

PRINTED: 04/21/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105755	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
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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) COMPLETION DATE
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F 000 INITIAL COMMENTS

An unannounced Recertification survey was conducted on _____ to _____ at Heartland Health Care Center Boynton Beach. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.

F 329 SS=D 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate _____); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used _____ drugs are not given these drugs unless _____ drug _____ is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use _____ drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview it was

F 000

The statements made on this plan of correction are not and do not constitute an agreement with the alleged deficiencies herein.

F 329

To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's alleged compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

F-329

It is the practice of this facility that each resident's drug regime be free from unnecessary drugs.

Resident # 179 and 88 still resides in the facility.

For resident 88 the _____ was discontinued and the _____ was decreased.

For resident 179 and other residents nursing staff were reinserviced on documentation of the use of non-pharmacological interventions prior to administering _____ medications and for behavioral monitoring of residents for gradual dose reductions.

The facility will randomly audit nursing notes weekly for the first 30 days and randomly for 90 days thereafter to ensure documentation of non-pharmacological interventions is documented prior to administering of _____ medications. A _____ audit tool will also be used to ensure that residents are monitored for gradual dose reductions

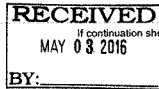
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

4/9/16

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 329	<p>Continued From page 1</p> <p>determined the facility failed to ensure the medication regimen was free of unnecessary medications for 2 of 5 sampled residents reviewed for Unnecessary Medication Use (Resident # 179 and # 88). As evidenced by failure to implement non pharmacological interventions prior, to administering medications to Resident # 179 and failure to ensure gradual dose reduction and behavioral monitoring for Resident # 88.</p> <p>The findings included:</p> <p>1) Record review conducted on _____ revealed Resident # 179 was admitted to the facility on _____</p> <p>Minimum Data Set, Admission assessment with reference date _____ documents the resident is severely _____ for daily decision making with a BIMS (Brief Interview Mental Status) score of 5; the resident requires _____ with activities of daily living, has diagnosis of non _____ and is receiving _____ and _____ medications.</p> <p>Care plans initiated for the resident included: "At risk for adverse effects related to use of _____ medication, use of _____ medication and use of _____ medications" dated _____ documents interventions as notify physician of decline in activity of daily living. "Resident is an elopement risk" related to new environment, _____ cognition with behaviors dated _____ documents interventions as engage in activities tasks to keep occupied.</p>	F 329	<p>Results of audits will be brought to the monthly QA&A committee to identify any trends and patterns.</p> <p>POC: _____, 2016</p>

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F 329 Continued From page 2

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Physician's Order dated _____ documents
0.5 mg, every six hours, as needed for

Review of the Medication Administration Record dated _____ and _____ revealed Resident # 179 received 0.5 mg on _____ and _____

Further review of the clinical record revealed no evidence of the resident's behavior requiring the use of the drug and evidence of non pharmacological interventions implemented prior to administering the

Interview with Assistant Director of Nursing (ADON) of the Turtle Bay Unit on _____ at 9:05 AM revealed after review of the clinical record there is no evidence related to the behavior requiring the use of _____ and confirmed there is no evidence non pharmacological interventions were attempted to reduce the behavior prior to administering the drug.

2) Record review revealed Resident #88 was admitted to the facility on _____ with diagnosis that includes _____ without behavioral disturbance, severely _____, and the resident requires total dependence on mobility.

Observation of Resident #88 from _____ revealed a non-verbal, non-interacting resident that sits in a wheel chair unengaged in any kind of activities.

