		ID HUMAN SERVICES MEDICAID SERVICES				APPROVED 0938-0391		
STATEMENT (DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		105762	B. WING		-	C 10/14/2021		
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
			1 .	1375 PROSPERITY FARMS ROAD				
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		PALM BEACH GARDENS, FL 33410				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 000	INITIAL COMMENTS		F 000					
	survey, #2021011567 through Care Center - Prospe in compliance with 42	at Heartland Health rity Oaks. The facility is not						
F 679 SS=D	The complaint was no Activities Meet Intere CFR(s): 483.24(c)(1)	ot substantiated. st/Needs Each Resident	F 679					
	the comprehensive a and the preferences in program to support re activities, both facility individual activities at designed to meet the physical, mental, and each resident, encou and interaction in the	cility must provide, based on ssessment and care plan of each resident, an ongoing sidents in their choice of sponsored group and di independent activities, interests of and support the well-being of raging both independence community.						
	Based on observation interview, the facility activities for bed bour residents be assessments, care pip preferences to support	sed on their comprehensive		The residents found to be affected the deficient practice have been revie by the IDT. Reviews consisted of the individuals medical record, comprehensive assessments, care pli and personal preferences.	wed			
		16, #43, #52, #69, and #73)		#16 The resident remains in the facil Her personal preferences document s enjoys music and religious services.	he The			
	The findings included	:		Activity Director has acquired portable radio/cassette player for this resident				
	1) Record review rev	ealed Resident #16 has		listen to music. Met with clergy to sta				

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

(X6) DATE

Electronically Signed

/2021

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES						IO. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		105762	B. WING		1	C 0/14/2021	
	ROVIDER OR SUPPLIER	TER PROSPERITY OAKS		STREET ADDRESS, CITY, STATE, ZIP 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 3	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 679	Repeated Major Najor Vision Programments a Brief Int () of 3, indicating resident #16's Annua documents for her "A was very important for music she likes and to services. It was some around animals, such groups of people, and activities. Resident #16's Care to documents, "[Resident #16's Care to documents," [Resident #16's Care to documents," [Resident #16's Care to documents," [Resident and needs a enjoys. Examples: list current events, social conversation with other to the interventions included a) being assisted toff resident. b) being encouraged family, peers, and stact be proposed to the states she enjoys activities, music and and staff. The most recent Recidated — due to documents and the states she enjoys activities, music and sand staff.	with with with lors,, and referent quarterly MDS issessment, dated enview for Mental Score green'ew for mental for the sed of the first set of	F 67	#43 The resident remains The Activity Director has a radio(assette player for t listen to gospel and R&B i personal preferences hav based on his physical and at this time. The Activity created a schedule for tall based on his interests. M start scheduling visits at if #52 The resident remains The Activity Director met v start scheduling visits at if Activity Director met v start scheduling visits at if Activity Director met v start scheduling visits at if Activity Director has acqui radio(assette player for t listen to Jazz. His person have been modified based and level at this enjoys watching TV. #69 No longer in the facility #73 No longer in the facility Affected resident preferences have been re IDT and modified as nece- they are participating in 1: Activity Director is custom schedule to make sure the met. Unit staff have been the importance of 1:1 activ residents.	s in the facility, acquired portable his resident to music. His because it will be been modified it level plrector has king books et with clergy to he facility, with dergy to he facility. The rice portable his resident to all preferences of on his physical time. She type to the facility of the facility of the facility of the facility of the facility. The rice portable his resident to all preferences of on his physical time. She type facility of the facility of the facility of the facility of the facility. The lactivity. The lizing residents ein needs are educated on		

Children and Grandchildren, and current events

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		(X3) DATE SURVEY COMPLETED		
		105762	B. WING _			1	C 14/2021
	ROVIDER OR SUPPLIER	TER PROSPERITY OAKS		11	FREET ADDRESS, CITY, STATE, ZIP CODE 1375 PROSPERITY FARMS ROAD ALM BEACH GARDENS, FL 33410	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 679	Note was dated to evaluation for detail or evaluation for detail During the survey program of the was a total to a total	ts. The last Activity Progress , and it instructs to refer ls. cess from to g observations of Resident AM, the resident was here was no TV available to sident's room, nor was there PM, the resident was laying no completed. No TV and no music was playing. this was not and no music was playing. The resident was no TV available in the room, or the resident was in bed, and elevated. The resident thit it was no music playing, the troom, no music playing, the troom, no music playing, the room and no music. AM, the resident was in bed er oom and no music. AM, the resident was in bed in hospital gown. No TV in it hospital gown. No TV in it is playing.	F€	379	3. The Activity Director/designee will a 1:1 programs and participation weekly and month X 2 months to insure compliance. 4. The Activity Director/designee will report audits results and participation t the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.	X 4	

Facility ID: 95038

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DEPARTMENT OF REALTH AND HUMAN SERVICES									
CENTERS FOR MEDICARE & MEDICAID SERVICES C									
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED						
	105762	B. WING	10/14/2021						

		105762	B. WING			10/14/2021	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MEADT! A	AND HEALTH CARE CENT	FED BDOSBEDITY OAKS		1-	1375 PROSPERITY FARMS ROAD		
HEARTLA	OID HEALIN CARE CEN	IER FROSPERII I UARS		P	ALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 679	Continued From page	3	F	679			
	Resident #16 was "Sc television, both of whi same day." In, the dates and TV were on the 3 In, the dates and TV were on the 3 In, the dates and TV were on 1st a The activity notes reg the log document that entailed activity staff a spending and unknow amount of time conve There is no document activity, except as not observation during the Resident #16 and no viewing in her room.	ocializing/Conversing" and ch were occurring on the of Socializing/Conversing rd, 7th, 10th, 14th, and 21st. es of g and TV were on the 2nd, of Socializing/Conversing nd 7th, arding the dates noted on the Socializing/Conversing entering the room and m and undocumented rising with the resident, aution regarding "Television" ed above. On the days of a survey, it was noted that television available for her sealed Resident #43 has					
	diagnoses which inclu ,, Aphasia	ide , a, Non- , and					
	records the resident's 0-15. Resident 43's it being "somewhat im have books, newspap to music he likes, kee	"Activity Preferences" noted aportant" for this resident to ers, and magazines; listen p up with the news, rite activities, and participate					
	, documents	Plan, currently revised on that Resident #43 once h as singing, listening to					

