

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2019
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NAME OF PROVIDER OR SUPPLIER BOCA RATON REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 755 MEADOWS ROAD BOCA RATON, FL 33486
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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 000

INITIAL COMMENTS

N 000

An unannounced licensure complaint survey, CCR # 2019002340, was conducted on _____ at Boca Raton Rehabilitation Center, License 1054096. The allegations were substantiated. The facility had deficiencies at the time of the investigation.

N 201
SS=D

400.022(1)(f), FS Right to Adequate and Appropriate Health Care

N 201

The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to accurately assess the nutritional and hydration status, and failed to assist with feeding for 1 out of 3 sampled Residents (Resident #1).

The findings included:

Review of Resident #1 record showed that she was admitted on _____ and discharged on _____ at 1:42 PM. Diagnoses included, _____, dependence of _____, legal _____ type 2, and _____ Physician's orders noted for _____ on Monday, Wednesday, and Fridays. Further record review showed admission _____ Review of the admission kardex dated _____ under eating/nutrition showed that

Preparation, submission and or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and executed as required by State and Federal law.

- Resident #1 has been discharged
- DON/Designee audited current residents to ensure nutrition assessment, timely _____ vision _____ and assistance with eating are appropriate.
- SDC/designee in-serviced nurses to ensure _____ is obtained on admission and admission assessments are

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

/19

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N 201	<p>Continued From page 1</p> <p>Resident #1 is NPO (not eating by ...) and is dependent of staff to feed. Admission Data Collection dated ... showed that Resident #1 is NPO, and vision is severely ...</p> <p>In a phone interview on ... at 8:30 PM with Resident #1's family member, he reported that the facility did not assist the resident with her meals. He further reported that Resident #1 is legally ... and is not able to see at all including colors. According to family, he told the facility's staff that his sister needs assistance with all meals.</p> <p>Review of the care plan initiated ... under nutrition showed that Resident #1 is NPO. Under the section Activities of Daily Living (ADL) it showed that Resident #1 is with assist of 1 and is dependent on staff to feed. Further review of the care plan showed no section on vision ... Review of the Minimum Data Set dated ... under section G for eating showed supervision only.</p> <p>In an interview with the Speech Language Pathologist on ... at 10:50 AM, she reported that Resident #1 was admitted to the facility from the hospital. When asked if she was NPO when she was admitted she said no. The SLP further stated that Resident #1 came in on a pureed diet with nectar thick liquids. An evaluation done by the SLP showed that she was safe to tolerate pureed diet with thickened liquids.</p> <p>Review of the Certified Nursing Assistant percentage of meals intake the following were noted: intake for ... was at 26%-50% for breakfast, 51%-75% for lunch, and 76%-100% of dinner. Meal intake for ... was noted at 76%-100% for lunch and dinner. Intake of meals</p>	N 201	<p>appropriate related to NPO, vision and assistance with meals. DON/designee in-serviced RD to assess new admissions to ensure ... are recorded in PCC and diet is accurate.</p> <ul style="list-style-type: none"> DON/designee will audit new admissions to ensure nutrition assessment, ... diet order is accurate and vision ... is identified. Audits will be completed weekly for 4 weeks then monthly for 3 months. DON will present audit results monthly at Performance Improvement meeting for three months then as indicated. 	

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N 201	<p>Continued From page 2</p> <p>for at 8:17 PM was noted at 51%-100%. Resident was discharge on at 1:43 PM.</p> <p>In an interview with the DON on at 2:00 PM, she acknowledged the discrepancies in the documentation.</p> <p>In an interview with Staff A, (CNA) on at 12:20 PM, she reported that Resident #1 did not need assistance with eating. She further stated that Resident #1 was able to eat by herself with no issues. When asked by surveyor if Resident #1 had vision problems she said no.</p> <p>In an interview with Staff B, on at 1:00 PM, she reported that she makes her decision regarding section G of the Minimum Data Set (MDS) for eating from the CNA documentation. She further observes the Resident herself but since Resident #1 was discharge from the facility she did not see the Resident.</p> <p>Review of the Communication tool showed no communication sheet or taken for Resident #1 in the binder. Further review of the facility's policy for management showed that are completed upon admission and readmission for 4 weeks then monthly.</p> <p>In an interview with Staff C, CNA, on at 10:38 AM, she reported that all Residents are taken upon admission. When asked why Resident #1's was not taken upon admission she did not know.</p> <p>In an interview with Staff D on at 11:20 AM, she reported that the communication binder is always in the nurses station. She did not know as to why Resident #1's communication</p>	N 201		

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N 201	<p>Continued From page 3</p> <p>sheet was missing but she did contact the center to obtain the treatment dated Surveyor voiced concerned as to the importance of for Residents.</p> <p>In an interview conducted with Staff E on at 1:50 PM, she reported that according to their policy she has up to 14 days to complete a nutritional assessment. When asked by surveyor if Resident #1 is considered a high risk Resident she said yes.</p> <p>Review of progress note dated at 1:42 PM showed that Resident #1 was found unresponsive with noted at 38. Emergency 911 was called and the Resident was transferred to the hospital.</p> <p>Class III</p>	N 201		