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F 329	Continued From page 3 Review of physician orders revealed Resident #88 was ordered _____ (a mood stabilizer) on _____ medication) on _____; and, _____ (an anti- medication) on _____. Review of Resident #88 records of pharmacy reconciliation dated _____, revealed the pharmacist recommended to re-evaluate for possible discontinuation of _____. The recommendation was declined with a rational "this dose maintains a calm for this, _____ (patient) who had been quite agitated and _____." A pharmacy recommendation dated _____ revealed the pharmacist recommended " _____ in monitoring _____. Please provide Documentation of continued need at current dose". The recommendation was declined with a rational " _____ (patient) is stable with current dose which tx (treatment) BPSD (behavioral and _____ symptoms of _____). During an interview and side-by-side chart review with the DON (Director of Nursing) on _____ at 3:00 PM, the DON confirmed that there was no documentation of Resident #88's behaviors in the records. The DON could not produce any documentation on why Resident #88 was ordered _____ or _____. The DON confirmed that Resident #88 was non-verbal and required total assistance. The DON further stated that they chart (document) by exception (only when there is a deviation from the baseline or expected outcome or when a procedure is done) and if nothing is charted, then nothing happened.	F 329		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371	F371 It is the practice of this facility that that the facility procures food from sources approved or	

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F 371 Continued From page 4
The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure kitchen surfaces are clean, and dishes and utensils are cleaned under sanitary conditions. Poor sanitation can lead to cross contamination and increases the risk of food borne illness. This has the potential to affect 107 of 109 residents who eat in the facility.

The findings included:

On _____ at 9:05 AM an initial tour of the facility's kitchen was conducted with the Regional Dietitian and the Food Service Director. The following observations were made:

- 1) The wall by the dish machine, underneath the counter/sink, was noted to have black built-up residue.
- 2) The coil to the spray nozzle by the dish machine was noted to have black, sticky residue.
- 3) The walk-in cooler was noted to have brown, sticky substance spilled on the floor and wall in

F 371
considered satisfactory by Federal, State or local authorities and that the facility store, prepare, distribute and serve food under sanitary conditions.

The dietary staff were in serviced on kitchen sanitation to include clean kitchen surfaces and dishes and utensils.

The wall by the dish machine underneath the counter/sink was cleaned. The coil to the spray nozzle by the dish machine was cleaned. In the walk in cooler, the brown sticky substance on the floor was cleaned and the ice machine vent was also cleaned. The dish machine was checked by the service vendor on two occurrences and found to be in working order. The booster was adjusted to ensure the machine is 100% operational. Estimates for replacing the dish machine are in progress.

Kitchen sanitation will be monitored weekly for the first 30 days and randomly thereafter for the following 90 days. The dish machine will continue to be monitored daily at each meal.

Results of the audits will be brought to monthly QA&A to identify any trends or patterns.

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F 371	Continued From page 5 the right corner of the unit, by the entrance door. 4) The ice machine vent noted to have dust built up. 5) The dish machine was observed to have a wash reading of up to 164 degrees Fahrenheit but the rinse cycle reached a maximum reading of up to 170 degrees Fahrenheit. The Regional Dietitian told the food service worker who was operating the dish machine (the food service worker was observed on the dirty end of the machine and there were trays with clean dishes on the clean end of the machine that had already gone through the machine) to run it for a while so the machine 's temperature could reach its recommended minimum temperature. After allowing the staff to run the dish washer for at least 10 minutes, the final rinse temperature did not reach beyond 170 degrees Fahrenheit. The Maintenance Director was called in by the Food Service Director. At 9:35 AM, the Maintenance Director arrived and checked the dish machine and stated that the booster was working. He turned on and off the wash/rinse switches and the rinse cycle did not reach 169 degrees Fahrenheit. The Maintenance Director said he would have to contact Hobart to reset the dish machine. At 9:40 AM, the Regional Dietitian instructed the Food Service Director not to have her staff wash the dishes until the machine was fixed. She also instructed the Food Service Director to use paper goods until the machine is fixed and that she would notify the Administrator that they have a problem with the dish machine. The Regional Dietitian stated that she checked the dish machine earlier that morning and it was working fine. A review of the facility's dish machine log revealed: The Minimum temperature for wash	F 371	