gospel and R&B (Rhythm and Blues) music and

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0.0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
101000	OOK ILE FROM	IDENTIFICATION OF TOMOCIA	A. BUILD	ING	<u> </u>		
		105762	B. WING			1	14/2021
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	14/2021
					11375 PROSPERITY FARMS ROAD		
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS			PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 679	are to include: a) being assisted with	The Care Plan interventions transport to & from	F	67	9		
	activities and events : b) encourage for his support. c) inviteriencourage to activities of choice su activities such as Rá! d) offering activity pro specific interests/nee gospel and R&B mus family and friends. e) provide 1:1 room v The most recent Ann Evaluation, dated Resident was a forme tel likes to spend time the likes to spend time.	of choice. wife to continue to visit for wife to continue to visit for visi					
	#43 were made: On at 10:00 and 2:00 PM, Reside in his bed, no TV (tele receiving any socializ roommate did have h in the room during the On at 1:40 F observed laying in his	urrent events. cess from to g observations of Resident AM, 11:30 AM, 12:30 PM nt #43 was observed laying evision) on, and not atton. Resident #43's is music playing fairly loudly					

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		ID HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES					0. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105762	B. WING	_			C 14/2021
NAME OF PR	OVIDER OR SUPPLIER		_	Π	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	11375 PROSPERITY FARMS ROAD		
HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS					PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
	bed; the roommate had no at 12:33 bed; no music was be roommate. Further of Resident #43 does he roommate. Further of Resident #43 does no that it was not on durit. On at 11:59 observed laying in be On at 12:00 Resident #43's command that it was not on any at come and visit him the will bring a phone to ! The review of "One to Documentation show "Socializing/Conversia" which are occurring or review revealed in Socializing/Conversian 7th, 17th, and 21st. In the date sand TV were on 1st. The activity notes regitation of the same properties of the same properties and TV were on 1st. The activity notes regitation of the same properties and TV were on 1st. The activity notes regitation and the same properties and TV were on 1st. The activity notes regitation and the same properties and TV were on 1st. The activity notes regitation and the same properties and TV were on 1st. The activity steff intalled activit	AM, Resident #43 was in ad his music playing. PM, Resident #43 was in inig played by the seervation revealed was a small TV in his room, and observation. AM, Resident #43 was d, staring at the ceiling. PM, during an interview mate stated that Resident stivities, but his wife will rough the window, or they im when his wife calls. One" Activity shat in the months of and the same day. Further the same day. Further the dates of g and TV were on the 3rd, tes of g and TV were on the 3rd, tes of Socializing/Conversing and TW, ard predicting from and spending dortune indering room and spending focurrented amount of time sident, and wists by	F	67	9		

regarding "Television" activity, except as noted

Facility ID: 95038

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DEPARTMENT OF REALTH AND HOWAN SERVICES						
CENTERS FOR MEDICARE & I	ENTERS FOR MEDICARE & MEDICAID SERVICES C					
ID DI AN OF CORPECTION IDENTIFICATION NUMBER		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				С		
	105762 B. W			10/14/2021		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY STATE ZIP CODE			

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS PALM BEACH GARDENS, FL 33410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 679 Continued From page 6 F 679 above. 3) Record review revealed Resident #52 has diagnoses which include Orthopedic aftercare, of Displaced of Left , Reduced of the Resident #52's Annual MDS, dated records the resident's as a 4 on scale of Resident 52's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music she likes, keep up with the news, and participate in her favorite activities. Resident #52's Care Plan, dated documents that she enjoys/enjoyed activities such as reading, being around family, and music. She needs reminders about the activities, which she states she enjoys. The Care Plan interventions include: a) encourage participation in one-to-one visits 2x's per week. b) encourage participation of activities of choice examples: music related such as Jazz, tv programs of choice, and socialization. c) encouraged to continue talking with family and friends d) offer one to one visits 2x's a week with activity staff with items of interest examples: Jazz music. conversation, reminiscence, and socialization,

 e) provided supplies/materials for jazz music, magazines of choice, conversation, During the survey process from

		ID HUMAN SERVICES					M APPROVED
CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	1	PLETED
		105762	B. WING				C 14/2021
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MEADTI A	ND DEVLED CADE CEN	TER PROSPERITY OAKS		1	1375 PROSPERITY FARMS ROAD		
HEARILA	ND REALIN CARE CEN	TER PROSPERITY OARS		P	PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 679	#52 were made: On at 10:02 and 1:30 PM, Reside On at 10:07 in bed. On at 01:42 sleeping on her side. On at 01:42 sleeping on her side. On at 10:06 care from CNA. On at 12:37 in bed; TV was on in quality was poor. The review of "One to Documentation show was poor. The review of "One to Documentation show with a re occurring or in the dates and TV were on the 3 in the dates and TV were on the 3 in the dates and TV were on the 3 in the dates and TV were on the 3 in the dates and TV were on 1st a The activity notes regulation to the side of the dates and TV were on 1st a The activity notes regulation to the side of the log document that the control of the side o	g observations of Resident AM, 11:33 AM, 12:33 PM nt was observed in bed. AM, Resident was sleeping PM, Resident in room AM, Resident was receiving PM Resident was receiving PM Resident was sleeping her room, but the picture One* Activity s that in the months of and the sold of the sold of the same day of Socializing/Conversing ind, 7th, 10th, 14th, and 21st. tes of g and TV were on the 1st, 4th. of Socializing/Conversing	F	679			
	conversing with the re	documented amount of time esident. There was no ding "Television" activity,					

except as noted above,

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CENTERS FOR MEDICARE & MEDICAID SERVICES O								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED					
			С					

		105762	B. WING			10/14/2021	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	ND HEALTH CARE OF	TED DECORPORTY OAKS		1	1375 PROSPERITY FARMS ROAD		
HEARILA	NO REALIN CARE CEN	FER PROSPERITY OAKS		P	ALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)		(X5) COMPLETION DATE
F 679	Continued From page 8		F	679			
	residents observed sit area on POD 5. Then	M, there were only 2 titing in the dining/activity e was no coffee being turned on and set to a					
	were recorded in the by her activity assista newly hired to this pos	firmed that all 1:1 activities One-to-One activity binder nt. She stated she was sition. She stated that the Current events consisted of					
	Resident #69 on 4 PM, it was noted th bed, activities provided to that the resident had a	ervations conducted of /21 from 8 AM through at the resident remained in . , and had no in room he resident. It was noted a personal TV that was not have a radio at bedside for					
	noted the following: Date Of Admission: Diagnoses: Needed with Persona Current MDS: dated Section C: ==4 (Section G: Locomotion/Transfer Section F: Activity - M A review of Progress notes concerning Act Assessments:	w/o Behaviors, Assistance Is Care with lusic Very Important Noted noted no current					