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

PRINTED: 03/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/26/2019
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F 000	INITIAL COMMENTS An unannounced complaint survey, CCR # 2019002340, was conducted on _____ at Boca Raton Rehabilitation Center. The allegations were substantiated. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-_____ and _____ tubes, both _____, _____, and _____ endoscopic _____, and _____ fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body _____ or desirable body _____ range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to accurately assess the nutritional and hydration status, and failed to assist with feeding for 1 out of 3 sampled Residents (Resident #1).	F 692	Preparation, submission and or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusion set forth in the statement of		

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

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

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F 692	<p>Continued From page 1</p> <p>The findings included:</p> <p>Review of Resident #1 record showed that she was admitted on and discharged on at 1:42 PM. Diagnoses included, dependence of legal type 2, and Physician's orders noted for on Monday, Wednesday, and Fridays. Further record review showed admission Review of the admission kardex dated under eating/nutrition showed that Resident #1 is NPO (not eating by) and is dependent of staff to feed. Admission Data Collection dated showed that Resident #1 is NPO, and vision is severely</p> <p>In a phone interview on at 8:30 PM with Resident #1's family member, he reported that the facility did not assist the resident with her meals. He further reported that Resident #1 is legally and is not able to see at all including colors. According to family, he told the facility's staff that his sister needs assistance with all meals.</p> <p>Review of the care plan initiated under nutrition showed that Resident #1 is NPO. Under the section Activities of Daily Living (ADL) it showed that Resident #1 is with assist of 1 and is dependent on staff to feed. Further review of the care plan showed no section on vision Review of the Minimum Data Set dated under section G for eating showed supervision only.</p> <p>In an interview with the Speech Language Pathologist on at 10:50 AM, she</p>	F 692	<p>deficiencies. The plan of correction is prepared and executed as required by State and Federal law.</p> <p>F692 NUTRITION HYDRATION STATUS MAINTENANCE</p> <ul style="list-style-type: none"> Resident #1 has been discharged DON/Designee audited current residents to ensure nutrition assessment, timely vision and assistance with eating are appropriate. SDC/designee in-serviced nurses to ensure is obtained on admission and admission assessments are appropriate related to NPO, vision and assistance with meals. DON/designee in-serviced RD to assess new admissions to ensure are recorded in PCC and diet is accurate. DON/designee will audit new admissions to ensure nutrition assessment, diet order is accurate and vision is identified. Audits will be completed weekly for 4 weeks then monthly for 3 months. DON will present audit results monthly at Performance Improvement meeting for three months then as indicated. 		

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F 692	<p>Continued From page 2</p> <p>reported that Resident #1 was admitted to the facility from the hospital. When asked if she was NPO when she was admitted she said no. The SLP further stated that Resident #1 came in on a pureed diet with nectar thick liquids. An evaluation done by the SLP showed that she was safe to tolerate pureed diet with thickened liquids.</p> <p>Review of the Certified Nursing Assistant percentage of meals intake the following were noted: intake for _____ was at 26%-50% for breakfast, 51%-75% for lunch, and 76%-100% of dinner. Meal intake for _____ was noted at 76%-100% for lunch and dinner. Intake of meals for _____ at 8:17 PM was noted at 51%-100%. Resident was discharge on _____ at 1:43 PM.</p> <p>In an interview with the DON on _____ at 2:00 PM, she acknowledged the discrepancies in the documentation.</p> <p>In an interview with Staff A, (CNA) on _____ at 12:20 PM, she reported that Resident #1 did not need assistance with eating. She further stated that Resident #1 was able to eat by herself with no issues. When asked by surveyor if Resident #1 had vision problems she said no.</p> <p>In an interview with Staff B, on _____ at 1:00 PM, she reported that she makes her decision regarding section G of the Minimum Data Set (MDS) for eating from the CNA documentation. She further observes the Resident herself but since Resident #1 was discharge from the facility she did not see the Resident.</p> <p>Review of the _____ Communication tool showed no communication sheet or _____ taken for Resident #1 in the binder. ✓</p>	F 692			

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F 692	<p>Continued From page 3</p> <p>review of the facility's policy for _____ management showed that _____ are completed upon admission and readmission for 4 weeks then monthly.</p> <p>In an interview with Staff C, CNA, on _____ at 10:38 AM, she reported that all Residents _____ are taken upon admission. When asked why Resident #1's _____ was not taken upon admission she did not know.</p> <p>In an interview with Staff D on _____ at 11:20 AM, she reported that the communication _____ binder is always in the nurses station. She did not know as to why Resident #1's communication sheet was missing but she did contact the _____ center to obtain the _____ treatment dated _____. Surveyor voiced concern as to the importance of _____ for _____ Residents.</p> <p>In an interview conducted with Staff E on _____ at 1:50 PM, she reported that according to their policy she has up to 14 days to complete a nutritional assessment. When asked by surveyor if Resident #1 is considered a high risk Resident she said yes.</p> <p>Review of progress note dated _____ at 1:42 PM showed that Resident #1 was found unresponsive with _____ noted at 38. Emergency 911 was called and the Resident was transferred to the hospital.</p>	F 692			