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F 371	Continued From page 6 cycle = 150 degrees Fahrenheit. Rinse cycle = 180 degrees Fahrenheit. The Regional Dietitian and the Food Service Director acknowledged these conditions.	F 371		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RP The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide adequate pharmaceutical services for 1 of 1 residents randomly observed (Resident #13). A Licensed Practical Nurse (LPN) left a resident who required medication administration alone during a	F 425 F-425	It is the practice of this facility to provide routine and emergency drugs and biologicals to its residents. Resident #13 still resides in the facility. The nurse for this resident received a 1:1 inservice. Nursing staff were inserviced on providing adequate pharmaceutical services relating to _____ treatments. Weekly observation audits will be completed for patients requiring treatments for the first 30 days. Random audits will be completed thereafter for 90 days. Results of audits will be brought to the monthly QA&A committee to identify any trends and patterns. POC: _____, 2016	

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F 425	<p>Continued From page 7</p> <p>breathing treatment.</p> <p>The findings included:</p> <p>On _____ at 9:45 AM, the surveyor approached Resident #13's _____ observed the following. Staff A, a LPN, was standing behind the medication cart parked directly in front of the resident's _____. The door to the resident's _____ closed. Staff D, a Certified Nurse Aide (CNA) was standing next to the cart conversing with Staff A. Staff A was asked about Resident #13's contracted legs and she described the manner in which they were contracted. The surveyor then asked to observe the resident's legs and was accompanied by Staff A and proceeded to enter Resident #13's _____. Upon entrance to the _____, a CNA was observed providing care to Resident #13's _____, the privacy curtain was pulled close. Resident #13 was sitting in her wheel chair next to her bed receiving a _____ treatment. During the observation, the resident started squirming around and the mask attached to her face became partly dislodged which Staff A corrected. At that time, Staff A was asked if the resident is supposed to be left alone during the breathing treatment. Staff A stated it was okay because she only briefly had to go to her cart to do something, and there was a CNA present.</p> <p>Review of Resident #13's clinical record revealed a quarterly Minimum Data Set assessment dated _____ that documented her _____ skills for making daily decisions were severely _____. She also required extensive to total assistance with activities of daily living.</p> <p>Review of the facility's written policy titled, " _____ Mist _____", dated _____</p>	F 425	

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F 425	Continued From page 8 disclosed, Switch aerosol unit on and direct patient to inhale mist slowly and deeply; and continue until prescribed medication has been aerosolized from chamber. During interviews conducted on _____ with Staff B, a LPN (Licensed Practical Nurse), at 9:25 AM and Staff C, a (RN) Registered Nurse Supervisor, at 9:30 AM, both stated they stay with the resident for the entire treatment, and that CNAs do not monitor _____ treatments. In an interview conducted _____ at 2:07 PM, Staff D, a CNA, stated CNAs are not allowed to monitor _____ treatments. This was discussed with the Unit Manager on _____ at 10:16 AM, who stated that the facility's protocol is for the nurse to supervise the resident for the entire treatment. She further stated CNAs are not allowed to monitor _____ treatments. This was discussed with the Assistant Director of Nursing on _____ at 3:10 PM, she stated nurses are to stay with the resident for the entire treatment and that CNAs are not allowed to monitor _____ treatments.	F 425	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be	F 431	F431 It is the practice of this facility to employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

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F 431 Continued From page 9

labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to _____, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and policy review, it was determined the facility failed to ensure medications were stored under appropriate temperatures in one of two medication _____ (Pelican unit).

The findings included:

Facility Policy titled "Refrigerated Medications" dated _____ documents "Refrigerated medications will be stored and used in _____"

F 431

The refrigerator in the Pelican Medication _____ replaced and the temperature within acceptable limits.

Other facility refrigerators were also checked to ensure that the temperature is also within acceptable limits.

Temperature of the medication _____ will be audited weekly for 30 days and randomly 90 days thereafter to ensure compliance with temperature.

Results of the audit will be brought to monthly QA&A to identify and trends or patterns.