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that documented the

		ID HUMAN SERVICES					M APPROVED
CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105762	B. WING			1	C /14/2021
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MEADELA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		1	1375 PROSPERITY FARMS ROAD		
HEARTLA	ND REALIN CARE CEN	TER PROSPERITY OARS		P	ALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 679	Review of current car a) Resident enjoys lis Religious Catholic ,P. Istening to music, TV family and friends b) Interests: Current I talking-conversation / c) Likes independent Interview with the Din noted that s at the facility for app further stated that sh interact and become and did not know whi :1 activities. S only one other full tim mean there are 4 day activity staff working, in :1:1 activity assignments, and per assessments and car A review of the Daily Documentation for documented only Tell Socializing activity s; It was discussed with that the resi television in the room	own leisure activity's p or outdoor activities vity with little current interest e plan noted the following: tening to music, TV, Movies, refers to stay in room, vies, and talking with Events/Music, TV, Radio, Activities on he has only been employed oximately 3 weeks. She has not been able to familiar with all the residents che residents required in he further stated that there is eactivity aide which would is that there is sonly one which would included s, group activity's, Covid-19 forming resident activity e plans. Recreational Participation and preference with the resident. The preference with the resident activity on the preference with the resident activity on the preference with the resident. The preference with the resident.	F	679			

./21 it was noted the resident to be in bed

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		105762	B. WING				14/2021
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
	ND HEALTH CARE OF STATE	TER RECORDERITY CANA		١,	11375 PROSPERITY FARMS ROAD		
HEARILA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		,	PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 679	the resident did not hand had a clock radio during any observatio activity's were conducted activity activ	It was also noted that ave a personal television television was not on a man of the control	F	679			

noted that she has started position just 3 weeks

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STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		105762	B. WING		1	14/2021
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
				1375 PROSPERITY FARMS ROAD		
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD S CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 679	short time . She state activity position besid that there is only 1 ac week to perform in ro activities, and Covid-1 It was also discussed Resident #73 did not and had a clock radio for the resident. Review of the Daily A Documentation for lat Director revealed: - "TV or room) , Socializing 8 "Hospit "Hospit.	all the residents in this d that there is only 1 other es herself, which means tivity person 4 days per om activities, group 19 visitations. with the Director that have a personal television that was never observed on citivity Participation at months provided by the 18 of 13 days (No TV in of 13 days 1-bog provided alized	F 679			
F 689 SS=D	CFR(s): 483.25(d) (1)(1) §483.25(d) Accidents The facility must ens. \$483.25(d)(1) The res as free of accident ha §483.25(d)(2)Each re supervision and assis accidents. This REQUIREMENT by: Based on observatio review, it was determ		F 689	No residents affected by the defici practice. When testing the water temperature is the water water.		

accident hazards that included excessive hot water temperatures in the resident rooms for 2

(100 and 200 Pod) of 6 residential Pods.

noted to be hot/scalding to the touch. The

temperature was recorded at 120 degrees

F. Checks were made by the

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TATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE	
		105762	B. WING			C 10/14/2021	
NAME OF PE	ROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE		
				١,	1375 PROSPERITY FARMS ROAD		
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		F	PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 689	Continued From page	12	F	689	1		
	The findings included:				Maintenance Director on the rest of th 200 and 100 pods with the surveyor, which found temperatures in the bathr		
	During the observatio	n tour of the 200 POD on			were out of range. The facility staff		
	at 10 AM, it				immediately turned off the sink water a		
		t water in the bathroom of			placed signs to not use until repairs co		
	# was hot/scalding to the touch. At the				be done. The mixing value to the water		
		or the temperature of the			tank was repaired the same day since	the	
		vith the facility's calibrated and was recorded at 120			mixing value was found broken on	_	
	degrees F. The Maint			. Pictures of the repair wa provided to the surveyor.	s		
		veyor stated that room			provided to the surveyor.		
		cked randomly and do not			2. The maintenance Director continue	ı to	
		F. The Director also stated			randomiv sample resident is bathroon		
		ater heaters that supply the			and showers water temperatures daily		
		00 & 200) . The boiler room			the entire facility to ensure no one else		
		at houses the hot water			affected by water temperatures being		
	heaters and it was no	ted that the heater was set			of range. Staff have been educated to		
	to 150 degrees F due	to Legionnaires			notify the Maintenance Director when		
		to the resident room was			sinks or showers are hot/scalding to the	e	
		F. Hot water Temperatures			touch.		
		ne 200 and 100 PODS were					
	also recorded at 120	degrees F.			The Maintenance Director will		
	A review of random h	at waters shoots was	1		randomly sample resident room bathro		
	conducted on	at 1:15 PM with the			water temperatures and general show rooms during normal business hours.	81	
	Administrator. The fin				The Maintenance Director will track w	otor	
		d = 107 F			temperatures using an audit tool durin		
	# (11:30 Al				normal business hours daily for 3 mon		
	# (11:45 A)				to insure compliance.		
	# (11:45 A)						
		*			4. The Maintenance Director will repo	rt I	
			1		water temperature audits to the Qualit		
	On the Adm	inistrator submitted a	1		Assurance Performance Improvement		
	invoice dated from a				Committee monthly to identify varies a	nd	
		at documented that there	1		safety concerns.		
		hot water heaters located on	1				
	the South 100 & 200	Pode was rusted and	1		1		1

