . . . medical conditions. Interventions included encouraging and assisting

N 203

dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ . . . hygiene at preferred temperatures, and timely response to call lights by the Assistant Director of Nursing/designee at orientation as a 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:

Director of Nursing/Designee to conduct random audits of 5 residents 2 times a week for 4 weeks, then once a week for 4 weeks and then monthly for 1 month to ensure compliance with N203 residents rights are honored with emphasis on treating residents with dignity and respect, communicating in a language that residents can understand, providing shaving assistance to dependent residents, providing water temperatures for bathing/ . . . hygiene at preferred temperatures, and timely response to call lights.

The findings of these quality monitoring to be reported to the Quality Assurance/Performance Improvement Committee monthly until the committee determines substantial compliance has been met.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35961037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2025
NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
N 203	<p>Continued From page 11</p> <p>with all ADL tasks as indicated and tolerated by the resident, including locomotion/ambulation, bathing, bed mobility, transfers, toileting tasks, meals, and personal/oral hygiene.</p> <p>On at 11:55 AM, during an interview with Resident #250, she revealed the aides don't usually show up when she calls, and when they finally do come, they have an attitude. She explained that last week, she needed a "diaper" change with all the she had taken, makes her pee a lot. She called an aide to change her and the aide said, "I did it an hour ago." She said, "I know, but I want to be changed again." The aide said, "Well, I don't want to right now." She filed a complaint with the facility. They did not talk to her about the resolution. Resident #250 explained that this morning (on), an aide came in; she asked for a "diaper" change, the aide said, "I am the only one here right now; I will try to get to you sometime later," and left the room without changing her. She finally got up and went to the bathroom by herself.</p> <p>7) The clinical record revealed that Resident #23 was admitted to the facility on with diagnosis including , failure. The annual comprehensive assessment, reference date , recorded a brief interview for a mental status score of 15, which indicated Resident #23 was . This assessment recorded no or behavior concerns. This comprehensive assessment was recorded under the section "GG" for functional abilities and goals. Resident #23 required substantial/maximal assistance with toileting hygiene, showering/bathing, lower body , putting on/taking off footwear, and chair/bed-to-chair transfer. She required partial/ with upper body and sitting to</p>	N 203		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35961037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2025
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NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 674 PIONEER ROAD JUPITER, FL 33458
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(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) COMPLETE DATE
N 203	<p>Continued From page 12</p> <p>stand. She needed supervision or touching assistance to roll left and right and sitting on the side of the bed.</p> <p>The care plan revised on _____ indicated Resident #23 had an ADL self-care _____ related to _____ medical conditions, _____ in more than five areas of ADLs.</p> <p>Interventions included encourage and assist with all ADL tasks as indicated and tolerated by the resident, including locomotion/ambulation, bathing, bed mobility, transfers, toileting tasks, meals, and personal hygiene.</p> <p>On _____ at 12:04 PM, an interview was conducted with Resident #23. She stated this is a pretty place, but the care is no good; the staff doesn't care about the residents. She explained there was no hot water in her bathroom. One time, during care, a certified nursing assistant (CNA) poured _____ water on her; it took her breath away; she was shocked, and she stopped breathing for a few seconds. At 12:20 PM, the surveyor checked the water temperature of the shower and sink. The surveyor let the water run until 12:23 PM (about 3 minutes); the surveyor placed her _____ under the running water; there was no hot water.</p> <p>On _____, at 11:46 AM, the surveyor turned on the water and let it run until 11:49 AM; the water was _____.</p> <p>On _____, the Director of Nursing was interviewed from 11:55 AM to 12:14 PM, with a follow-up discussion at 2:00 PM. During these sessions, the Director was made aware of the concerns residents and their families raised. Each problem was _____ to her.</p> <p>On _____ at 2:11 PM, an interview was</p>	N 203		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35961037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2025
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NAME OF PROVIDER OR SUPPLIER LUXE AT JUPITER REHABILITATION CENTER (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 674 PIONEER ROAD JUPITER, FL 33458
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(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) COMPLETE DATE
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N 203	<p>Continued From page 13</p> <p>conducted with Staff E, a nurse. During the discussion, Staff E expressed concerns regarding instances in which staff members communicated in a foreign language in the presence of residents. She noted that this practice occasionally makes her uncomfortable, leading her to believe the conversation may be about her.</p> <p>Class III</p>	N 203		
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