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F 431	<p>Continued From page 10</p> <p>accordance with label directions. Refrigerated medications will be stored at 36-46 degrees Fahrenheit".</p> <p>Medication storage observation conducted on _____ at 9:31 AM in the medication the Pelican Unit while accompanied by the Assistant Director of Nursing (ADON), revealed the temperature of the medication refrigerator was 32 degrees F (Fahrenheit). The ADON confirmed the temperature reading and stated the refrigerator temperature would be adjusted.</p> <p>The medication refrigerator contained the following items: One vial of _____ One vial of _____ One vial of _____ One vial of Lantus _____ One vial of _____ One vial of _____ Four _____ Suppositories One vial of _____ eye drops One vial of _____ Two vials of _____ R _____ Two vials of _____ one gram Six vials of _____</p> <p>Medication storage observation conducted on the Pelican Medication _____ at 9:42 AM, revealed the temperature in the medication refrigerator was 28 degrees F. The Director of Nursing, who was present during the observation, confirmed the temperature reading of 28 degrees F and stated, all medications will be moved to the Turtle Bay Unit for storage.</p> <p>The medication refrigerator contained the</p>	F 431	

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F 431	<p>Continued From page 11</p> <p>following items:</p> <p>One vial of</p> <p>One vial of</p> <p>One vial of</p> <p>One vial of Lantus</p> <p>One vial of</p> <p>One vial of</p> <p>Four _____ Suppositories</p> <p>One vial of _____ eye drops</p> <p>One vial of _____</p> <p>Two vials of _____ R</p> <p>Two vials of _____ one gram</p> <p>Six vials of _____</p> <p>The product insert for _____ documents keep all unopened _____ in refrigerator between 36-46 degree Fahrenheit. Do not freeze and do not use _____ if it has been frozen.</p> <p>The product insert for _____ injectable documents _____ injection should be stored and transported 36-46 degrees Fahrenheit.</p> <p>The product insert for _____ Suppositories documents store refrigerated at 36-46 degrees Fahrenheit.</p>	F 431		
F 441 SS=E	<p>483.65 CONTROL, PREVENT</p> <p>SPREAD, LINENS</p> <p>The facility must establish and maintain an _____ Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of _____ and _____.</p> <p>(a) _____ Control Program The facility must establish an _____ Control Program under which it -</p>	F 441	<p>F441</p> <p>It is the practice of this facility to establish and maintain an _____ control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of _____ and _____.</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105755	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
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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) COMPLETION DATE
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F 441 Continued From page 12

(1) Investigates, controls, and prevents in the facility;

(2) Decides what procedures, such as isolation, should be applied to an individual resident; and

(3) Maintains a record of incidents and corrective actions related to

(b) Preventing Spread of

(1) When the Control Program determines that a resident needs isolation to prevent the spread of the facility must the resident.

(2) The facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the

(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of

This REQUIREMENT is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to maintain control standards as required for 2 of 2 random residents during dining observations; sampled residents (Resident #97 and #144); and 3 of 5 nurses observed during medication administration (Staff B, F and G).

The findings included:

F 441

Resident # 97 and 144 still reside in the facility.

Resident # 144 no longer requires isolation precautions. For both resident #97 and 144 as well as other residents, staff was reinserviced on control practices including disposing of trash and biomedical waste appropriately, isolation/contact precautions, cleaning up spills appropriately, cross contamination while feeding and proper hand washing technique.

A weekly audit of control practices and hand washing will be conducted for the first 30 days and randomly thereafter for 90 days to ensure that proper control techniques are being utilized.

Results of the audit will be brought to monthly QA&A to identify any patterns or trends.

POS: , 2016

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436	
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F 441	<p>Continued From page 13</p> <p>1. Observation of Resident #97's bath was conducted on / / at 11:25 AM with the facility's Assistant Director of Nursing (ADON) present. A plastic bag containing the resident's urinal and urinal cover was tied to a handrail in the bath. Two used gauze pads and their wrappers, and a pair of used latex gloves had been inserted into the bag, the gloves were protruding from the top of the bag. The Assistant DON observed the bag and its contents, and stated this was not acceptable practice. She stated the medical waste should have been placed in a red bag and deposited directly in to the biohazard. She further stated she would look in to it and try to find out who did it and why. During a follow-up interview conducted / / at 11:44 AM, the ADON stated she still did not know for sure what happened. This was discussed with the facility's Administrator on / / at 10:02 AM.</p> <p>2) Resident #144 was admitted / / with (of the bone) of the left toe with (an multi-drug resistant organism). Resident #144's last dose of treatment for the with (an) was on / / . During the initial tour of the facility on / there were no residents on isolation on the 600 unit.</p> <p>On / at 11:00 AM an interview with the DON, who was also the Control Coordinator, stated that all residents admitted with are placed on contact precaution/isolation and are housed in private. The DON further stated that the residents remain on contact precautions/isolation until</p>	F 441	