internal springs were broken which caused the

DEPARTMENT OF HEALTH A				PRINTED: 11/17/2021 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES NND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL(ER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	105762	B. WING _			14/2021	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
HEARTLAND HEALTH CARE CE	ENTER PROSPERITY OAKS		11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	ID PREFE TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
valve was installed would return to saft degrees F. The Adl pictures of the mixit the extent of the ru. During a follow up-surveyor observed resident rooms lock were noted to be temperature at app Review of tempera / 2/21 noted temperatures in both at a safe temperatudegrees F. F 695 SS=D CFR(s): 483.25(i) \$ 483.25(i) CFR(s): 483.25(i) care The facility must en needs care are and care are and care care and care care so care in the care care consistent with practice, the comprocare plan, the reside and 483.65 of this. This REQUIREMEL by: Based on observareview, the nursing sampled resident in ursing sampled resident in self-	or temperature. A new mixing and hot water temperature is temperature set at 110 ministrator also provided ny also provided at and broken springs. on at 1:30, the hot water temperatures in sted on 100 & 200 Pods which slow scalding/burring roximately 110 degrees F. ture logs conducted on that the hot water that the hot water of approximately 105 - 110, Care and Suctioning and suctioning sure that a resident who are, including uctioning, is provided such hypotensial standards of ehensive person-centered ents' goals and preferences,		1. Resident #18 remains in the facil The resident was not harmed by this deficient practice. The Director of Nursing/designee has educated nurs staff concerning physician orders			

The findings included:

tanks.

matching setting on concentrator and/or

		ID HUMAN SERVICES					APPROVED	
		MEDICAID SERVICES	_				0. 0938-0391	
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		105762	B. WING				14/2021	
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				1.	1375 PROSPERITY FARMS ROAD			
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		Р	ALM BEACH GARDENS, FL 33410			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 695	Continued From page	14	F	695		j		
	which included Acute Fa On at 10:30 () concentrator wa liters per minute (pm (photographia A review of the electra Administration Recorders related to #18 showed a Physic for at 2 liters shift for on at 12:35 Nurse assigned to PC order and con Resident #18. This n #18's room and adjust 2 lpm. She also verif She thanke the incorrect setting of	with diagnoses illure, and			2. Residents with orders were reviewed. The Director of Nursing/designee audited those reside to make sure the physician order match the concentrator and/or tank setting. All resident is physician order match the setting on the concentration and/or tank. Nursing staff hav been educated on making sure physician orders for match the concentra and/or tanks. Nursing/designee w randomly sample resident is on ensure physician orders match the concentrator and/or tank. Nursing the physician orders match the concentrator and/or tank. Nursit have been educated on the procept audit will be weekly X 4 and mont 2 months to insure compliance. 4. The Director of Nursing/designee wireport audits to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.	ents hes see elean to to sing sss.		
F 770 SS=D	the previous Physicia discontinued on was institute Order documented every shift for "" no change in dosage Laboratory Services CFR(s): 483.50(a)(1)	(i)	F	770				
	§483.50(a) Laborator	y Services.	1					

		D HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
TATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 10/14/2021	
		105762	B. WING				
NAME OF PR	OVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
	UD UEALTH 0 A DE 05A	TED DECORPORTY OAKS		1	1375 PROSPERITY FARMS ROAD		
HEARILA	ND HEALTH CARE CEN	FER PROSPERITY OAKS		Р	ALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F770	laboratory services to residents. The facility and timeliness of the (I) If the facility provides services, the services requirements for laboration of this chapter. This REQUIREMENT by: Based on interview a failed to obtain physic for 1 of 5 sampled res #72). The findings included On at 3:11 F. Resident #72; reveals for the follow (,stimulating + mall, butterfly-shape in the most of the findings included the first part of the follow (,stimulating + MGBA1c (hemoglobin the amount of hemoglobin Residen evidence of these ord documentation of the these labs. On at 2:54 F. Resident #72's record conducted with the Dinquiry was made of tinquiry w	willity must provide or obtain meet the needs of its irresponsible for the quality services. It is responsible for the quality services is sown laboratory must meet the applicable ratories specified in part 493 is not met as evidenced and record review, the facility an ordered laboratory tests ident reviewed (Resident Middlinical records review for da a Physician's order dated ring laboratory tests: 1. order	F	770	1. Resident 72 remains in the facility. The (stimulating hormon and HGBATc (hemoglobin A1c) was don _ All within normal limits. Physician was notified concerning laboratory not done timely and a new order was acquired. 2. The Director of Nursing/designee he randomly reviewed physician laborator orders and documentation, all resident sampled are in compliance and safe. 3. The Director of Nursing/designee we conduct random audits on physician laboratory orders and documentations when tests are completed. The audit we weekly X 4 and month X 2 months insure compliance. Nursing staff have been educated on the process. 4. The Director of Nursing/designee wi report audits to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.	e) one as y s iii	

coming to do the culture".

that documented "someone else is

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DEPARTMENT OF HEALTH AND HUMAN SERVICES						FORM	M APPROVED
		MEDICAID SERVICES					0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY
		105762	B. WING			1	C /14/2021
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MEADTLA	ND HEALTH CARE CENT	TER PROSPERITY OAKS			11375 PROSPERITY FARMS ROAD		
HEARTLA	ND REALIN CARE CEN	IER PROSPERITY OAKS			PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 770	Continued From page	16	F	770	0		
	the DON to call the la lab test, the DON pro on speaker phone, the that he pulled the required and HGbArc. He for the ment of	PM the DON was on speaker tory supervisor, she nd the HGbA1c was not nately at 09:30 AM the DON acted the care provider care provider re-ordered the a lab order dated indeed the care indeed the care with the care to the care to the care with the care to					
		ss for days. He had ng asleep or sleeping too de was feeling tired or					

SS=D

F 810 Assistive Devices - Eating Equipment/Utensils

F 810

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/17/2021

02,741	VICTOR VICTORIA	D TIONS OF CERTIFICE				WAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP! A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
						С
		105762	B. WING		10/	/14/2021
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
			1	11375 PROSPERITY FARMS ROAD		
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		PALM BEACH GARDENS, FL 33410		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 810	Continued From page CFR(s): 483.60(g) \$483.60(g) Assistive The facility must provand utensils for resid-appropriate assistance can use the assistive meals and snacks. This REQUIREMENT by: Based on observatio review, it was determ ensure 1 (Resident # reviewed for Nutrition with adaptive eating drinking cups and mu and straws. The findings included Observation conduct at 12:15 PW served to the room of observation noted the fill drinking cups to had all drinking cups to had some content of the room of observation noted the	devices ide special eating equipment ents who need them and to ensure that the resident devices when consuming is not met as evidenced n, interview, and record ined that the facility failed to 99) of 4 sampled residents was assessed and provided equipment that included all gs to be provided with lids	F81	DEFICIENCY)	e facility have thit is n cated coes. vill is or viviles.	
	during the meal noted	that only a mug with a lid ed for the hot tea and no		2 months to insure compliance.	Onth A	
	cups with lids and str	aws were provided for the 3 resident was noted to be		The Dietician/designee will repo assistive eating devices audits to the		
	but eats indepensant. It was also note requested to eat from and spillage from the at a high potential. Dustated that the reside be served in a cup an	ndently with set-up from d that the resident a semi reclining position		desistance Periformance Quality Assurance Performance Improvement Committee monthly tidentify patterns and trends.		
	and straw.					1