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F 441 Continued From page 14
there was an order to discontinue isolation. Side by side review of Resident #144's chart did not reveal an order to discontinue isolation. The DON then stated that they sometimes discontinue isolation once a resident has completed treatment. The DON acknowledged that Resident #144 did have a . Furthermore, the DON was not able to locate or produce any documentation or evidence indicating that Resident #144 had been on isolation from the time of admission.

F 441

3. Observation conducted on _____ at 12:30 PM in the 400 Pod revealed a _____ assisting a random resident in the dining area. The _____ was observed setting up the food tray and spilled milk on the table. The _____ proceeded to remove the resident's clothing protector, wiped the table clean with the clothing protector and placed it back around the resident's neck.

4. Observation of Staff E on _____ at 12:30 PM in the 400 Pod revealed the staff assisting a random resident with the lunch meal; another resident across the dining area was attempting to get up from the wheelchair and Staff E got up and assisted the resident back in the chair. Staff E returned to the table and continued feeding the resident without hand hygiene.

5. During Medication Administration observation conducted on _____ at 10:20 AM revealed Staff F performing hand washing prior to the medication administration. Staff F washed her hands for six seconds and did not use a paper towel to close the water faucet.

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F 441	<p>Continued From page 15</p> <p>6. Medication administration observation conducted on _____ at 10:04 AM revealed Staff B performing hand washing prior to the medication administration. Staff B washed her hands for less than five seconds and did not use a paper towel to close the water faucet.</p> <p>7. Medication administration observation conducted on _____ at 9:41 AM revealed Staff G performing hand washing prior to the medication administration. Staff F washed her hands for less than five seconds.</p> <p>8. Interview with Staff B on _____ at 2:02 PM revealed the facility policy is to wash hands for at least fifteen seconds and acknowledged she did not use the paper towel to close the water faucet.</p> <p>Interview with Staff F on _____ at 2:11 PM revealed the facility policy is to wash hands for at least fifteen seconds and acknowledged she did not use the paper towel to close the water faucet.</p> <p>Interview with Staff G on _____ at 3:07 PM revealed the staff was made aware of the hand hygiene observation during the medication administration and stated hand washing is performed for five minutes. The staff was made aware her hand washing lasted less than five seconds and acknowledged that was not long enough.</p> <p>Interview with the Director of Nursing (DON) on _____ at 11:55 AM revealed the facility has provided numerous inservices related to hand washing and stated the _____ behavior was not facility practice.</p>	F 441	

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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
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F 514 483.75(l)(1) RES
SS=E RECORDS-COMplete/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on interviews and record review, the facility failed to maintain accurate and complete records for 1 of 5 sampled residents reviewed for unnecessary medications (Resident #58) and 12 randomly sampled residents in the 600 unit.

The findings included:

1. During review of medications for Resident #58, the following concern was identified, a physician order dated [redacted] called for [redacted] (an anti-[redacted] medication) 0.5 milligrams at bedtime. The resident's medication administration record (MAR) for [redacted] and [redacted] 2016 documented nursing staff were to observe the resident each shift for side effects of the medication which were listed on the MAR as follows: 0 for no side effects, A for abnormal face, mouth, tongue movement, B for abnormal movement of arms and legs, C for tremors in

F 514 F514

It is the practice of this facility to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible and systematically organized.

Resident # 58 has a side effects sheet for monitoring of [redacted] medication. The orders for resident #88 and the 11 others were signed by the physician.

Nursing staff were reinserviced on monitoring and documenting of [redacted] side effects as well as timeliness of physician signature for telephone orders.

A random audit of [redacted] medications will be completed weekly for the first 30 days and randomly thereafter for 90 days to ensure [redacted] medication monitoring is in place. Orders will also be audited weekly for the first 30 days and randomly thereafter for 90 days to ensure that they are signed and dated timely by the attending physician.

Results of the audits will be brought to monthly QA&A to identify and patterns or trends.

PQC: May 7, 2016

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

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F 514	<p>Continued From page 17</p> <p>extremities, D for abnormal movements of upper body, E for dry mouth, F for difficulty or restlessness, disorientation or and H for</p> <p>Review of the resident's 2016 MAR revealed no documentation of the resident's side effects for the period through / . In an interview conducted at 2:58 PM, the Unit Manager reviewed the 2016 MAR and confirmed nursing staff failed to enter the requirement for monitoring side effects for anti- medication. She stated the resident's side effects were being monitored by nursing staff but they failed to document it during 2016. She further stated it was facility protocol to monitor and document side effects on each shift when the resident receives an anti- medication.</p> <p>2) Resident #88 was treated for (an itchy, highly skin caused by an infestation by a mite) on / . During an interview with the DON on at 11:00 , the DON stated that all of the residents, a total of 12, in the 600 unit were treated. The DON further stated that the staff were all offered treatment, but all refused.</p> <p>On at 12:00 PM the DON acknowledged that there was no documentation of treatment for in any of the resident records in the 600 unit. Later, at 12:15 PM the DON then provided the surveyor with 12 MARs (medication administration records) for the residents that were admitted during the time of the infestation. The MARs dated (an) given</p>	F 514	

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F 514	<p>Continued From page 18</p> <p>to all 12 residents on the 7-3 shift on _____ and _____ . All of the MARs were signed by the DON.</p> <p>During record review of the 12 resident records in the 600 unit, for which the DON provided the MARs on _____ at 12:15 PM, an initiating physician order to generate the residents MAR was not located in the residents charts. The DON subsequently provided the surveyor 12 Physician telephone orders. Two of the physician telephone orders had no signature or date. Ten of the physician telephone orders were dated _____ and were signed by the DON. None of the telephone orders were signed by a physician.</p> <p>During an interview with the DON on _____ at 12:30, when questioned by the surveyor as to why the the residents orders and MARs were not in the residents charts, the DON stated "I haven't had the time".</p> <p>When asked for documentation of staff refusing _____ treatment, the DON stated that an inservice was done. The DON then provided a document titled Agenda Nursing Meeting 2016 that included topic " _____ /outbreak/treatment/resident/staff", with no employee attendance roster signature. Accompanying the inservice agenda was a " _____ Frequently Asked Questions (FAQs) document from the Centers for _____ Control and Prevention (CDC).</p> <p>Review of facility policy titled, "Outbreak Investigations for _____ Outbreak", dated _____, it is documented All patients and employees, whether _____ or not in the defined area, which may be a unit or the entire building, are treated with a scabicial medication.</p>	F 514	

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F 514	Continued From page 19 Review of the facility policy titled, " Requirements and Guidelines For Clinical Record Content", dated 2015, under Telephone Orders, Verbal Orders and Secure Messages, it is documented Telephone orders are signed and dated by the attending physician within the period of time defined by state regulations. In the absence of state accreditation time frame requirements, a 30-day time frame is considered "reasonable". It is further documented that the date and time of an order as well as the signature of qualified professional receiving order must be present on each telephone order form.	F 514		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTC	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
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N 000	INITIAL COMMENTS	N 000		
	An unannounced Re-licensure survey was conducted on _____ to _____ at Heartland Health Care Center Boynton Beach. The facility had deficiencies at the time of the visit			
N 095 SS=D	59A-4.112(6), FAC Drug Storage	N 095	N095	
	<p>Prescription drugs and non-prescription medications requiring refrigeration must be stored in a refrigerator. The refrigerator must be locked or located within a locked medication accessible only to licensed staff.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and policy review, it was determined the facility failed to ensure medications were stored under appropriate temperatures in one of two medication (Pelican unit).</p> <p>The findings included:</p> <p>Facility Policy titled "Refrigerated Medications" dated _____ documents "Refrigerated medications will be stored and used in accordance with label directions. Refrigerated medications will be stored at 36-46 degrees _____"</p> <p>Medication storage observation conducted on _____ /2016 at 9:31 AM in the medication the Pelican Unit while accompanied by the Assistant Director of Nursing (ADON), revealed the temperature of the medication refrigerator was 32 degrees F (Fahrenheit). The ADON confirmed the temperature reading and stated the refrigerator temperature would be adjusted.</p>		<p>It is the practice of this facility to employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>The refrigerator in the Pelican Medication _____ replaced and the temperature within acceptable limits.</p> <p>Other facility refrigerators were also checked to ensure that the temperature is also within acceptable limits.</p> <p>Temperature of the medication refrigerators will be audited weekly for 30 days and randomly 90 days thereafter to ensure compliance with temperature.</p> <p>Results of the audit will be brought to monthly QA&A to identify and trends or patterns.</p> <p>POC: _____, 2016</p>	