DDINTED: 11/17/2021

		ID HUMAN SERVICES				FORM	APPROVED	
		MEDICAID SERVICES					0. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
OND PEDECON	OURNEUTION	IDENTIFICATION NOMBER.	A. BUILD					
			B. WING			1	С	
		105762	B. WING	_		10/	14/2021	
NAME OF PE	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE			
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY OAKS		1	11375 PROSPERITY FARMS ROAD			
					PALM BEACH GARDENS, FL 33410			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 810	Continued From page	a 18	F	810				
	Observation of the br	eakfast meal on						
	8 AM noted the food t	tray served to the room of						
	Resident #69. The Re							
		dded Salt, Enhanced Diet.						
		ted to be alert and and						
		f stated she is able to fed equests to be in a semi lying						
		Review of the diet tray						
		ation to provide cup with lids						
	and straws and mug							
		ay noted only the coffee was						
	provided with a lid an	d straw. Three other						
		a milkshake, a nutritional						
		juice were provided with						
		vided. Further observation						
	of the meal noted that							
	was the potential to s	ni lying position that there						
	beverages .	pili trie riot arid						
	beverages.							
	Interview with Occup	ational , (.) on						
	noted that the	ne resident request to feed						
	self in a reclining posi-	ition and because of that						
	there was a potential							
		s was brought to the care						
		sion was made to require all						
		ave secure lids and straw to as also discussed the trial of						
	discussed the potenti	educe spillage and also al for and						
		a straw and resident is also						
		ndently. The stated that						
		screened for the use of						
	adaptive drinking cup							
		ssed with the surveyor. It					1	
	was confirmed during	the interview that the						
	resident is not being	provided with the cups with	1				1	

tids and straws on a regular basis.

PRINTED: 11/17/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED STA

ENTERS FOR MEDICARE & MEDICAID SERVICES O						
D DI AN DE CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
	405762	R MING	С			

10/14/2021

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
			11375 PROSPERITY FARMS ROAD				
HEARTLA	ND HEALTH CARE CENTER PROSPERITY OAKS		F	PALM BEACH GARDENS, FL 33410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF TAG	1X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F810	Continued From page 19 Interview conducted with the facility's Registered Dietitian on also confirmed that she was not made aware that the resident was not receiving insulated cups, drinking cups, lids, and straws on a regular basis. The Dietitian also stated that the resident's current care plan documented that the cups, lids, straws were documented on the resident's untritional care plan. A review of the clinical record of Resident #69 on noted the following: MDS: dated Sec C: = 4 (F	810				

Agency fr	or Health Care Adminis	tration				: 11/17/2021 APPROVE
STATEMENT	OF DEFICIENCES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
95038			B. WING		C 10/14	4/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	ATE, ZIP CODE		
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY (OSPERITY FAR			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
N 000	INITIAL COMMENTS		N 000			
N 110	(#2021011567), was Health Care Center - through deficiencies related to of the survey.	and Complaint investigation conducted at Heartland Prosperity Oaks on . The facility had the Relicensure at the time	N 110			
SS=D		Clean, Homelike remises and equipment and in a safe and sanitary				
		elike environment, which use his or her personal				
	Based on observation review, it was determ ensure that the enviro accident hazards that water temperatures in (100 and 200 Pod) of			No residents affected by the deficit practice. When testing the water temperature in the water noted to be hotscalding to the touch. temperature was recorded at 120 deg F. Checks were made by the Maintenance Director on the rest of th	as The rees	
	at 10 AM, it	n tour of the 200 POD on was noted that the twater in the bathroom of		200 and 100 pods with the surveyor, we found temperatures in the bathroom we out of range. The facility staff immediturned off the sink water and placed sit on ot use until repairs could be done.	vere ately	

hot water was taken with the facility's calibrated AHCA Form 3020-0001

request of the surveyor the temperature of the LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

was hot/scalding to the touch. At the

(X6) DATE TITLE Electronically Signed /21

The mixing value to the water tank was

repaired the same day since the mixing

value was found broken on

PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B MING 95038 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) N 110 Continued From page 1 N 110 bayonet thermometer and was recorded at 120 Pictures of the repair was provided to the degrees F. The Maintenance Director who surveyor. accompanied the surveyor stated that room temperatures are checked randomly and do not 2. The maintenance Director continue to exceed 110 degrees F. The Director also stated randomly sample resident is bathrooms that there are 2 hot water heaters that supply the and showers water temperatures daily in North Wings Pods (100 & 200). The boiler room the entire facility to ensure no one else is was also observed that houses the hot water affected by water temperatures being out heaters and it was noted that the heater was set of range. Staff have been educated to to 150 degrees F due to Legionnaires notify the Maintenance Director when and the mixing valve to the resident room was sinks or showers are hot/scalding to the reading 110 degrees F. Hot water Temperatures touch in various rooms on the 200 and 100 PODS were also recorded at 120 degrees F. 3. The Maintenance Director will randomly sample resident room bathroom water A review of random hot waters checks was temperatures and general shower rooms conducted on at 1:15 PM with the during normal business hours. The Administrator. The findings included: Maintenance Director will track water # (11:30 AM = 107 F temperatures using an audit tool during (11:30 AM) = 111 F normal business hours daily for 3 months# .. (11:45 AM = 111 F to insure compliance. (11:45 AM) = 111 F 4. The Maintenance Director will report water temperature audits to the Quality On the Administrator submitted a Assurance Performance Improvement invoice dated from a Committee monthly to identify varies and plumbing company that documented that there safety concerns. mixing valve of the 2 hot water heaters located on the South 100 & 200 Pods was rusted and internal springs were broken which caused the spike in the hot water temperature. A new mixing valve was installed and hot water temperatures would return to safe temperature set at 110

decrees F. The Administrator also provided pictures of the mixing valve which clearly showed the extent of the rust and broken springs.