AHCA Form 3020-0001

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



TITLE
[Handwritten Signature]

(X6) DATE
[Handwritten Date]

STATE FORM

6899

Y2D911

If continuation sheet 1 of 7

RECEIVED
MAY 08 2016
BY: _____

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
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N 095	<p>Continued From page 1</p> <p>Based on observation, interview and policy review, it was determined the facility failed to ensure medications were stored under appropriate temperatures in one of two medication (Pelican unit).</p> <p>The findings included:</p> <p>Facility Policy titled "Refrigerated Medications" dated _____ documents "Refrigerated medications will be stored and used in accordance with label directions. Refrigerated medications will be stored at 36-46 degrees Fahrenheit".</p> <p>Medication storage observation conducted on _____ at 9:31 AM in the medication the Pelican Unit while accompanied by the Assistant Director of Nursing (ADON), revealed the temperature of the medication refrigerator was 32 degrees F (Fahrenheit). The ADON confirmed the temperature reading and stated the refrigerator temperature would be adjusted.</p> <p>The medication refrigerator contained the following items: One vial of _____ One vial of _____ One vial of _____ One vial of Lantus _____ One vial of _____ One vial of _____ Four _____ Suppositories One vial of _____ eye drops One vial of _____) Two vials of _____ R Two vials of _____ one gram</p>	N 095		

Agency for Health Care Administration

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N 095	<p>Continued From page 2</p> <p>Six vials of _____</p> <p>Medication storage observation conducted on the Pelican Medication _____ at 9:42 AM, revealed the temperature in the medication refrigerator was 28 degrees F. The Director of Nursing, who was present during the observation, confirmed the temperature reading of 28 degrees F and stated, all medications will be moved to the Turtle Bay Unit for storage.</p> <p>The medication refrigerator contained the following items: One vial of _____ One vial of _____ One vial of _____ One vial of Lantus _____ One vial of _____ One vial of _____ Four _____ Suppositories One vial of _____ eye drops One vial of _____ Two vials of _____ R _____ Two vials of _____ one gram Six vials of _____</p> <p>The product insert for _____ documents keep all unopened _____ in refrigerator between 36-46 degree Fahrenheit. Do not freeze and do not use _____ if it has been frozen.</p> <p>The product insert for _____ injectable documents _____ injection should be stored and transported 36-46 degrees Fahrenheit.</p> <p>The product insert for _____ Suppositories documents store refrigerated at 36-46 degrees Fahrenheit.</p>	N 095		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTC		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436	
(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)
N 101	<p>Continued From page 4</p> <p>the following concern was identified, a physician order dated _____ called for _____ (an anti- _____ medication) 0.5 milligrams at bedtime. The resident's medication administration record (MAR) for _____ and _____ 2016 documented nursing staff were to observe the resident each shift for side effects of the medication which were listed on the MAR as follows: 0 for no side effects, A for abnormal face, mouth, tongue movement, B for abnormal movement of arms and legs, C for tremors in extremities, D for abnormal movements of upper body, E for dry mouth, F for difficulty _____ or _____, restlessness, disorientation or _____ and H for _____</p> <p>Review of the resident's _____ 2016 MAR revealed no documentation of the resident's side effects for the period _____ through _____</p> <p>In an interview conducted _____ at 2:58 PM, the Unit Manager reviewed the _____ 2016 MAR and confirmed nursing staff failed to enter the requirement for monitoring side effects for anti- _____ medication. She stated the resident's side effects were being monitored by nursing staff but they failed to document it during _____ 2016. She further stated it was facility protocol to monitor and document side effects on each shift when the resident receives an anti- _____ medication.</p> <p>2) Resident #88 was treated for _____ (an itchy, highly _____ skin _____ caused by an infestation by a mite) on _____. During an interview with the DON on _____ at 11:00, the DON stated that all of the residents, a total of 12, in the 600 unit were treated _____ The DON further stated that the staff were all offered _____ treatment, but all refused.</p>	N 101	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNTC	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
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N 101	<p>Continued From page 5</p> <p>On at 12:00 PM the DON acknowledged that there was no documentation of treatment for in any of the resident records in the 600 unit. Later, at 12:15 PM the DON then provided the surveyor with 12 MARs (medication administration records) for the residents that were admitted during the time of the infestation. The MARs dated documented (an) given to all 12 residents on the 7-3 shift on and . All of the MARs were signed by the DON.</p> <p>During record review of the 12 resident records in the 600 unit, for which the DON provided the MARs on at 12:15 PM, an initiating physician order to generate the residents MAR was not located in the residents charts. The DON subsequently provided the surveyor 12 Physician telephone orders. Two of the physician telephone orders had no signature or date. Ten of the physician telephone orders were dated and were signed by the DON. None of the telephone orders were signed by a physician.</p> <p>During an interview with the DON on at 12:30, when questioned by the surveyor as to why the the residents orders and MARs were not in the residents charts, the DON stated "I haven't had the time".</p> <p>When asked for documentation of staff refusing treatment, the DON stated that an inservice was done. The DON then provided a document titled Agenda Nursing Meeting 2016 that included topic " /outbreak/treatment/resident/staff", with no employee attendance roster signature. Accompanying the inservice agenda was a " Frequently Asked Questions (FAQs)</p>	N 101		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER BOYNT	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OLD BOYNTON ROAD BOYNTON BEACH, FL 33436
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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 101	<p>Continued From page 6</p> <p>document from the Centers for Control and Prevention (CDC).</p> <p>Review of facility policy titled, "Outbreak Investigations for Outbreak", dated , it is documented All patients and employees, whether or not in the defined area, which may be a unit or the entire building, are treated with a scabicial medication.</p> <p>Review of the facility policy titled, " Requirements and Guidelines For Clinical Record Content", dated 2015, under Telephone Orders, Verbal Orders and Secure Messages, it is documented Telephone orders are signed and dated by the attending physician within the period of time defined by state regulations. In the absence of state accreditation time frame requirements, a 30-day time frame is considered "reasonable". It is further documented that the date and time of an order as well as the signature of qualified professional receiving order must be present on each telephone order form.</p> <p>Class III</p>	N 101		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Heartland Health Care Center Boynton Beach
3600 Old Boynton Road
Boynton Beach, FL 33436

Dear Administrator:

On , 2016 - , 2016, a Recertification and Licensure Survey was conducted in your facility by representatives from this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the provider's copies of Form CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Form. These forms reference the deficiencies that were identified during the visit.

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. **Deficiencies shall be corrected no later than , 2016.**

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Recommended Remedies:

Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.

Remedies will be recommended for imposition by CMS if your facility has failed to achieve substantial compliance by the revisit. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- A mandatory denial of payment for new admissions will be imposed , 2016 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on 2016 if substantial compliance is not achieved by that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, the CMS Regional Office or State Medicaid Agency will impose the other remedies indicated above, or a revised remedy, if appropriate.

Informal Dispute Resolution:

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 9-A
Tallahassee, Florida 32308
FAX (850) 414-6946
or
Phone number: (850) 412-4301
IDRCoordinator@ahca.myflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged

Heartland Health Care Center Boynton Beach

....., 2016

Page 3

and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. If you have questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo -Davis
Field Office Manager

AMD/jw
Enclosure

R6WB