surveyor observed hot water temperatures in resident rooms located on 100 & 200 Pods which

at 1:30, the

During a follow up on

STATE FORM caso ZNVN11 If continuation sheet 2 of 16

PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 95038 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) N 110 Continued From page 2 N 110 were noted to be below scalding/burring temperature at approximately 110 degrees F. Review of temperature logs conducted on /21 noted that the hot water temperatures in both the 100 and 200 Pods were at a safe temperature of approximately 105 - 110 degrees F. Class III N 201 400.022(1)(I), FS Right to Adequate and N 201 SS=D Appropriate Health Care (I) The right to receive adequate and appropriate health care and protective and support services. including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

AHCA Form 3020-0001

This Statute or Rule is not met as evidenced by: Based on observations, interview and record

review, the nursing staff failed to ensure 1 of 1

sampled resident reviewed for , , care

comprehensive assessments, care plans and personal preferences to support their physical.

individual activities for bed bound and/or

mental, and , . ,

The findings included:

and #73) reviewed for activities.

(Resident #18) was provided , per

physician's order; and the facility failed to provide

sampled residents (Resident #16, #43, #52, #69,

residents based on their

well-being for 5 of 5

STATE FORM caso ZNVN11 If continuation sheet 3 of 16

Activities

preferences.

1. The residents found to be affected by

the deficient practice have been reviewed

individuals medical record, comprehensive

#16 The resident remains in the facility.

Her personal preferences document she

Activity Director has acquired portable radio/cassette player for this resident to

listen to music. Met with clergy to start

eniovs music and religious services. The

by the IDT. Reviews consisted of the

assessments, care plan and personal

PRINTED: 11/17/1 Agency for Health Care Administration						
Agency for result care administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		URVEY	
	95038		B. WING		C 10/14/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		
		11375 P	ROSPERITY FAR	MS ROAD		
HEARTLA	IND HEALTH CARE CEN	PALM B	EACH GARDENS	5, FL 33410		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	D BE COMPLETE	
N 201	Continued From page	3	N 201			
	1) Record review revidiagnoses which including sees which including the sees which including the sees which including the sees which including the sees which is a Brief Int () of 3, indicating the sees was very important for music she likes and the services. It was some around animals, such	alled Resident #16 has de with iors, r , and st recent quarterly MDS assessment, dated enview for Mental Score g severe all MDS, dated clivity Preferences' that it r this resident to listen to participate in religious ewhat important to be as pets, do things with for her to do her favorite		scheduling visits at the facility. #43 The resident remains in the facilit The Activity Director has acquired por radio/cassette player for this resident listen to gospel and R&B music. His personal preferences have been med based on his physical and leat this time. The Activity Director has created a schedule for talking books based on his interests. Met with clerg start scheduling visits at the facility. #52 The resident remains in the facilit The Activity Director met with clerg start scheduling visits at the facility. Activity Director has acquired portable start scheduling visits at the facility. The Activity Director has acquired portable that the facility of the scheduling visits at the facility. Activity Director has acquired portable that the facility of the scheduling visits at the facility. Activity Director has acquired portable visits and scheduling visits at the facility. Activity Director has acquired portable visits and scheduling visits at the facility. Activity Director has acquired portable visits and the facility of the visits o	iable to filed yy to y, to to to to to to to to to t	
	enjoys. Examples: lis current events, social conversation with oth interventions included a) being assisted to/fi resident. b) being encouraged family, peers, and sta	ers." Some of the din her Care Plan were: rom events as tolerated by to continue to visit/talk with		#69 No longer in the facility. #73 No longer in the facility. 2. The facility has done a review of residentis that have potential to be affected by the deficient practice with activity. Affected residentis personal preferences have been reviewed by the IDT and modified as necessary to ensure they are participating in 1:1 activity. The properties of t	l ne :ure	
	she states she enjoys	s such as Catholic related visiting with family, peers,		Activity Director is customizing resider schedule to make sure their needs are	nts	

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and staff.

dated ...

The most recent Recreation/Activity Evaluation

documents: Resident likes to keep busy...Pets,

due to Significant Change,

met. Unit staff have been educated on the importance of 1:1 activity for residents.

3. The Activity Director/designee will audit

1:1 programs and participation weekly X 4

PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 10/14/2021 95038 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LISC IDENTIFYING INFORMATION). TAG DEFICIENCY) N 201 Continued From page 4 N 201 Children and Grandchildren, and current events and month X 2 months to insure are all current interests. The last Activity Procress compliance. Note was dated ... , and it instructs to refer to evaluation for details. 4. The Activity Director/designee will report audits results and participation to During the survey process from the Quality Assurance Performance ..., the following observations of Resident Improvement Committee monthly to #16 were made: identify patterns and trends. at 10:35 AM, the resident was Order sleeping in her bed; there was no TV available to 1. Resident #18 remains in the facility. this resident in the resident's room, nor was there The resident was not harmed by this any music playing. deficient practice. The Director of Nursing/designee has educated nursing at 12:50 PM, the resident was laving staff concerning physician orders in bed; no activity being completed. No TV matching setting concentrator and/or available in the room, and no music was playing. . , . tank. There were no interactions with staff. 2. Residents with orders were at 10:00 AM, the resident was reviewed. The Director of sleeping in her bed. No TV available in the room, Nursing/designee audited those residents and no music playing. to make sure the physician order matches the concentrator and/or . , . . tank at 1:43 PM, the resident was in bed. setting. All resident s physician orders wivh the ... of the bed elevated. The resident match the setting on the concentrator

was awake, but no activities were being completed. No TV in the room, no music playing. and no interactions with staff. at 10:07 AM, the resident was in bed sleeping. No TV in the room and no music playing.

at 11:58 AM, the resident was in bed sleeping and dressed in hospital gown. No TV in the room, and no music playing.

A review of "One to One" Activity Documentation shows that in the months of and the only 1:1 activity being done with

and/or tanks. 3. The Director of Nursing/designee will randomly sample resident s on , to ensure physician orders match the concentrator and/or , tank. Nursing staff have been educated on the process. The audit will be weekly X 4 and month X 2 months to insure compliance.

and/or , tank. Nursing staff have

been educated on making sure physician

orders for , , match the concentrator

4. The Director of Nursing/designee will report __ audits to the Quality

STATE FORM caso ZNIVN11 If continuation sheet 5 of 16

PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 95038 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 Continued From page 5 N 201 Resident #16 was "Socializing/Conversing" and Assurance Performance Improvement television, both of which were occurring on the Committee monthly to identify patterns and trends. same day. In , , the dates of Socializing/Conversing and TV were on the 3rd, 7th, 10th, 14th, and 21st. , the dates of Socializing/Conversing and TV were on the 2nd. 7th, 14th, and 21st. In , the dates of Socializing/Conversing and TV were on 1st and 7th. The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering the room and spending and unknown and undocumented amount of time conversing with the resident. There is no documentation regarding "Television" activity, except as noted above. On the days of observation during the survey, it was noted that Resident #16 had no television available for her viewing in her room. 2) Record review revealed Resident #43 has diagnoses which include , ,, Aphasia, Non-Resident #43's Annual MDS, dated,

being around family. The Care Plan interventions AHCA Form 3020-0001

records the resident's

as a 0 on scale of

0-15. Resident 43's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music he likes, keep up with the news. participate in his favorite activities, and participate in religious services or programs. Resident #43's Care Plan, currently revised on . documents that Resident #43 once enjoyed activities such as singing, listening to gospel and R&B (Rhythm and Blues) music and

Agency for Health Care Administration
STRTEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERCUA IDENTIFICATION NUMBER: A BUILDING: COMPRETED C

95038 B. WING C 10/14/2021

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) N 201 Continued From page 6 N 201 are to include: a) being assisted with transport to & from activities and events of choice. b) encourage for his wife to continue to visit for support. c) invite/encourage to participate and observe activities of choice such as religion, music related activities such as R&B and Gospel. d) offering activity program directed toward specific interests/needs. Examples: listening to gospel and R&B music and visiting/talking with family and friends. e) provide 1:1 room visits for socialization weekly. The most recent Annual Recreation/Activity Evaluation, dated , documented: Resident was a former Pastor. He likes to spend time relaxing and enjoys participation in independent leisure activities. Resident is interested in Children and Grandchildren, and Current events. During the survey process from ... , the following observations of Resident #43 were made: at 10:00 AM, 11:30 AM, 12:30 PM and 2:00 PM, Resident #43 was observed laying in his bed, no TV (television) on, and not receiving any socialization. Resident #43's roommate did have his music playing fairly loudly in the room during these observations. at 1:40 PM. Resident #43 was observed laving in his bed, his roommate was playing his music. No TV was on for viewing for this resident

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On ... at 10:01 AM, Resident #43 was in bed; the roommate had his music playing.

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						APPROVE
	or Health Care Adminis OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			l		c	
		95038	B. WING		10/14/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
HEARTLA	ND HEALTH CARE CEN	TER PROSPERITY (DSPERITY FAR			
			ACH GARDENS			r
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	D BE COMPL	
N 201	Continued From page	7	N 201			
		PM, Resident #43 was in				
	bed; no music was be roommate. Further of					
			1			
	Resident #43 does have a small TV in his room, but it was not on during observation.					
		AM, Resident #43 was d, staring at the ceiling.				
	observed laying in be	o, starting at the celling.				
	On at 12:00	PM, during an interview	1			
	Resident #43's roomr	nate stated that Resident	1			
	#43 doesn't do any a	ctivities, but his wife will	1			
		rough the window, or they	1			
	will bring a phone to h	nim when his wife calls.				
	The review of "One to	One" Activity				
		s that in the months of	1			
	8 ,	and , the only	1			
	1:1 activities being do	ne with Resident #43 are	1			
	"Socializing/Conversi	ng" and television, both of	1			
		n the same day. Further	1			
	review revealed in .		1			
		g and TV were on the 3rd,	1			
	7th, 17th, and 21st.	_	1			
	In , , the dat		1			
		ig and TV were on the 3rd,	1			
	8th, 14th, 18th, and 2		1			
	in , the dates	of Socializing/Conversing	1	1		1

3) Record review revealed Resident #52 has AHCA Form 3020-0001

above.

and TV were on 1st and 7th.

The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering room and spending and unknown and undocumented amount of time conversing with the resident, and visits by resident's wife. There is no documentation regarding "Television" activity, except as noted

PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 95038 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 Continued From page 8 N 201 diagnoses which include Orthopedic aftercare, , Displaced of Left .., ,, of and Structure of Right, of the ..., Reduced mobility, and Resident #52's Annual MDS, dated records the resident's as a 4 on scale of 0-15, indicating severe Resident 52's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music she likes, keep up with the news, and participate in her favorite activities. Resident #52's Care Plan, dated . documents that she enjoys/enjoyed activities such as reading, being around family, and music. She needs reminders about the activities, which she states she enjoys. The Care Plan interventions include: a) encourage participation in one-to-one visits 2x's per week. b) encourage participation of activities of choice examples; music related such as Jazz, tv programs of choice, and socialization. c) encouraged to continue talking with family and

AHCA Form 3020-0001

On

friends.

#52 were made:

d) offer one to one visits 2x's a week with activity staff with items of interest examples: Jazz music, conversation, reminiscence, and socialization. e) provided supplies/materials for jazz music. magazines of choice, conversation. During the survey process from

. . . the following observations of Resident

at 10:02 AM, 11:33 AM, 12:33 PM

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDERSUPPLETICLIA
IDENTIFICATION NUMBER:
(X2) MULTIPLE CONSTRUCTION
(X3) DATE SURVEY
COMPLETED

95038 B. WING ______ C 10/14/2021

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JUP CODE
HEARTLAND HEALTH CARE CENTER PROSPERITY (
PAI M REACH CARDENS E. 1241)

PAI M REACH CARDENS E. 1241

EARTLAND HEALTH CARE CENTER PROSPERITY (11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410						
(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-REFERNCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
N 201	Continued From page 9	N 201				
	and 1:30 PM, Resident was observed in bed.					
	On at 10:07 AM, Resident was sleeping in bed.					
	On at 01:42 PM, Resident in room sleeping on her side.					
	On at 10:06 AM, Resident was receiving care from CNA.					
	On at 12:37 PM Resident was sleeping in bed; TV was on in her room, but the picture quality was poor.					
	The review of "One to One" Activity Documentation shows that in the months of , and , the only 1.1 activity being done with Resident #52 are 'Socializing/Conversing' and television, both of which are occurring on the same day. In , the dates of Socializing/Conversing and TV were on the 3rd, 7th, 10th, 14th, and 21st. In , the dates of Socializing/Conversing and TW were on the 3rd, 7th vere on the 1st, 8th, 14th, 18th, and 24th. In , the dates of Socializing/Conversing and TV were on 1st and 7th. The activity notes regarding the dates noted on the log document that the Socializing/Conversing and activity staff entering room and spending and unknown and undocumented amount of time conversing with the resident. There was no documentation regarding "Television" activity, except as noted above,					
	On at 9:30 AM, there were only 2 residents observed sitting in the dining/activity area on POD 5. There was no coffee being served. The TV was turned on and set to a					

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shift for

discontinued on

On ... at 12:35 PM, Staff A (Licensed Nurse assigned to POD 5) was notified to check order and concentrator setting for Resident #18. This nurse went into Resident #18's room and adjusted the . . flow from 3.5 to 2 lom. She also verified tubing was dated for She thanked me for informing her of the incorrect setting on the concentrator. , a review of the eTAR showed that the previous Physician's Order for . , , was

, and a new order dated

PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 95038 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) N 201 Continued From page 11 N 201 was instituted. The new Physician's Order documented " , at 2I via N/C for every shift for" The new order contained no change in dosage or instructions. 4) During routine observations conducted of Resident #69 on /21 from 8 AM through 4 PM, it was noted that the resident remained in bed, , , and had no in room activities provided to the resident. It was noted that the resident had a personal TV that was not turned on and did not have a radio at bedside for listening to music. A review of the clinical record for Resident #69 noted the following: Date Of Admission: Original w/o Behaviors, Assistance Diagnoses: Needed with Personals Care Current MDS: dated Section C: =4 (....with Section G: ... Locomotion/Transfer Section F: Activity - Music Very Important A review of Progress Noted noted no current notes concerning Activities or Recreation

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Further review noted an Activity Assessment

a) Likes to relax with own leisure activity's b) No interest in group or outdoor activities c) Past Religious Activity with little current interest Review of current care plan noted the following: a) Resident enjoys listening to music, TV, Movies. Religious Catholic .Prefers to stay in room, tistening to music, TV, vies, and talking with

that documented the

conducted on

family and friends

following:

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Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С

95038 B. WING ___ 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

	ND HEALTH CARE CENTER PROSPERITY (OSPERITY FARM	S ROAD	
X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 201	Continued From page 12 b) Interests: Current Events/Music, talking-conversation /TV, Radio, c) Likes independent Activities Interview with the Director of Activities on moted that she has only been employed at the facility for approximately 3 weeks. She further stated that she has not been able to interact and become familiar with all the residents and did not know which residents required in :1 activities. She further stated that there is only one other full time activity aide which would mean there are 4 days that there is only one activity staff working, which would included in ::1:1 activity's, group activity's, Covid-19 assignments, and performing resident activity assessments and care plans.	N 201		
	A review of the Daily Recreational Participation Documentation for and documented only Television and Independent Scolalizing activity's performed with the resident. It was discussed with the Director of Activity on that the resident did not have a television in the room. 5) During routine observations of Resident #73 conducted hourly from 8 AM to 3 PM on/21 it was noted the resident to be in bed and			
	A Review of clinical record of Resident #73 on			

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PRINTED: 11/17/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 95038 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD HEARTLAND HEALTH CARE CENTER PROSPERITY (PALM BEACH GARDENS, FL 33410 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 Continued From page 13 N 201 Pro-Calorie , ASHD, History of Falling Review of current MDS dated noted the following: Section C: =6 (Some

Review of Progress Notes:

- Resident continues to decline, unable to be out of bed for more than 1 hour, very weak and fatigued. Requires total care with ADL's . No Recreational /Activity Notes located - no Updated activity assessment Review of Recreational Assessments:

Section G: ADL's - Total Locomotion & Transfer

Only no further to present Occupation - Banking No Interest in group or outside activities

Enjoys independent activities Interests - current events, Music, talking, TV-Radio.

Review of Resident #73's Current Care Plan for Activities dated it was noted the plan included, participate in small groups related to activities of choice such as soccer circle, special events, socials, and ... puzzles,

Interview with Director of Activities on noted that she has started position just 3 weeks ago and did not know all the residents in this short time. She stated that there is only 1 other activity position besides herself, which means that there is only 1 activity person 4 days per week to perform in room activities, group activities, and Covid-19 visitations. It was also discussed with the Director that Resident #73 did not have a personal television and had a clock radio that was never observed on for the resident.

Review of the Daily Activity Participation Documentation for last months provided by the

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Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _ , submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social

security number; date of birth; mailing address; . . ; and race, Individuals, persons, applicants,

enrolled in the national retained print . notification program at the Federal Bureau of

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PRINTED: 11/17/20 FORM APPROV Agency for Health Care Administration						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE S		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
95038		B. WING		C 10/14/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
HEARTLA	ND HEALTH CARE CEN		SPERITY FAR			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
CZ814	Continued From page	15	CZ814			
	and controlling interes a social security num individual taxpayer id. This Statute or Rule Based on record revit failed to maintain the soft of the s	sts that cannot legally obtain ber must provide an entification number. is not met as evidenced by: we and interview, the facility initial employment status of loyees within the Agency's rerening) clearinghouse typs of hire (Staff B, C, and continued of the continued of the Agency's receive for Staff B (whose staff C (whose hire date is 0 (whose hire date is 0 (whose hire date is 10 (who		1. No residents were affected by this deficiency practice. 2. The Director of Human Resources/designee entered the 3 employees in AHCA Employee Rostet located within the Agency. Serening Clearinghouse on Results were provided to the surveyor The Director of Human Resources/designee will continue to a AHCA Employee Roster after hining, audit will be weekly X4 and month X months to insure compliance. 3. The Human Resources Director/designee will report AHCA Employee Roster audits to the Quality Assurance Performance Improvemen Committee monthly to Identify pattern and trends.	und r. audit The 2	

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